

## Selwyn Care Limited - Brian Wells Lodge

**CURRENT STATUS: 18-Apr-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

Brian Wells dementia service is part of the wider Selwyn village complex. The service provides a secure care environment for up to 16 dementia level residents and was full on the day of audit.

The Selwyn Foundation has documented quality and business objectives that are monitored and communicated through a series of meetings and reports at Brian Wells. The manager is experienced in elderly care including over three years managing Brian Wells and she is supported by an experienced clinical manager and a team of stable staff. The Selwyn Foundation has an organisational total quality management plan that is implemented at Brian Wells. The philosophy of Brian Wells and the organisation includes dementia directed services and "providing a homelike experience where residents and staff can be part of the same family. An environment of fun and meaning in old age". While this audit has identified improvements required around aspects of the care planning documentation and medication management. This audit has also identified ongoing continual improvement processes implemented at Brian Wells and the service is commended for achieving these around, good practice and governance/quality goals and implementation.

### AUDIT SUMMARY AS AT 18-APR-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 18-Apr-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.		<b>Includes commendable elements above the required levels of performance</b>

Organisational Management	Day of Audit 18-Apr-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.		<b>Includes commendable elements above the required levels of performance</b>

Continuum of Service Delivery	Day of Audit 18-Apr-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.		<b>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Day of Audit 18-Apr-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 18-Apr-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 18-Apr-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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 18-APR-12**

### **Consumer Rights**

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance to the service. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. There is a Māori Health Plan and a range of supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The service provides an environment that encouraged good evidenced-based practice. There is a strong commitment to staff development by way of education and in-service training. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. Families interviewed spoke very positively about care provided at Brian Wells. Complaints processes are implemented with the manager taking a very proactive approach to open communication with family members.

### **Organisational Management**

Selwyn Foundation has a quality and risk management system in place that is well implemented and monitored at Brian Wells and this generates improvements in practice and service delivery and supports the provision of clinical care and support.

Policies and procedures are reviewed regularly and are updated to reflect best practice, legislation and standards. Key components of the quality management system link to the facility meetings including quality management, health and safety, infection control and staff meetings.

An annual resident and relative satisfaction survey is completed. The service is active in analysing data. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Monthly benchmarking reports are produced that include incidents/accidents, infections and complaints. These are used to provide comparisons with other organisations. Quality improvement plans are utilised at Brian Wells to document actions to improve services. Review of actions is documented. The service is active in analysing data. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk.

There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

### **Continuum of Service Delivery**

The clinical coordinator is responsible for each stage of service provision. Assessments and support plans are holistic and include input from allied health. Interdisciplinary assessment includes input from team members. Families interviewed are very supportive of the care provided. Activities are conducted by caregivers and there is ongoing diversional therapist input into planning of the program and support to staff. The service medication management system, follows recognised standards and guidelines for safe medicine management practice. Nutrition is appropriately managed. The GP interviewed who was employed by the Selwyn Foundation expressed a high level of confidence in the service. The audit identified improvements required around safe, medication administration and short term care planning.

### **Safe and Appropriate Environment**

The external areas are well designed for residents with mobility difficulties. There are grassed areas around the building and outdoor seating with shade. There is a large gazebo in the garden which provide outdoor dining facility and recreation. Since the previous audit, the garden has been developed with raised gardens for flower and vegetable growing and also a large patio area has been provided with a shade cloth. There has been refurbishment of the Brian Wells unit for example, introduced colour in the lounge and dining areas, a large screen TV, new curtains in the lounge and dining areas also along with new carpet throughout. There is a combined dining and lounge area that includes sufficient space for 16 people. There is also an alternative area for residents who do not wish to be involved in activities. This room opens to a safe and attractive outside area and on the day of the audit resident observed walking in the garden.

Brian Wells has established emergency response policies and procedures. The clinical coordinator and RN within the Selwyn village is on-call for the facility to provide appropriate response to clinical emergencies. Staff are trained in fire safety and evacuation as part of orientation and at the fire evacuation drills occur six monthly. Effectiveness of the laundry and cleaning services are monitored.

## **Restraint Minimisation and Safe Practice**

There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers, cultural safety, privacy and dignity, approved restraints, use of enablers and the role of the restraint co-ordinator; alternative interventions; external doors; implementing restraint; assessing risk; consent; monitoring; evaluation; quality review; education; related documents. The restraint minimisation procedure states the purpose of restraint is 'To minimise the use of restraint while providing a safe environment for residents, staff and visitors. To ensure that when restraint is practised, it occurs in a safe and respectful manner for the minimum length of time'.

There are no residents with restraint or enablers at Brian Wells. Staff receive education and are able to describe the service philosophy to restraint minimisation.

## **Infection Prevention and Control**

Brian Wells has an established infection control programme. The infection control programme its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The clinical coordinator is the infection control coordinator and she is well supported by external experts 'bug control,' and IC specialist at Auckland DHB. Surveillance of infections is carried out and benchmarked against other facilities within the organisation. Staff and the infection control coordinator have completed training around prevention of infections.