Liberty 2000 Limited

Date of audit: 09-Jul-10

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

Kintala Lodge is 29 bed rest home dedicated specifically for dementia care and Alzheimer's disease for all ages. Kintala Lodge also cares for the under 65's who suffer from dementia. Kintala Lodge is set in a quiet, peaceful atmosphere in an inner city, tree lined environment close to central city and all amenities. The Lockwood building is homely and has been designed to blend in with the local surrounding residential homes. The secure rest home environment has its own garden and lawn area, including an internal sunny courtyard, where residents are free to wander, inside or outside, as they wish.

There is a Manager on site during business hours and two registered nurses who are responsible for overall care delivery. There are also two carers on each shift day, evening and night. There are three cooks who share a two week roster, three cleaners who share a two week roster and two activity coordinators who share a two week roster.

SUMMARY

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

Indicator	Description	Definition
	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	Indicator	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	Indicator	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.		**No short falls**

Continuum of Service Delivery	Indicator	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Safe and Appropriate Environment	Indicator	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	Indicator	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**No short falls**

AUDIT RESULTS

Consumer Rights

The services provided at Kintala Lodge respectfully consider all aspects of consumer rights and facilitate informed choices and minimise harm. It acknowledges cultural and individual values and beliefs. There is cultural representation, a Maori member of staff who is a qualified senior carer and has been working at the facility for the last 20 years. There are more staff who speak Cook Island, Maori, Fijian Indian, Filipino, Hindi, Niuean and Samoan. Staff discuss consumer rights with residents and their families on admission to the service. This is documented in the consumer's folder and care plan. All staff have been educated in consumer rights and this is evidenced by orientation and training records.

Organisational Management

Governance.

Kintala Lodge identifies strategic aims through their mission, philosophy and scope statements in the organisational management system. Quality, effective services, capacity and capability are some stated key aims. It's board initiates strategic planning which is communicated to the service providers at regular meetings. There is good cultural representation at the service. It meets regularly with cultural and social groups as well as regulatory organisations to continually improve the unique interests of the consumers.

Service management.

All key components of service delivery are described in policies, procedures and task instructions. They are accessible to all staff through the shared drive. Policies and procedures are reviewed by a team appropriate to the change. Change requests are controlled by the management representative. Obsolete documents are kept and archived. Service delivery reporting is based on policy documents in the quality management system. There are service delivery meetings daily, operational meetings weekly, quality meetings monthly and board meeting bi-monthly. Service provision is an agenda item at every meeting.

Quality and risk management systems.

Kintala Lodge operates a quality management system which covers the requirements of the range of standards including health and disability. The policies and manuals comply with legal issues associated with dementia care. The supporting manuals are quality, health and safety, a food plan and risk management. There is a quality and risk action plan in place. It is regularly reviewed by the service provider. The board reviews action plans at each bi-monthly meeting. Quality improvement processes are in place and discussed at staff meetings. The service provider conducts regular internal audits and there is significant analysis data showing improvements and areas for improvement. Satisfaction surveys show and action plans evidenced this. The quality and risk management systems are documented well.

Adverse event reporting.

There are adverse event policies in place. Event reporting is through an incident management programme which is followed. The report form records investigation, corrective action and effectiveness. Incidents are discussed at every staff meeting. A provision for event reporting is an each of the documented systems; health and safety, infection control, restraint minimisation and complaints management. A pandemic plan is in place. Risks are identified, analysed and the risk management plan is regularly updated. There is education in adverse events management on a six monthly frequency. Kintala Lodge has identified their legal responsibilities in each clinical policy. The quality policies and procedures reference legal aspects in the introduction to the system.

Human resource management and service provider availability.

Kintala Lodge has a current training programme which reflects the competencies needed to fulfil service provider roles and responsibilities. Each job description details specific

competencies required for the role. An annual training calendar has education for all staff with three to seven modules each month, some are compulsory. Service performance is monitored and detailed in the planning and meeting minutes. Staffing levels to meet the needs of the consumers are discussed and implemented. This includes temporary absenteeism and holiday cover. Human resource policies and procedures meet good employment practices and legal requirements. It is evident that there is an appropriate level of knowledge and experience . Four staff files were sighted and these include a job description that identifies accountability, responsibility, authority and purpose of position. The recruitment and selection process is appropriate. Check lists cover all procedural requirements. Personnel files confirm evidence of current practicing registration, credentials, education and training. Reference checks and the employment check list are included in all files reviewed.

Consumer information management systems.

