

G J & J M Bellaney Limited

CURRENT STATUS: 28-Oct-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Wimbledon Villa provides secure dementia care for up to 27 residents. Occupancy on the day of the audit was 16. The facility is operated by GJ and JM Bellaney Ltd. Staff and family members describe their satisfaction with the service and praise the care provided. The general practitioner reports that communication between the registered nurses and general practitioner is good with a proactive approach in terms of raising issues when required. Resident files sampled showed a responsive and professional service. Staff have a thorough knowledge of the processes to be followed and they are supported by training. The service is commended for the following areas: provision of an environment that encourages good practice and the way in which services are planned to meet the specific needs of people with dementia; the activities programme. Improvements are required around: maintenance of a complaints register; medication management; and chemical safety training.

AUDIT SUMMARY AS AT 28-OCT-11

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 28-Oct-11	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 28-Oct-11	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		No short falls

Continuum of Service Delivery	Day of Audit 28-Oct-11	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 28-Oct-11	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Day of Audit 28-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 28-Oct-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 28-OCT-11

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the service. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy, open disclosure and informed consent. Staff interviewed demonstrate a good understanding of informed consent processes. Staff training includes residents' rights and their ability to make choices. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm and acknowledges cultural and individual values and beliefs. Care planning accommodates individual choices of residents' and/or their family/whānau. Family members interviewed stated their satisfaction with the service and that staff are providing excellent care. The service has appropriate systems in place to manage complaints. Residents and family/whanau demonstrate a good understanding of these processes. An improvement is required whereby a complaints register is maintained and all complaints, including verbal complaints, are documented in the register.

Organisational Management

Systems are established and maintained by the owners which clearly define the scope, direction and goals of the facility. Progress against these is monitored and reported. The facility is managed by a suitably qualified and experienced manager who has been in the role for a year. She is supported by a registered nurse. A documented quality and risk management system is established and maintained. The programme reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery and a benchmarking programme is implemented. All elements of the quality and risk management programme are implemented including an internal audit schedule, incident and accident reporting and annual satisfaction surveys. Corrective action plans are documented where required resulting in demonstrable improvements. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. All staff have completed, or are in the process of completing, their aged care education dementia training as well as other training relevant to their roles.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The number of registered nurses has been increased with a registered nurse on duty seven days a week and on call at all other times.

Continuum of Service Delivery

Residents who enter Wimbledon Villa are assessed by the needs assessment and service coordination service (NASC). An information pack is available for families and referral agencies. Residents are assessed on admission by the clinical manager. Residents' care plans are individualised, up-to-date, link to information from assessments and reflect current service delivery requirements for each resident. Evaluation occurs six monthly or when there is a change in the resident's condition. Short term care plans are utilised when residents require short term interventions and long term care plans are updated when appropriate. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care including input from all providers involved. Residents receive well planned and co-ordinated services. The service has embedded the Eden principles into its approach to care and service delivery. This is reflected in resident's care plans. The service has also obtained input from an experienced dementia specialist to advise on care planning and to train staff. There is an activities programme which offers a variety of activities suited to the needs of residents. Caregivers were observed at various times throughout the day diverting residents' to avoid challenging behaviours. Staff complete documentation regarding activities completed by residents over a 24 hour period which is subsequently reviewed by the diversional therapist to inform the development of individualised programmes. Activities are available over the 24 hour period. There are outings into the community three times a week including mystery lunch outings each month. Discussions with the owner and manager confirm their on-going commitment to the success of the activities program and their expectation of continuous improvement arising from the input of the dementia specialist. The annual family survey shows a high level of satisfaction with the programme. Discussions with family members identify that the activities programme is excellent and there have been continuous improvements over the last year. Wimbledon Villa is commended for its activities programme. Medications are managed appropriately in line with accepted guidelines. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. Improvements are required around keeping all required medications on site and documenting appropriately the administration of controlled medications. Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff at admission. The menu is reviewed by a dietitian.

Safe and Appropriate Environment

Policies and procedures for the management of waste and hazardous substances are implemented which meet the requirements of legislation, local authorities and relevant standards. Any incidents are reported in a timely manner. The service has a main lounge and this is used for resident gatherings such as activities. There is also another dining and lounge area that is available for alternative activities or as a quiet space. Residents are able

to move freely and furniture is well arranged to facilitate this. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. There is a maintenance plan and on-going maintenance of the building occurs. Hot water is monitored and kept at an appropriate temperature. There are policies and procedures for the effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. Personal laundry is done on site and other laundry is outsourced. There is a designated area for the storage of cleaning and laundry chemicals. An improvement is required whereby staff receive chemical safety training. The service has a security, emergency planning and readiness policy and emergency supplies to last at least three days. Emergency training occurs at orientation and in-service training on emergency procedures and fire evacuations are held regularly. An appropriate call bell system is available and security systems are in place. The building holds a current warrant of fitness.

Restraint Minimisation and Safe Practice

There are currently no residents requiring restraint or enablers. Restraint minimisation policies and procedures are implemented ensuring that residents are experiencing services that are the least restrictive possible. Implementation is reviewed through internal audits. Staff are trained in challenging behaviour, de-escalation and restraint minimisation.

Infection Prevention and Control

Wimbledon Villa has a documented infection control programme that is implemented to minimize the risk of infection to residents, staff and visitors. It meets the needs of the service. The infection control programme is reviewed annually. The position of infection control nurse is assigned to the clinical manager who has access to specialists if required. Infection control policies and procedures are developed by the service and, where relevant, external expertise has been accessed. Regular internal audits and environmental inspections assess compliance. Infection control surveillance occurs. The facility participates in an external benchmarking programme that provides comparative data with other similar facilities in New Zealand. Surveillance data is reported back to staff on a monthly basis at staff meetings and on a daily basis at shift handovers. All staff receive infection prevention and control education at orientation and as part of the on-going education programme.