

## Lifecare Funds Limited

Date of audit: 27-Oct-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

Kolmar Lodge Rest Home is a 26 bed rest home owned by Lifecare Funds Limited. The owners also own and operate Palms Home and Hospital in Papatoetoe and Howick Manor Rest Home in Howick. A full time CEO/Manager is employed to provide leadership and management across all three facilities. A quality and risk management system is implemented at the facility based on policies and procedures developed by the New Zealand Aged Care Association (NZACA). At the time of the audit there were 24 residents living at the facility.

### 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
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

<b>Consumer Rights</b>	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.		<b>No short falls</b>

<b>Organisational Management</b>	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Continuum of Service Delivery</b>	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Restraint Minimisation and Safe Practice</b>	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>• Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>• Consumers requiring restraint receive services in a safe manner</li> <li>• Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>		<b>A number of shortfalls that require specific action to address</b>

<b>Infection Prevention and Control</b>	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> <li>• 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.</li> <li>• There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>• 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</li> </ul>		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<p>organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided.</p> <ul style="list-style-type: none"> <li>• The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>• Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>• 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.</li> </ul>		
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## AUDIT RESULTS

### Consumer Rights

Policies and procedures regarding consumer rights, written by New Zealand Aged Care Association (NZACA), have been implemented by Kolmar Lodge Rest Home. Service providers receive training in the Code of Health and Disability Services Consumers' Rights (the Code) and all residents are provided with appropriate information regarding the Code. The consumer group reflects the local multicultural community and service providers are also culturally diverse and are able to assist residents with English as a second language. Five residents and three relatives were interviewed during the audit. Two residents specifically requested to be interviewed (one resident wished to convey her appreciation for the service provided by the rest home and the other resident wanted to question whether she should be paying for incontinence products - see 1.1.9.1). The rest home has an open complaints system in place and all verbal and written complaints are acknowledged, recorded and outcomes documented by the CEO/Manager. There are no partial attainments in relation to this standard.

### Organisational Management

A quality and risk management system is implemented at the facility based on policies and procedures developed by NZACA. Staff meetings and integrated (quality, health and safety and infection control) meetings have not been occurring on a regular basis and/or every two months as required by policy. Internal audits and adverse events do not always have a corrective action plan developed or implemented. Corrective actions are made accordingly.

There is a Clinical Manager (RN) employed to work at Palms Home and Hospital and at Kolmar Lodge Rest Home each week. She has resigned and was to end her employment with the company a few days after the audit. The organisation has engaged two employment agencies to recruit a new Clinical Manager. An experienced RN from Palms Home and Hospital will provide cover for this position until a new appointment is made. A casual RN lives on the premises and provides back up for night staff. Issues have been identified during the audit relating to the apparent low number of RN hours per week on site (see 1.2.8.1 and 1.3.3.1). The facility has a low turnover of staff and has competent senior

caregivers who have completed training in care of the elderly. One of the senior caregivers works Monday to Friday as a co-ordinator. She is a qualified and experienced registered nurse from Fiji but does not have a practising certificate to practice as a nurse in New Zealand (see 1.3.3.1).

Staffing levels meet contractual requirements except in relation to nursing input into assessments, care plans and evaluations. There are seven partial attainments in relation to the quality and risk management system, human resources management and security of consumer information.

### **Continuum of Service Delivery**

Each resident, and where appropriate their family/whanau are involved with all aspects of assessment, planning and review of service delivery. The individual resident's care plans follow a standard format and include information sheets, a resident profile, a risk management plan, support needs/skill list, three monthly review of activities of daily living, six monthly care plan evaluation, medical information, long term goals, achieved goals and progress notes. However, the care plans reviewed do not provide evidence that the interventions are based on a robust assessment process, particularly in the areas of pain management, wound management and continence assessment. A corrective action is required accordingly. Care provision is co-ordinated and examples of continuity of care and team work are demonstrated. However the care planning, care plan reviews, resident assessments and informed consent are assessed and implemented or obtained by a caregiver, with no evidence to indicate that a registered nurse works with the caregiver to assess and develop the care plans to meet contractual requirements. Corrective actions are made to ensure that a suitably qualified RN works with the caregiver to assess, develop and review care plans, to gain informed consent, and to ensure the general practitioners review occurs within two days of admission where required. Activities are planned and incorporate the interests and levels of ability of the residents.

All aspects of the nutritional needs of each resident are met. The menu complies with nutritional guidelines for the older person living in long term care.

Staff assisting with medicine management are assessed as competent to do so. The general practitioner (GP) medicine prescription is kept in the residents' file and is not referred to for medicine administration. Resident's allergies are recorded on the GPs medicine prescription form but this information is not recorded on all of the pharmacy sheets that staff refer to for medicine administration. Accordingly corrective action requests are made to ensure allergies are recorded and the GPs medicine prescription is referred to for administration of medicines.

### **Safe and Appropriate Environment**

In-service education, which includes specific learning related to healthcare waste, emergency procedures and appropriate security measures, to keep residents and visitors safe, is undertaken by all staff. Residents are provided with safe, adequate, age appropriate facilities that are nicely furnished to reflect the home like nature of the rest home. The care facility is an historical building and has an appropriate reactive maintenance process and a long term maintenance programme to identify and reduce risks in the environment. Safe and hygienic cleaning and laundry services are provided for residents and the facility is

clean, neat and tidy. All laundry is carried out on site. Cleaning and laundry chemicals are stored securely in the laundry areas and cleaning trolley. A corrective action is required to ensure that all chemicals are labelled appropriately. The home has adequate heating and ventilation throughout. There are dedicated outdoor smoking areas which do not expose non-smokers to tobacco smoke. Hot water temperatures recorded in care areas do not exceed 45 degrees Celsius.

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

Kolmar Lodge Rest Home has policies and procedures in place which support their commitment to restraint minimisation and safe practice (RMSP). No restraints or enablers were in use at the time of the audit. Two corrective actions are required in relation to the restraint minimisation and safe practice standard. Though there is evidence of challenging behaviour assessments being carried out, the careplans do not document the management processes for challenging behaviour and therefore no specific guidance to staff members with regard to dealing with such behaviour. Falls assessments are conducted on all new residents. The restraint policy includes staff competency evaluation forms with intervention and de-escalating techniques for health care assistants, however, there is no evidence that ongoing training and education regarding restraint minimisation, that meets the requirements of the RMSP standard, is carried out. Two consumers that display challenging behaviour have been referred to the psychiatric district nurse to reduce any related risks and ensure their safety.

### **Infection Prevention and Control**

Kolmar Lodge Rest Home's infection prevention and control policies and procedures implemented by the service reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and is monitored by the infection control co-ordinator. The infection control co-ordinator ensures the surveillance methods are adhered to and monthly infection surveillance data is recorded, collated and reported to management. Analysis and evaluation of data is used to develop any corrective actions required which are monitored by the infection control co-ordinator in a timely manner. A corrective action is required to ensure that infection prevention and control education sessions content and attendance is recorded.