Six out of thirty consumer files were reviewed. Each consumer file shows all the criteria of information for admission is documented. The form is called an ID form. The ID form contains all the information stated in the service policy and all legal health information meet requirements. Consumer files are stored in a locked cabinet and the office is locked whether attended or unattended. The admission agreement records, care plans and daily notes are mainly typed. There are some hand written documents which are legible and written in ink. Past consumer information is appropriately archived.

Continuum of Service Delivery

Entry

Prior to entry families visit and meet with the registered nurse and manager and are given as much information as they desire. There is an information booklet available. There is also information on the Eldernet website and through local knowledge of general practitioners and needs assessors. Consumers are only declined entry if they do not meet the entry criteria. In the event that this would happen the family would be informed and the resident would be referred back to the needs assessor.

Assessment

All stages of service provision are overseen by the registered nurse. There is good registered nurse coverage for the size of the facility. Registered nurses do comprehensive assessments on admission. Medical assessments are done by the general practitioner. Care givers are undergoing their ACE training. Families confirm they have been involved at all stages of service delivery and they state they are kept informed. A team approach is taken, there is a handover between shifts and there are regular multi disciplinary reviews. The registered nurse utilises a range of assessment tools relevant to dementia care along with her assessment skills to identify all the needs of residents. Information is gathered from a range of sources including family and referrers. The assessment process allows for identification of needs and this forms the basis of care planning. Assessments are conducted in a setting which maintains the person's privacy.

Care Planning

Care plans are detailed, individualised and up to date. Goals are realistic and aimed at maintaining the maximum level of functioning whilst maintaining the safety of the residents. Short term care plans are utilised for short term needs such as wounds or infections. Care plans are written in a manner that gives clear directions for interventions and support. Service delivery is individualised and aimed at meeting the person's assessed needs. Any needed equipment and supplies are sourced. There are good stocks on hand of wound and continence supplies.

Care Delivery

Links have been established and maintained with a broad range of allied health and community services. It was observed during the audit that staff are caring and respectful and work to maintain the privacy and dignity of consumers, especially those receiving personal hygiene or during episodes of challenging behaviour. Relatives report that they are happy with all aspects of care.

Activities

An activities coordinator is employed to provide a range of physical, mental, social and spiritual activities which are designed to maintain function and provide meaning to dementia residents. Family members and community are both involved in the programme. There are adequate activities available for after hours. An assessment is done for each resident in collaboration with their family to determine the interests and preferences of the resident. The programme is reviewed regularly.

Evaluation

The registered nurse reviews all aspects of care and the care plan at least six monthly or whenever the need of the resident determines it necessary. Evaluations are detailed. Goals are reviewed to determine they are still relevant and each intervention is reviewed to make sure it contributes towards the goals. When progress is less than expected, the registered nurse reassesses the resident and makes appropriate referrals to the doctor or allied health. The care plan is then updated to reflect the current needs.

Referral

Residents are referred to other health and disability services when the need is identified or when family request it. The safety of residents is maintained and they are always accompanied when they are taken out of the facility. Residents being discharged or transferred to another facility have their safety maintained by the registered nurse coordinating the exit and transition. The ongoing facility is provided with information regarding the resident's needs, safety requirements, medications and activities profile. Residents are only transferred when all requirements are put in place.

Medicine Management

There are policies and procedures in place for all stages of medicine management that are in line with current legislation and drug regulations. Staff are required to demonstrate competency prior to administering medicines and on an annual basis thereafter. Medicines

are stored safely in a locked cupboard within the locked nurse's office. Medication administration was observed to be safe.

Safe and Appropriate Environment

Management of waste and hazardous substances.

There are policies and procedures in place for the safe management of waste and hazardous substances. Regular audits are conducted to monitor compliance with the policies and procedures. The building is spacious and designed to cater to the needs of staff and residents well. The warrant of fitness is current and complies with legal requirements. The maintenance programme includes the building and equipment. There is a process for faulty equipment to be repaired. This includes calibration. Medical equipment is safely locked away.

Facility specifications and personal space/bed areas

There is a current building WOF. Kintala Lodge provide appropriate equipment and furniture and these were viewed during the site tour. The facility has appropriate aids for safety of the consumers. It has a continuous walk way with no dead ends. The hallways are uncluttered and furniture is arranged for safe movement. Signs are predominantly visual which are appropriate for the consumer at this service. All exits are alarmed and the main hazard is at the entrance. This is detailed in a risk assessment which has been sighted. Outdoor areas are safe, secure and well maintained. There are single and double rooms. Personal possessions are displayed and there is a safe arrangement of furnishings to maintain safety. The consumers have adequate space and amenities to facilitate independence. Kintala Lodge utilise taxi's or a mobility service for consumer transportation.

