

## Village at The Park Care Limited

**CURRENT STATUS: 22-Feb-12**

**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

Village at the Park is certified to provide rest home, hospital and dementia level care for up to 89 residents. On the day of the audit there were 78 residents. This includes 39 at hospital level care, nine at rest home level care and 30 at dementia level care. There are also seven serviced apartments certified to provide rest home level care, however there are currently no residents assessed as rest home level care in the apartments. The manager has significant experience in aged care and health management roles and has been in the position for 18 months. She is supported by a clinical manager. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke positively about the care and support provided. The service has experienced a moderate staff turnover as a result of a shift in organisational culture which is described positively by residents, staff, and the GP and family members.

This audit identified improvements required by the service; some aspects of care planning and incident follow through, restraint assessment and restraint evaluation.

### AUDIT SUMMARY AS AT 22-FEB-12

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

Indicator	Description	Definition
	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
	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 22-Feb-12	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.		<b>No short falls</b>

Organisational Management	Day of Audit 22-Feb-12	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.		<b>No short falls</b>

Continuum of Service Delivery	Day of Audit 22-Feb-12	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.		<b>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Day of Audit 22-Feb-12	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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 22-Feb-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Infection Prevention and Control</b>	Day of Audit 22-Feb-12	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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 22-FEB-12**

### **Consumer Rights**

Village at the Park strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Residents and relatives spoke very positively about care provided at Village at the Park.

The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Lifestyle plans accommodate the choices of residents and/or their family/whānau. The service has appropriate implemented policies around informed consent. Residents and their family are provided with information and supported to make informed choices. Choices are documented and acted upon and advance directives are implemented. Complaints processes are implemented and appropriate documentation is maintained and resolution achieved.

### **Organisational Management**

Village at the Park has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. Key components of the quality management system link to the monthly quality assurance, infection control, health and safety and various staff meetings.

The philosophy of the service includes providing safe and therapeutic care for residents with dementia that enhances their quality of life and minimises risks associated with their confused states.

The service is active in analysing data. Corrective actions are identified and implemented. Accidents and incidents are well documented and corrective actions and trends identified and reported to all staff. Resident/family satisfaction surveys are completed and regular resident meetings are held.

Health and safety policies, systems and processes are implemented to manage risk. There is a comprehensive and up to date business plan, risk management plan and hazard management plan. Discussions with families identified that they are fully informed of changes in health status.

Human resource processes are robust and well documented and staffs receive training well in excess of minimum requirements. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice. 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.

### **Continuum of Service Delivery**

Resident files reviewed include service coordination centre assessment forms. The facility information pack includes all relevant aspects of service, including specific information about their dementia wing and this is provided to residents and/or family prior to entry. Care plans are developed in consultation with relevant people including residents and where appropriate family / Whanau/ Enduring Power of Attorney. A variety of risk assessments are completed on admission and reviewed three monthly following admissions by the registered nurses. The consumers' needs, and goals are clearly identified in the resident lifestyle plan and interventions clearly guide staff. Residents and/or family have input into the development of resident lifestyle plans. Lifestyle plans are reviewed three monthly and multidisciplinary reviews of care are held annually. Family communication sheets provide evidence that families are kept well informed. Planned activities are appropriate to the various consumer groups. Residents interviewed confirm their satisfaction with the programme. Residents' files evidence that activity plans identify goals, and interventions and are evaluated at least three monthly. Individual activities are provided either within group settings or on a one-on-one basis.

An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Caregivers responsible for medicine management have attended in-service education for medication management and registered nurses, enrolled nurses and caregivers have current medication competencies. Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who are self-medicating.

All kitchen staff has completed food handling certificates. Snacks and beverages are always available. Diets are modified as required. Fridge, food and freezer temperatures are

monitored and documented daily in all areas. There is a registered Dietician who is contracted by the facility and visits weekly.

This audit identified improvements around aspects of nursing documentation since the previous audit. There are improvements required around lifestyle plans documenting the frequency of blood sugar monitoring and progress notes/short term care plans to document the corrective actions to be implemented to maintain resident safety following an incident/accident.

### **Safe and Appropriate Environment**

There is maintenance person that works 40 hours per week. Maintenance requests are included in the maintenance book and signed off.

There is a contractors and visitors sign in book. The building has a current Building Warrant of Fitness. The corridors are wide to allow for easy transportation/mobility of residents. Resident rooms are furnished with each resident's personal belongings. There is a call bell system in each room and communal areas. There are key pad locks in place on exit from the dementia wing. A security company is contracted to check the security of the facility at night. There are adequate numbers of toilets and showers and visitor toilets with access to a hand basin and paper towels in both facilities. Hot water temperature is monitored at 43 - 45 degrees. Fixtures, fittings and floor and wall surfaces are made of appropriate materials for this environment. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms.

The arrangement of furniture and seating in the lounges and dining areas allows residents to move freely in these areas.

The service has in place policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning services are audited quarterly. All chemicals are labelled with manufacturer's labels. MSDS are available. The service has implemented policies and procedures for civil defence and other emergencies. There are staffs on duty with a current first aid certificate. Fire drills are conducted six monthly and the NZFS approved the evacuation scheme was sighted. Emergency lighting, cooking, food and water supplies are available in the event of a power failure or civil defence emergency.

### **Restraint Minimisation and Safe Practice**

The service currently has 19 residents requiring bedrails that are assessed as restraint. There is a restraint register and a separate enabler register. Restraint minimisation and managing challenging behaviour training is completed each year and staff complete restraint competencies regularly. The restraint standards are being implemented and implementation is reviewed through internal audits and an annual review. Village at the Park also reviews restraint through its six monthly restraint meetings. There are improvements required around identifying the risks of restraint use, the content of evaluations and family involvement in evaluations.

### **Infection Prevention and Control**

Village at the Park have a comprehensive infection control programme that is underpinned by policies and procedures and supported by the organisational infection control programme.

The service has effective surveillance activities, subsequent actions and implementation of strategies for prevention and minimisation of infection. These are well documented and with comparative data with the other facilities provide opportunities for measurement of outcomes and continuous improvement of practises. Education is provided and evaluated for effectiveness.