

Northbridge Lifecare Trust

CURRENT STATUS: 21-Feb-13

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

Northbridge Lifecare Trust is a retirement Village with 61 residential rest home and 35 hospital beds. It is owned and managed by the Northbridge Lifecare Trust. There is one paid board member who is the director. He is accountable to the board for all aspects of service provision across all services. On the day of audit there are 34 hospital and 61 rest home beds occupied. The day-to-day operation of the facility is undertaken by a manager who is experienced in age care management and is suitably qualified for the role. She is supported by a clinical manager who is a registered nurse.

There is one area identified as requiring improvement and this relates to medicine management documentation. Particular strengths of the service relate to: the analyses, evaluation and monitoring of quality improvements and information sharing with staff, residents, family/whanau, the Board of Trustees and visitors, as appropriate; incident and accident reporting, recording, evaluation and follow-up ensuring all process are put in place to keep residents safe; and assessment and interventions relating to reduction in falls for residents and management of weight loss. The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 21-FEB-13

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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 21-Feb-13	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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 21-Feb-13	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.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 21-Feb-13	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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 21-Feb-13	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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 21-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 21-Feb-13	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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 21-FEB-13

Consumer Rights

The residents express high levels of satisfaction with the manner in which the service respects their rights and report that they are treated with respect and dignity and are free from discrimination. As observed at the onsite audit, residents receive services that uphold their rights. Staff demonstrate understanding of their obligations regarding residents' rights and how to incorporate that knowledge into their day-to-day practices and interactions with residents and family/whānau.

The service meets the individual resident's culture, beliefs and values, including for those residents who identify as Maori.

Evidence-based practice is observed, promoting and encouraging good practice. There is regular in-service education and staff access external education that is focused on aged care and best practice. The residents and family/whānau interviewed expressed high satisfaction with the care delivered. The general practitioner (GP) reports that an excellent level of care is provided and has praise for the skills and knowledge of the care staff.

The service acknowledges that all residents have a right to full and frank information as identified in the open disclosure policy. An interpreter service is accessed through the district health board as required. Written consent is gained as appropriate. Staff interviewed acknowledge the resident's right to make choices based on information presented to them and the right to withdraw consent and/or refuse treatment. Advance directives and advance care planning are made available and acted upon where valid.

Organisational Management

Organisational structures and process are monitored, evaluated and reported at all levels of service, including to the Board of Trustees.

Quality and risk management is a particular strength of the organisation and embedded into everyday practice throughout all levels of service provision, this is reflected in three audit ratings of 'continuous quality improvement'. Quality improvements put in place are evaluated for positive outcomes and followed up accordingly. Services are provided to meet residents' needs as identified during interviews with staff, residents and family/whānau. All incidents, accidents and untoward events are recorded, evaluated and trended and information is used as opportunities for improvement. Staff at all levels of service provision have input and are aware of quality improvements put in place to improve service delivery.

Documentation, including residents' clinical files, and resident and family/whānau interviews, confirms there is good sharing of information in an open and honest manner.

Safe staffing levels and skill mixes are maintained by Northbridge Lifecare Trust. Every shift is covered by a registered nurse and at least one staff member who holds a first aid certificate. Human resources management processes implemented meet legislative requirements. There is a system in place to identify, plan and facilitate on-going staff education.

Continuum of Service Delivery

The residents and family/whānau express a high level of satisfaction with the quality of care and services provided at Northbridge Lifecare Trust. There are two areas related to delivery of care (that is, assessment and interventions) that are beyond that normally expected, and are rated as 'continuous quality improvement'.

Services are provided by suitably qualified and trained staff to meet the needs of residents. The service has robust systems in place to assess, plan, review and evaluate the care needs of each resident. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development, review and evaluation of the care plan. Residents are reviewed by a GP as per contract or more frequently as required. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services are planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community. The residents express high satisfaction with the group and individual activities offered at the service.

A safe and timely medicine management system is observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent. There is an improvement required to ensure the GPs review of

medicines is recorded on the medicine chart and ensure that the medicine administration signing is fully completed.

Residents' nutritional requirements are met by the service. As confirmed during interviews with residents and family/whānau, likes, dislikes and special diets are well catered for. The service has a five week, summer/winter rotating menu which has been approved by a registered dietitian.

Safe and Appropriate Environment

The facility is well maintained and furnished to a high standard. The physical environment provides residents and visitors with safe, accessible and appropriate areas for all aspects of dining, entertainment, relaxation and care. The hospital area includes five bedrooms with four beds in each room and all other rooms are single occupancy. Resident and family/whānau interviews confirm they are very happy with the all aspects of the environment.

Emergency education and training and security responses are appropriate for the aged care environment. They are well documented and understood by staff, including management of waste and hazardous substances. Six monthly fire evacuations are maintained. There are adequate food, water and emergency supplies, should they be required.

The building has a current warrant of fitness and the service has an approved fire evacuation plan. There is an appropriate system in place for reactive maintenance and a documented long term maintenance plan. The facility is kept at an even temperature by a thermostatically controlled gas hot water heating system, electric heaters, heat pumps and opening of doors and windows. There are well kept outdoor areas that have seating and sheltered areas for residents' use, including outdoor dining. The facility and the grounds are smoke free.

The service has cleaning and laundry services which are monitored for effectiveness.

Restraint Minimisation and Safe Practice

The service has two chair lap belts which are used as restraints and 16 bedside rails which are used as enablers. The restraint register identifies that restraint is minimised by the service. The process for determining restraint use is clearly identified in policy and procedures and interviews with staff and review of residents' clinical files identify that the process is correctly implemented. Regular restraint education is provided for all clinical staff.

The assessment and ongoing evaluation and monitoring of restraint meets all requirements of the Health and Disability Services Standard requirements and are conducted in a safe manner. The service demonstrates the monitoring and quality review of their restraint use is undertaken monthly by the continuous quality improvement committee, six monthly by the multidisciplinary team and annually by the Board of Trustees.

Infection Prevention and Control

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. The infection control programme is reviewed annually. The organisation's infection prevention and control policies and procedures reflect current

accepted good practice. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded, analysed, and where trends are identified, actions are implemented to reduce infections.