

Nicolson Rest Home Limited

CURRENT STATUS: 14-Jun-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

Irwell Rest Home, trading as Nicolson Rest Home Limited, continues to meet the assessed standards. The service can provide care for up to 60 rest home residents and the occupancy on the day of the audit was 42 rest home residents. The service has continued to implement a comprehensive quality and risk management system. The service has long-standing and experienced staff and is managed by experienced managers and two registered nurses. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of resident group. The care services are holistic and promote the residents' individuality and independence. The service provides regular training sessions for staff. Family and residents interviewed spoke positively overall about the care and support provided. The following improvements are required by the service including; corrective action planning, and annual electrical testing of all electrical equipment.

AUDIT SUMMARY AS AT 14-JUN-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

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 14-Jun-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.		No short falls

Organisational Management	Day of Audit 14-Jun-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 14-Jun-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.		No short falls

Safe and Appropriate Environment	Day of Audit 14-Jun-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 14-Jun-12	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 14-Jun-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.		No short falls

AUDIT RESULTS AS AT 14-JUN-12

Consumer Rights

Irwell has implemented policies that demonstrate that residents receive services in accordance with the Health and Disability Services Standards (HDSS). The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and information about advocacy services is visible in the foyer and wings. Residents and relatives interviewed said privacy and rights are respected and care is provided in a respectful manner. All resident rooms are single and en-suited. Irwell is respectful of other cultures confirmed by interviews with residents and staff. Cultural and spiritual needs are included in care planning. Staff training is provided too include consumer rights. Incidents are managed through a process of open disclosure; this was confirmed by relatives interviewed. There is a clear process for the management of complaints and policy is understood by residents/relatives and staff.

Organisational Management

Services at Irwell are planned to meet the needs of the residents. There is a quality system being implemented in line with the Business Plan (2012) and Quality and Risk Management policy. Monthly Quality Improvement meetings discuss key aspects of service delivery such as policy, audit, complaints, health & safety, infection control and restraint. The service is seen to be responsive to issues as they arise and open to developing initiatives to improve service delivery. There are implemented open disclosure and incident reporting policies that support the management of incidents and near misses. Staff interviewed reported families are notified following incidents. Families interviewed felt well informed of changes in the health status of their family member. An annual in-service education schedule is being implemented that includes an orientation programme for new staff and annual completion of competencies. Irwell have registered nurse cover seven days a week with appropriately

trained caregivers to meet requirements on the afternoon and night shifts. There are improvements required in respect of improving corrective action planning in response to internal audit findings.

Continuum of Service Delivery

A needs assessment is completed prior to entry. There is a well-developed information pack that is provided to residents/family/whanau at entry. A registered nurse is responsible for each stage of service provision. Residents and relatives are involved in planning and evaluating care and communication with family is documented. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. Individualised care plans are holistic and goal oriented. Care plans are evaluated six monthly or more frequently when clinically indicated. Referral to other health and disability services occurs when required. Activities are provided that are meaningful and ensure that the resident maintains involvement in the community. Residents have a choice in their level of participation. A medication management system is implemented in line with accepted guidelines. There are comprehensive medication management policies. These direct staff in terms of their responsibilities for each stage of medication management. There are food service policies and procedures and the menu is audited by a registered dietician. A dietary profile of residents is developed on admission and food preferences are identified.

Safe and Appropriate Environment

Irwell Rest Home provides a safe, secure and appropriate environment for the care of residents requiring rest home and dementia level care. Chemicals are stored safely and securely and staff are provided with personal protective equipment. The physical environment and fixtures and fittings are well maintained, appropriate and safe. The facility provides sufficient space to enable the use of mobility equipment. There are cleaning and laundry policies and procedures that are monitored and adhere to safety standards. The service has a current building warrant of fitness. Furniture and fittings are selected with consideration to residents' abilities and functioning and rooms are personalised. The service has implemented policies and procedures for civil defence and other emergencies and fire drills are conducted. Staff receive training in first aid and are able to respond to emergency situations. There is a call bell system in all areas. General living areas and resident rooms are appropriately heated and ventilated and have good lighting. Improvements are required in respect to the service completing annual electrical testing of all electrical equipment.

Restraint Minimisation and Safe Practice

The service has a Restraint and an Enabler policy in line with the Restraint Minimisation standards SNZ 8134: 2008 including a philosophy and definition of restraint. The policy describes the implementation of Restraint Minimisation and Safe Practise within Irwell Rest Home including consent, assessment, monitoring, and evaluation processes. A Restraint Assessment form is available that meets requirements. Staff education and competency testing on Restraint (and enablers) occurs annually (last occurred April 2012). Review of restraint is managed through the Quality Improvement meeting. There are no restraints or enablers being used at the time of audit.

Infection Prevention and Control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.