

Agape Care Limited

CURRENT STATUS: 01-May-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

This report summarises the findings of a certification audit, carried out routinely towards the end of the current certification period. The site provides 24 rest home beds and 10 secure dementia level beds, with one empty room in each area at the time of the audit. All standards have been included in this audit. A set of policies and procedures was supplied for review before the audit. Several next of kin were phoned prior to the audit and residents interviewed on the day of the audit. All expressed satisfaction with the care provided and with the facility.

The organisation has set out how it will meet the needs of a wide range of consumers, and the residents are encouraged to maintain contacts with family, friends and the outside world. Activities are planned to meet resident wishes and needs. Residents have privacy and the right to have their own clothes and possessions in their own rooms. The recording of consent is inconsistent and this requires an improvement.

The site has a set of policies and procedures that meet all the requirements from the sector standards. The system is evidence based, includes the regular collection, collation and analysis of data. Management have experience and qualifications relevant to managing an aged care facility. The staff are a mix of people who have worked here for several years and newer staff. All receive initial orientation training and take part in the on-going education programme. The site was found to be dry, tidy, clean and well maintained at the time of the audit. The facility is easy for the residents to move about. Training records are not filed well and hard to access, which will require an improvement.

Clinical care is delivered by trained staff, with full integrated records kept. There are regular on-going assessments of residents, by qualified, professional care staff. There are improvements required in the recording of assessments. The review of activities does not get recorded as having happened, and this requires an improvement.

The facility operates as restraint free. Staff receive on-going education in this area. There is no evidence of a review of restraint practices, and this requires an improvement.

The site has a comprehensive infection control programme in place, with trained staff. Infection rates are low.

AUDIT SUMMARY AS AT 01-MAY-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
	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 01-May-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 01-May-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 01-May-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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 01-May-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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 01-May-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 01-May-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

AUDIT RESULTS AS AT 01-MAY-12

Consumer Rights

Information about consumer rights is available prior to entry to service, during the admission and available in a folder in each residents room. The Health and Disability Commissioner (HDC) Code of Health & Disability Services Consumers Rights (the Code) is displayed in the

entrance, in English and Maori. Culture and the need to be sensitive to and responsive to the needs of individuals is part of the training for staff. Residents have single, private rooms, furnished including their own things. Residents can take part in religious, cultural and family activities as they choose. Families spoken with and residents interviewed all expressed their satisfaction with the extent to which residents wishes are met.

Organisational Management

There is a business plan, which sets out the intentions of the organisation. This is supported by a fully documented and implemented quality and risk management system. This system sets out in the policies and procedures how the business plan will be implemented, how best practice will be applied and to keep records to show what has been achieved. Data is collected systematically from infections that occur, skin tear information, accidents or incidents, medication errors, complaints and any other adverse events. This information is analysed with a view to making improvements, trended on a month by month basis over the year. There are rosters and reasoning behind the staffing level plan and the number of staff match the plan. Qualifications for clinical staff are kept current, with annual practicing certificates up to date. Staff training records are kept but not well organised, which requires an improvement.

Continuum of Service Delivery

Information about the facility is available in the general services and information book and on the facility website. Assessment, planning, delivery and evaluation of all aspects of clinical care are delivered by competent and experienced staff. It was not always obvious that an assessment had been completed prior to a plan of care being developed, this requires an improvement. Care plans are individualised and reflect the needs and preferences of the residents. Though residents receive regular medical visits it was not clear three monthly reviews had occurred for all residents as the doctor has not marked the records, which requires an improvement. A multidisciplinary team approach is evident. Links are maintained with other health care providers and community groups.

The delivery of respectful and kind service was observed. Residents and relatives interviewed expressed a high level of satisfaction with the care delivered. The activities programme offers a wide range of trips and activities which residents said they enjoyed.

There are policies and procedures for medication management in place, though medicine management practice is not aligned with best practice guidelines. The medication management process requires an improvement with regard to being reviewed in line with Medicines Care Guides for Residential Aged Care.

Safe and Appropriate Environment

The site is a purpose built facility, in a residential area and more than 10 years old. The buildings surround one large main courtyard providing space for residents to enjoy sheltered outdoor space. Each person has their own well lit and ventilated room, half with ensuite toilets. Rooms are furnished with personal items as the resident's desire. The dementia unit is secure, with its own secure outside area. The site is fenced, with a gate. The site has a current building warrant of fitness and fire evacuation scheme. The site was noted to be tidy, clean and well maintained. Chemicals and waste are secured and out of reach.

Restraint Minimisation and Safe Practice

Restraint policies and procedures are fully implemented. Restraint education is provided at regular intervals. There are systems in place that support safe use of restraint within the facility. Approved methods of restraint, assessments, and risk management contribute to safe restraint practice being provided for the small number of residents that use restraint. A quarterly review of restraint use needs to be completed and an improvement is required.

Infection Prevention and Control

Policies and procedures for the prevention and control of infection are in place. The registered nurse acts as the infection control coordinator. She provides training to the staff and ensures policies and procedures are implemented. Surveillance data on all infections is gathered and collated monthly, graphed and reported back to staff and discussed at staff meetings. There are low rates of infections and these are well managed. Improvements are required for, lack of evidence of reviews of the infection control programme, lack of evidence the education programme is reviewed and recording of what is covered in infection control education sessions.