

## Mission Residential Care Limited

**CURRENT STATUS: 20-May-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

Kemp Home and Hospital is part of the Wellington City Mission. The service provides rest home and hospital level care for up to 81 residents in Titahi Bay. On the day of audit there were 20 rest home residents and 45 hospital level residents. The service is led by the general manager and the nurse manager. The management team are both experienced aged care registered nurses.

Kemp Home and Hospital has an organisational quality management plan that is supported by the board and the management staff.

This audit has identified improvements required around meeting documentation, aspects of the medication documentation, family contact and consent documentation and enabler monitoring.

### AUDIT SUMMARY AS AT 20-MAY-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
	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

Indicator	Description	Definition
	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 20-May-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Organisational Management	Day of Audit 20-May-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit 20-May-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 20-May-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.		<b>Standards applicable to this service fully attained</b>

Restraint Minimisation and Safe Practice	Day of Audit 20-May-13	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 standards applicable to this service partially attained and of low risk</b>

Infection Prevention and Control	Day of Audit 20-May-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.		<b>Standards applicable to this service fully attained</b>

## AUDIT RESULTS AS AT 20-MAY-13

### Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and family interviewed spoke very positively about care provided. Complaints processes are implemented and complaints and concerns are managed. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. An improvement is required around documenting consents.

### Organisational Management

The service has a current business risk plan that is reviewed annually by the Chief Executive Officer. This includes a formal review of the quality system, infection control (IC), restraint, incidents and accidents, training and Hazards. A monthly quality meeting includes a monthly review of services and measurement against stated goals. There are monthly reports to the board by the General Manager, who attends board meetings. The CEO visits weekly and Trust Board meetings are held at Kemp Home and Hospital at least annually.

Key components of the quality management system including management of complaints, implementation of an internal audit schedule, incidents and accidents, review of infections through the surveillance programme, review of risk and monitoring of health and safety including hazards and maintenance. An improvement is required around the documentation of quality outcomes in meetings for staff.

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 and residents, family, staff and the doctor state that there are sufficient staff on duty at all times.

There is an implemented orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually for all staff. This covers relevant aspects of care and support.

### **Continuum of Service Delivery**

The service has assessment process and consumer's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed or signed off by the registered nurse. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated.

There is a qualified diversional therapist and two recreational officers who develop and implement a varied and interesting programme to meet the rest home and hospital resident's physical, intellectual, cultural and social preferences. The chaplain works closely with the team to ensure residents spiritual needs are met and visits the home at least three times a week.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. All staff have been assessed as competent to administer medicines.

Food services policies and procedures are appropriate to the service setting. Consumer's individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen shows evidence of compliance with current legislation and guidelines. Residents and family members interviewed were very complimentary of the food service provided and report their individual preferences are well catered.

Improvements are required around medication documentation and documentation of family contact.

### **Safe and Appropriate Environment**

The service has a team of Health and Safety officers who oversee compliance of the management of waste and hazardous substances. There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling of waste and hazardous substances.

All resident rooms are single. Shared rooms are available for couples only. The rooms are spacious enough for safe resident movement around the room with the use of mobility aids, hoist and other equipment. The doors are of three quarter size which allows for safe and ready access for ambulance stretcher if required.

Documented policies and procedures for the cleaning and laundry services are implemented. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are emergency plans in place and emergency drills have been held annually. There is a civil defence kit and evidence of supplies in the event of an emergency in line with Civil Defence guidelines.

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

There is a restraint minimisation and safe practice policy which is applicable to the service. This includes a restraint protocol for the steps from assessment, approval and into the care plan. The aim of the policy and protocol is to minimise the use of restraint and any associated risks. Associated policies include management of challenging behaviour policy with associated forms.

The service monitors and treats all enablers as they would restraint so that all residents with an enabler have an assessment, and a consent form.

There are currently 15 hospital and 10 rest home residents requiring the use of an enabler and no residents with restraint.

An improvement is required around the documentation of enabler monitoring.

### **Infection Prevention and Control**

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service.

There is an infection control policies and associated procedures. Infection control meetings are held quarterly and there is an annual infection control summary completed with any areas for improvement noted and implemented.

There is an infection register in which all infections are documented monthly. The service has a low rate of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.

There is close liaison with the GP and the DHB IC nurse who advise and provide feedback /information to the service.

Infection control training, including hand hygiene are documented as provided as part of the annual training plans for 2012 and 2013.