

Blockhouse Bay Healthcare Limited

CURRENT STATUS: 04-Jun-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

Blockhouse Bay Home is one of three aged care facilities that are privately owned by a husband and wife team. It is a 43 bed facility offering rest home level care. On the day of audit 27 beds are occupied. This includes four residents who are under the age of 65 years of age.

The day-to-day operation of the facility is undertaken by a clinical nurse manager who is a registered nurse. She is supported by the owner/director, the diversional therapist and administrator. This group of four form the management team. All members of the management team are suitably qualified for the roles they are employed to undertake.

Sixteen areas identified for improvement in the previous audit have all been fully addressed by the service. There are newly identified improvements required in two areas. One relates to bathroom and toilet facilities and equipment, and the other relates to kitchen preparation surfaces. A particular strength of the service is the planning and provision of staff education to ensure services meet residents' needs. The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 04-JUN-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 04-Jun-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 04-Jun-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 04-Jun-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 low risk

Safe and Appropriate Environment	Day of Audit 04-Jun-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.		Some standards applicable to this service partially attained and of low risk

Restraint Minimisation and Safe Practice	Day of Audit 04-Jun-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 04-Jun-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 04-JUN-13

Consumer Rights

The residents report that their rights are respected in everyday service delivery and they have high praise for the way that staff treat them with respect and courtesy. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed and explained to residents and family. Services are provided in manner that respects the residents' independence and choices. There are no concerns expressed regarding abuse, neglect or discrimination. Residents report they are free from harassment and exploitation.

At the time of audit there are no residents who identify as Maori. The service has appropriate policies, procedures and plans in place to provide services that are respectful of Maori beliefs and values. There are a number of residents from diverse cultural backgrounds at the service and staff demonstrate knowledge on providing care and services that meet their individual cultural beliefs and values.

The services provided reflect current accepted good practice. There is regular in-service education and access to external education that is focused on aged care and best practice.

Residents and families report the service maintains a high level of communication with them and information is provided in a full and frank manner. Informed consent is evidenced in the files reviewed and interviews with residents, family and staff. Any advance directives made are acted upon by staff where valid. Residents are encouraged and supported to maintain links with family and the community. The younger residents are encouraged to access aged appropriate community resources and activities.

Complaints are managed to meet policy requirements. At the time of audit the service has no outstanding complaints.

Organisational Management

The owner/directors and senior management ensure that services are planned and coordinated to meet residents' needs. The organisation's strategic and business plans identifies the purpose, values, priorities and goals of the facility. Planning process are reviewed annually and evaluated quarterly to measure achievement. Deficits to service are managed through corrective action planning as appropriate. The day to day operation of the facility is undertaken by staff who are appropriately experienced and qualified to undertake the role.

All quality and risk management processes are implemented to meet policy requirements. Policies and procedures are supplied and maintained by a contracted company and are personalised to Blockhouse Bay Home. Incidents, accidents and untoward events are recorded, evaluated and discussed with family/whanau in a manner that is reflective of open disclosure principles. Quality actions are recorded and reported at staff and management level. Key components of service are explicitly linked to quality management systems and quality data collection and findings are used as opportunities for service improvement. Risk management policies and procedures are implemented and understood by staff.

Staffing levels and skill mix are maintained to meet policy requirements and to ensure residents' care and needs are met. All shifts are covered by at least one staff member who holds a current first aid certificate. There is a registered nurse on duty Monday to Friday morning duty and on call as required.

Human resources management processes implemented meet legislative requirements. Staff education is maintained to a high level to ensure residents' care needs are met, which is reflected in a high level of satisfaction, as confirmed in the 2013 satisfaction survey results and during resident, family/whanau and staff interviews. The new owner/directors have had all staff complete all orientation workbooks to help them become familiar with newly introduced policies and procedures. The planning and implementaion of education is identified as a particular strength of the facility.

The residents' information systems are managed to meet legislative requirements. There is no personal information that is displayed in public areas.

Continuum of Service Delivery

There are clear processes in place to manage entry to the service. The service offers permanent and respite rest home level of care for the older and younger person. If a potential resident is declined entry a record is kept of this on the enquiry form.

The residents and family have high praise for the care and services provided and commented on the improvements that have been implemented under the new ownership and clinical management. 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 care plans. Residents are reviewed by a general practitioner (GP) on admission to the service and

monthly to three monthly, based on the resident's assessed needs. 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 and referrals to other health and disability services are planned and co-ordinated as required.

The service has a planned activities programme to meet the recreational needs of the older and younger residents. There is a diversional therapist who oversees the activities programme. The residents express high satisfaction with the group and individual activities offered at the service.

A safe and timely medicine management system, that complies with legislation and guidelines, is observed at the time of audit. The RN and senior caregivers are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are assessed as competent.

The service provides food and fluids that meet the needs of the younger, older and culturally diverse group of residents. The service's menu, which has been reviewed by a dietitian, is appropriate for the older person living in a long term care facility. The residents have high praise for the food service. There is one improvement required to ensure all food preparation surfaces are maintained in a good state of repair to meet food safety and infection control guidelines.

Safe and Appropriate Environment

The facility is maintained and furnished to an acceptable level to provide residents with a safe accessible physical environment. All bedrooms are single occupancy. There are adequate bathroom and toilet facilities; 24 bedrooms have a toilet ensuite which is shared between two bedrooms, two bedrooms have a single use toilet ensuite, and there are centrally located toilet and bathroom areas in each wing. Dining, lounge and recreational areas meet residents' needs as confirmed by resident and family/whānau interviewed.

One bathroom requires repairs to the wall linings and one toilet chair cannot be cleaned to meet infection control standards. The ensuite toilets between two rooms do not have privacy locks. These are areas identified for improvement.

Emergency education and training and security responses are well documented and understood by all 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 service has an effective cleaning and laundry service. All laundry is undertaken on site.

The building has a current warrant of fitness and the service has an approved fire evacuation plan. The reactive maintenance system is well developed and implemented by the service. Long term maintenance is identified in the business plan.

The facility is kept at an even temperature by electric heating and opening of doors and windows. There are outdoor areas that have seating and sheltered areas for residents' use. The facility is smoke free.

Restraint Minimisation and Safe Practice

Currently no restraints or enablers are in use. The service operates a non-restraint policy. Policies and procedures are available to staff should restraint be required. Staff education is undertaken as part of orientation and as on-going in-service education. Staff are able to demonstrate their understanding of the restraint minimisation policy and procedures and the definition of an enabler. Policy describes all restraint definitions to meet Health and Disability Services Standards requirements, including that of enablers, which are voluntary and used for a resident's safety or to help maintain independence.

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 to ensure it is meeting the service's needs. The organisation's infection prevention and control policies and procedures are developed by an external provider and 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, and actions are implemented to reduce infections. The infection surveillance results are benchmarked with other aged care services and reported to the management and staff in a timely manner.