

Laama Holdings Limited

Date of audit: 30-Sep-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

Epsom South Retirement Home is a 27 bed rest home located in Epsom, Auckland. At the time of the audit there were 22 residents living at the facility, and a total of seven residents are under 65 years of age. Several of the younger residents are located in the downstairs wing of the facility and participate in normal home activities, as well as having plenty of community involvement. The owner has advised that there have been no Health and Disability Commissioner (HDC) investigations or issues based audits, police, coroner or other investigations since the previous audit. The four previous corrective actions from the provisional audit in September 2009 have been addressed. However, there were 24 new corrective actions found at this certification audit to be addressed over the next three to six months.

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
	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	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

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.		A number of shortfalls that require specific action to address

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.		A number of shortfalls that require specific action to address

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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • 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
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> • 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. 		<p>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</p>

AUDIT RESULTS

Consumer Rights

Services are provided in a manner which is respectful of consumer rights, and facilitates informed choice. Resident and family members expressed their satisfaction with services and stated that staff are providing appropriate care and treatment. The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in a variety of places and is available in different languages. A copy of the Code and explanations about the complaint process and complaint forms are included in the residents' information book which each resident has a copy of. Staff and residents are well informed about residents' rights and the availability of and how to access an advocate. Residents' cultural values and beliefs are discussed on admission and incorporated into the service delivery plans. There is a corrective action required in regards to ensuring that all staff are aware of culturally appropriate practices. Residents' records provide evidence that individual values and beliefs are incorporated in to service delivery planning and provision. Information on the resident's right to be involved in decision making and on informed consent is included in the residents' information booklet. Residents confirm that they are consulted on decisions relating to their care, treatment and support and that staff are respectful of their privacy. Processes are implemented to ensure residents are not subjected to abuse, neglect, coercion and harassment of any type.

Organisational Management

Systems are established and maintained by the organisation which clearly define the scope, direction and goals of the service and monitoring and reporting processes against these. The service employs two part time registered nurses who are on site 20 hours a week and are on call, to provide clinical oversight and support. Seven out of the 22 residents are younger physically disabled people and services are planned to meet their special needs. The service has a well-established, documented, and maintained quality and risk management system. Quality improvement is monitored through internal audits and the on-going collection of quality data. Action sheets are instigated and documented where deficits are identified. There is an opportunity for improvement in regards to ensuring that quality indicators are calculated accurately so that changes in the quality of service delivery is correctly identified. The service identifies and documents organisational and business risks, including risks to residents, visitors and staff. Two new hazards were identified on the days of audit, these need to be documented in the hazard register and communicated to the relevant people. There is an established system for reportable events, however, there is a corrective action related to ensuring that all incidents are documented.

There is a staffing rationale that takes into account staff skill mix, residents acuity levels and needs, the building lay out, mix of residents and safety. Staffing rosters, residents, relatives and staff interviews, confirm there is an adequate number of staff on site at all times and that more staff can be called in when required. Employment processes are implemented that meet the requirements of current employment laws, however, there are three corrective actions related to good employment practices. More robust processes are required for recruiting new staff and providing clear evidence that orientation has occurred. There is a need to review and more clearly describe the current manager's job descriptions. Staff education programmes are established and maintained.

The consumer information management systems are safe. There are two improvements required to ensure that processes meet the NZ Health Records Standard and privacy requirements and standards of practice. All current consumer health information needs to be in one integrated file and no personal information about residents should be viewable to the public.

Continuum of Service Delivery

The rest home accepts residents who have been assessed by the Needs Assessment and Service Coordination (NASC) service for rest home care and young persons' referring agencies for care for persons under 65 years of age. The rest home's entry information is available in hard copy and on the Eldernet website. The referral agencies are informed of the rest home's entry criteria. Residents needs, support requirements and preferences are gathered from appropriate sources and are recorded in a timely manner. Assessments and care planning are conducted on admission to the facility. Residents' care plans reflect individualised, accurate and up to date care requirements. There are four corrective actions required in relation to service provision to be undertaken by suitably qualified and / or experienced staff as per contract requirements, evidence of each stage of service provision being developed with the resident and / or family, review of the activities care plans and utilisation of short term care plans.

Medicines are administered using the blister pack dispensing system. There is one corrective action required relating to medicine management and the need for discontinued medicines to be dated and signed and medicines to be administered according to policy, protocols and guidelines.

Food service policies and procedures are documented and implemented. Three week summer and winter menus are utilised by the service. There are three corrective actions required in relation to staff training in food safety, residents dietary profiles to be communicated to the kitchen staff and food temperatures to be taken.

Safe and Appropriate Environment

There are appropriate systems in place to ensure the service provides a clean and safe environment for residents, staff and visitors and that they are protected from harm as a result of exposure to waste, infectious or hazardous substances. Residents are provided with safe, age appropriate and accessible areas to meet their relaxation, activity and dining needs. Epsom South Retirement Home has a total of four double rooms and 19 single rooms. Currently only one of the double rooms is being used as a double room. There are full shared ensembles, shared toilet / hand basin ensembles and communal toilets and showers located throughout the facility, as well as a separate visitors and staff toilet. The laundry service undertakes all laundry on site and is provided by care staff on all shifts. The cleaning service is provided five days a week, for two hours a day and cleaning is also part of the care staff daily routine. Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. All bedrooms, bathrooms and communal areas have a call bell system. Fire evacuations are conducted six monthly and there is a current building warrant of fitness. Staff are trained to respond to emergency and security situations. There are five corrective action request that relate to checking and tagging of all electrical equipment, safety of the external tiled areas at the entrance (in wet conditions), one lock in communal bathroom to be functional, cleaning and laundry services to be monitored for effectiveness and ensuring alternative energy and utility sources are available in the event of the main supplies failing.

Restraint Minimisation and Safe Practice

Policies and procedures relating to restraint minimisation and safe use are implemented. There were two residents using restraints on the days of the audit, these are bed rails and a comfy tilt chair. Both are used for safety reasons for limited periods of time. There were no enablers in use. The restraint committee comprises the manager, owner and one of the registered nurses, who have the authority for review and to implement changes to restraint philosophy and practices. Residents and relatives are involved in the assessment and review processes. The residents' records show that a comprehensive assessment occurs prior to the restraint interventions being implemented. Reviews are conducted as required and / or six monthly as a minimum requirement. There is an up-to-date restraint register that is reviewed six monthly by the approval team. Documentation sighted provides an auditable record of restraint use. Staff education on restraint occurs regularly and is appropriate to the type and frequency of restraint in place. Quality review of restraint practice is completed as

part of the quality management system and restraint practice and outcomes are reported at health and safety and staff meetings.

Infection Prevention and Control

There are infection prevention and control policies and procedures available to all staff. The infection control co-ordinator, who is a registered nurse, is responsible for the implementation of the infection prevention and control programme. The infection prevention and control programme is evaluated and reviewed for its continuing effectiveness and appropriateness on an annual basis and approved by management. Staff orientation and ongoing education includes infection prevention and control principles and practices. The surveillance data is collected, collated, graphed, analysed and the data is communicated to all concerned. There are two corrective actions required relating to documenting the position description for the infection control co-ordinator and identifying and documenting options for accessing external specialist advice.