Toilet, shower and bathing facilities.

There are adequate shower and toilet facilities; some have a name on the door. There are numerous pictorial signs indicating the need to wash hands. There is hot water which was tested and found to be at a safe temperature. There is a monthly check of the hot water from tap sources at the facility and this is recorded. Hand washing is available in the shower rooms, separate toilets and kitchen areas. Fixtures, fittings, walls and floors are suitable and easy to clean. Adequate hand washing facilities are in place for consumers, service providers and visitors. The staff have a separate toilet facility which is locked.

Communal areas.

There is an east and west wing to the facility with a lounge and separate dining room. Seating is at appropriate heights and complies with infection control requirements. There is a second lounge at one wing. There is an interview room for private meetings if the consumer or family does not want to be in their room.

Cleaning and laundry services.

The laundry facility has a coded entry door. There is a dirty and clean zone marked on the floor. Material safety data sheets are available on the wall in a pocket. There are annual services for the equipment. The laundry is hot washed with automatic chemical feeding.

There is a laundry manual with appropriate policies and procedures that are implemented for the laundry process. The laundry area is locked at all times.

Essential, emergency, and security systems.

There are procedures for evacuation and emergency response. Staff education is up to date for this. There is a pandemic plan in place with supplies. There are gas bottles and torches for emergency situations. Regular fire drills are recorded, first aid refresher training. Health and safety checks are monthly. Security risk assessments identify secure arrangements; windows with safety stays, alarmed doors and the entrance manned by staff in the office. The consumers are able to move through the hallways in a rotational way without any dead ends or allow them exit from the facility.

Natural light, ventilation, and heating.

Under floor heating is in place. There is good natural light throughout the facility, each room has at least one external window. The outside area is designated for smoking. The sheltered courtyard is partially covered.

Restraint Minimisation and Safe Practice

Policies and procedures are in place which are in accordance with a philosophy of minimal restraint use. Residents undergo thorough assessment processes to determine their needs and identify any issues. Enablers are currently not used but staff receive training and procedures provide clear instructions as to their use. Regular training related to restraint minimisation and the management of challenging behaviour occurs and staff are tested for competency on an annual basis.

There is a documented procedure for approval of restraint which is included in staff training. Policy and procedures clearly define responsibilities and accountabilities. The registered nurse is responsible for all aspects of care. Alternatives to restraint are utilised. These include the management of challenging behaviour and closer monitoring and supervision of residents. All residents undergo comprehensive assessments. This includes identification of the risks, next of kin (enduring power of attorney), the resident's background information is included along with cultural needs. Family input is sought at all stages.

All aspects of care including those in relation to restraint are reviewed on at least a six monthly basis and more often as determined by the needs of the resident. Restraint is only used as a last resort and there is clear evidence that it is only used to maintain the safely of the resident. Monitoring frequency is determined by the needs and risks to the resident. An up to date restraint register is maintained. Regular staff training occurs and records of this along with the content were sighted.

All episodes of restraint are evaluated at intervals determined by the need of the resident. Evaluations are comprehensive and include the impact on the resident and whether there is an ongoing need for restraint. There is documented evidence that family members are involved in evaluation processes. Overall quality review occurs on an annual basis and includes external peer review. Trends are analysed along with feedback from families.

Policies and procedures are also reviewed and updated as necessary to improve service delivery

Infection Prevention and Control

Effective policies and procedures are in place to minimise the risk of infection and also to manage infections. Policies and procedures clearly define responsibilities and accountabilities. The registered nurse is overall responsible for infection control matters. The registered nurse reports to the governing body and then disseminates information back to staff. The infection control programme is formally reviewed annually. The registered nurse has access to external expertise and to adequate resources to implement the programme.

The registered nurse ensures the programme is fully implemented. She has ongoing external training to ensure her knowledge is up to date and that best practice is followed. Policies and procedures are in an easy to follow format, are readily available to staff and make reference to current literature. All policies required by the standard are included in the infection control manual. The registered nurse provides education to staff on a regular basis. The content is relevant to aged residential dementia care and is reviewed regularly. Staff receive training on orientation related to infection control. Families are provided with information when needed.

Surveillance is conducted on a range of infections common to aged related residential care. This includes surveillance on multi resistant organisms. The registered nurse collates surveillance data, reports to the governing body and communicates information with other staff. Surveillance data is benched marked externally and indicates that rates of infection are similar to other residential aged care facilities.