

Norfolk Lodge Waitara Limited

CURRENT STATUS: 07-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

Norfolk Lodge Rest Home is situated in Waitara just out of New Plymouth. There are a total of 23 rest home beds and 17 dementia specific beds. On the day of the audit 31 beds in total were occupied. Staff turnover is low with most staff having been employed for a number of years. The manager is also the registered nurse and there are several care givers who have extensive experience in aged care. There is a quality management system in place. It is noted that a lot of resource has been invested into staff training.

The rest home is situated amongst mature grounds that are well maintained. Both rest home and dementia residents have access to outdoor areas. Care is in accordance with best practice guidelines and residents and relatives interviewed during the audit spoke highly of all services received. Two areas for improvement have been identified. One relates to the height of the fence around the swimming pool and the other relates to medicine administration. All other criteria are fully attained and there is strong evidence that residents receive services that are based on their needs.

AUDIT SUMMARY AS AT 07-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 07-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 07-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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Day of Audit 07-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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 07-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 07-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.		No short falls

Infection Prevention and Control	Day of Audit 07-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 07-FEB-12

Consumer Rights

Policies and guidelines are implemented that deliver a service based on individual needs, rights and choice. Care provided is of a high standard. Both residents and families confirmed they are very satisfied with the care provided and that staff are very caring. There are six residents who identify as Maori and their individual beliefs are respected and valued.

Practical and written competencies are included in the induction programme for new staff. The staff code of conduct includes professional boundaries and expectations. There are a choice of spaces to ensure residents' physical and personal privacy is maintained. There is a documented complaints process in place which is provided at the time of admission to residents and is included in staff induction. A complaints register is maintained.

Organisational Management

Norfolk Lodge Rest Home and dementia unit is set amongst mature and well maintained gardens in the town of Waitara, 15km north of New Plymouth. The organisation has private ownership with an out of town owner. The facility is managed by a registered nurse who has been with the organisation for many years and acted in the role of nurse manager for six years. Staffing is stable with many staff having been employed for a long time. The roster provides sufficient and appropriate cover and meets contract requirements. New staff complete an induction programme that includes practical and written competencies. A comprehensive range of education is provided. The organisation covers all costs relating to the three Aged Care Education (ACE) programmes with 22 of 32 staff having completed the ACE programme, ACE Dementia and ACE advanced programmes. The remaining ten staff have either completed the new ACE programme or the ACE dementia training programme.

A quality and risk management system is in place. Quality data is collected from a range of sources including internal audits, infection surveillance, complaints, adverse event reporting and consumer feedback. Where areas that can be improved are identified a corrective action plan is completed. Adverse events are recorded in the resident's clinical file and interventions are put in place. Regular resident feedback occurs through satisfaction surveys and resident meetings. Human resource systems are in place. Clinical records are clear, complete, up to date with confidentiality of consumer information maintained.

Continuum of Service Delivery

On admission all residents are seen by the registered nurse who undertakes an initial assessment. This covers their immediate needs and abilities. Detailed care plans are developed over the first two to three weeks with input from family members, the resident themselves and other staff involved in the care of residents. There is adequate and accurate information about the service available electronically and by paper form.

Clinical documentation is very detailed and there is evidence of direct correlation between assessment findings and needs identified on the care plans. Each care plan gives information about personal idiosyncrasies and preferences. Cultural needs in particular are well addressed by the care planning process. Care plans are updated at least six monthly but there is evidence that parts of the care plans are updated more frequently as the needs of residents change over time.

Medical care is provided by three local general practitioners. Medical reviews occur at least three monthly but more often if residents are unwell or their needs are changing. Activities are provided both in the rest home and in the secure dementia unit that are based on the needs and wishes of the residents. Staffing levels particularly in the dementia unit are high enough so that residents have individual attention whenever they need to.

Residents are assisted to access the services of other health care providers or organisations within the community. Their safety is maintained by an escort always being provided. There are policies and procedures for all stages of medicine management that comply with legislative requirements. During the audit it was observed that the care giver did not check the prescription records prior to administration but corrective action is already underway and care givers were observed to be trained by the registered nurse. There are very few medication errors and when these occur they are always investigated and followed up by the registered nurse and corrective action is completed.

The food service is varied and meets the nutritional needs of residents. Residents' nutritional needs are assessed on admission, special needs and likes and dislikes are catered for. Every six weeks a boil up is cooked specially for Maori residents. Residents are weighed regularly and results are recorded in the clinical files. Residents and families confirm satisfaction with the meals.

Safe and Appropriate Environment

There are policies and procedures fully implemented for the management of waste and hazardous substances. Staff receive ongoing training in the management of hazardous waste and in infection control principles.

There is a current building warrant of fitness and an approved fire evacuation plan in place. A maintenance programme is in place. The facility is purpose built, light and spacious. All bedrooms are single with hand basins in each room. There are sufficient communal toilet and showers available. The height of the fence separating the outdoor area for the dementia unit and the swimming pool is not high enough to prevent residents scaling it should they decide to.

A call bell system is in place. Large flat gardens with outdoor areas with seating and tables are provided for residents. A designated smoking area is provided. All laundry is done on site. The facility is very clean and well maintained. The facility has a nine seater van which is used for resident outings.

Restraint Minimisation and Safe Practice

There are policies and procedures for restraint minimisation and safe practice that are aligned with the standard. The use of restraint is kept to a minimum and where this occurs there is clear and transparent documentation of all episodes of restraint. Staff are trained in the policies and procedures and they demonstrate their understanding that enablers are only used on a voluntary basis.

Restraint is only used as a strategy to maintain the safety of residents. Approval is required by the registered nurse, the general practitioner and the family concerned. While in restraint residents receive increased frequency of monitoring and restraint is released at regular and frequent intervals to ensure their care needs are met.

There is ongoing and annual formal review of all restraint practice.

Infection Prevention and Control

There is an infection control programme in place that effectively manages and contains episodes of infection amongst residents and staff. The registered nurse is overall responsible for infection control and she reports to the directors on a monthly basis. External advice and support is available via the local general practitioners or the district health board as required.

All policies and procedures required by this standard are in place. Staff receive ongoing training in infection control practice that is relevant to an aged care residential facility. During the audit staff were observed to be following the procedures in particular relating to hand hygiene and standard precautions.

Surveillance is undertaken on a range of infections that are common in aged care facilities. Monthly reports are collated and the registered nurse analyses these for any trends or areas for improvement. Records for all of 2011 show that rates of infection are relatively low.