

Kaylex Care Limited

CURRENT STATUS: 13-Feb-12

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

Eastcare Residential Home provides rest home and dementia care to a maximum of 49 residents (15 rest home and 34 dementia). On the day of audit there were 37 residents (14 rest home and 23 dementia). The home opened their second dementia unit in 2011 with the involvement of and support from Waikato District Health Board. Two residents are under the age of 65 years and are being cared for under an individual package of care.

There have been no changes to the service since the previous surveillance audit in February 2011. The facility manager/Registered Nurse (RN) and owner report there have been no sentinel events, police or coroners investigations, and no known complaints to the Office of the Health and Disability Commissioner.

There are no areas for improvement identified and three areas where the service is rated beyond the full attainment and awarded continuous improvement rating (food services, quality and risk and restraint minimisation).

AUDIT SUMMARY AS AT 13-FEB-12

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	Day of Audit 13-Feb-12	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	Day of Audit 13-Feb-12	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.		Includes commendable elements above the required levels of performance

Continuum of Service Delivery	Day of Audit 13-Feb-12	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.		Includes commendable elements above the required levels of performance

Safe and Appropriate Environment	Day of Audit 13-Feb-12	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	Day of Audit 13-Feb-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Includes commendable elements above the required levels of performance

Infection Prevention and Control	Day of Audit 13-Feb-12	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.		No short falls

AUDIT RESULTS AS AT 13-FEB-12

Consumer Rights

Services are provided in a manner that is respectful of consumer rights and facilitates informed choice. Four residents (three rest home and one dementia level care, under 65 years) were interviewed. All expressed satisfaction with the level of care they were receiving and stated they felt supported and safe in the service. Three relatives interviewed expressed their satisfaction with services and believe that staff are providing appropriate care and treatment. The Code of Health and Disability Services Consumers' Rights (the Code) is displayed along with complaint forms. Staff and residents are informed about residents' rights and advocacy services.

Residents, and where appropriate their family/whanau, are being provided with information to assist them to make informed choices and give informed consent. Informed consent is obtained from residents for routine and emergency situations. Residents and relatives are advised on entry to the facility of the complaint process and demonstrate a good understanding of this process during interviews. There have been no external complaint investigations since the previous audit and seven internal complaint investigations were completed and resolved last year.

Organisational Management

Systems are established and maintained which define the scope, direction and goals of the service and the monitoring and reporting processes. There is 96 hour per week of registered nurse time on site. A full time facility manager/RN has overall responsibility, including business administration, quality systems and human resource management. There is a deputy manager/clinical nurse manager who oversees residents' care and delivery of clinical

services. The service has well established quality and risk management systems that are effective in minimising risks and clearly contribute to improvements in the quality of service delivery. There is a continued improvement rating in this standard.

Quality outcomes data (results of internal audits, event reporting, health and safety outcomes and complaints) is analysed frequently to quickly identify any trends. Different staff members are involved in monitoring service delivery using recognised sector audit tools. The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events.

There is an extensive list of policies and procedures which describe all aspects of service delivery and organisational management.

The human resources management system provides for the implementation of appropriate employment of staff and on-going training processes. There is a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery. Rosters and interviews demonstrate that staff are allocated according to contract requirement. There is a low to medium staff turnover. Interviews with staff reveal they are informed about systems, policy and processes. Staff report they are well supported with their professional development. All care staff have completed or are engaged in completing the Aged Care Education modules in care of older people including the dementia series.

There are systems in place for managing consumer information.

Continuum of Service Delivery

Residents and families are satisfied with the quality of care provided by staff. Staff are trained and qualified to perform their roles and deliver all aspects of rest home and specialised dementia care. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to residents assessed as rest home or specialised dementia level of care. A registered nurse develops, reviews, updates and evaluates the care plans for the residents at least six monthly, or more frequently as the needs of the resident changes. The care plans are individualised and personalised to ensure the needs of the resident are met. Strategies for prevention of challenging behaviours are implemented for residents with assessed challenging behaviours.

The activities programme supports the interests, needs and strengths of residents. Activities co-ordinators are employed at times where they can assist in the managing of residents in the dementia units.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies.

Food services meet the likes, preferences and needs of residents. Food is available 24 hours a day. The facility is rated beyond the full attainment and awarded continuous improvement rating for food safety.

Safe and Appropriate Environment

Buildings and grounds are well maintained. There is a current Building Warrant of Fitness and approved Evacuation Plan. Rest home and dementia care is physically separated. All communal areas and individual bedrooms are spacious and suitably furnished. All bedrooms have natural light and an opening window to ensure adequate ventilation. All bedrooms in use show personal belongings and a home like atmosphere. Electric panel heaters are fixed to the wall in bedrooms allowing for individual choice of heat settings. There are separate outside areas for each of the three units (two secure and one rest home). These areas are pleasant, have suitable seating and shade, are well maintained and are safe for dementia residents to wander freely. Fire evacuations and education sessions are held six monthly. All fire equipment and emergency egress is checked monthly by staff and external contractors. Separate staff are designated for laundry and cleaning services for an adequate amount of hours, seven days a week. The facility is adequately prepared for and maintains stores necessary in the event of a civil defence emergency. The facility and its grounds are designated smoke free.

Restraint Minimisation and Safe Practice

The service has no restraint in use. Policies and procedures in place meet the required Health and Disability Service Standards and identify how NZS 8134.2.2 is met if restraint is required. The definition of an enabler is congruent with the definition in NZS 8134.0. All forms sighted are up-to-date. Staff education is appropriate and is offered during orientation/induction and bi-annually as part of the in-service programme. The facility is rated beyond the full attainment and awarded continuous improvement rating for the actions put in place to avoid restraint use.

Infection Prevention and Control

The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. Policies and procedures are aligned with currently accepted good practice. There are adequate resources to allow for a managed environment, which minimises the risk of infection to residents, staff and visitors. The programme is of relevant size and scope and is monitored by the nurse manager who has the role of infection prevention and control co-ordinator. Monthly infection surveillance data are recorded, collated and reported to the owner through the quality committee. A six monthly analysis and quarterly benchmarking occur with infection data. Analysis and evaluation of data are used to develop any corrective actions required, which are monitored by the nurse manager in a timely manner.