

Kaiapoi Lodge Residential Care Limited

CURRENT STATUS: 03-Jul-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

Kaiapoi Lodge currently provides hospital and rest home level care for up to 49 residents. On the day of the audit there were 27 hospital residents and 21 rest home residents.

Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed spoke positively about the care and support provided by the staff and management team.

The clinical coordinator (rest home) is a registered nurse and provides oversight to the facility. She is supported by the facility manager (registered nurse) who is also a part owner of the facility.

As part of this audit, 10 existing rest home rooms were also verified as suitable to be used for either rest home or hospital residents.

Improvements are required by the service around staff appraisals and meeting minutes.

AUDIT SUMMARY AS AT 03-JUL-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 03-Jul-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 03-Jul-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 03-Jul-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.		No short falls

Safe and Appropriate Environment	Day of Audit 03-Jul-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 03-Jul-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 03-Jul-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 03-JUL-12

Consumer Rights

Residents are given information about the services that Kaiapoi Lodge provides either on admission or when enquiring about the service. The information pack includes details of the admission agreement, service information, code of rights and advocacy. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Information about the code of rights and services is easily accessible to residents and families. The service implements an open door policy for concerns or complaints and engages residents and families/whanau in decisions regarding care. The service respects resident's rights and maintains privacy and individuality. Cultural needs are identified through the admission process and family/whanau is actively encouraged to be involved through all stages of service delivery. Services provided adhere to the Health and Disability services standards. Informed consent is obtained prior to cares being commenced. Residents are encouraged to maintain links with the community and family/whanau may visit at any time they wish.

Organisational Management

Kaiapoi Lodge has been owned and operated by the current owner for 20 years. Kaiapoi Lodge has a strategic business plan in place and a quality assurance and risk management plan for 2012. The facility manager is responsible for the quality and risk management programme. The aims of the strategic plan and quality plan are implemented and are supported by policies and procedures, and meeting minutes. The service is active in analysing data. Corrective actions are identified and implemented. The facility manager is competent to provide leadership and operational management and is supported by a clinical coordinator, registered nurses, care staff and GP's. Family satisfaction surveys are completed and regular resident/relative meetings are held. Health and safety policies,

systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status and praised the staff for being respectful, approachable, kind and caring. 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. Staffs have employment contracts, and position descriptions. Adverse events are reported and actioned in an open and appropriate manner. Confidentiality is maintained in relation to consumer records and these are accessible to relevant staff only. The following improvements are required by the service: audit outcomes to be discussed at staff meetings, and annual appraisals conducted for all staff.

Continuum of Service Delivery

Resident files reviewed include service coordination centre assessment forms. Care plans are developed in consultation with relevant people including residents and where appropriate family / Whanau. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed three monthly following admission. The residents' needs, and goals are clearly identified and interventions clearly guide staff. Residents and/or family have input into the development of resident care plans. Resident care plans are reviewed three-six monthly. Planned activities are appropriate to the various resident groups. Residents' files evidence recreation care plans which identify goals, and interventions and are evaluated at least six monthly. Individual activities are provided either within group settings or on a one-on-one basis, and the rest home and hospital residents join for some activities, including entertainment.

The service has transfer and discharge procedures. The staffs interviewed are knowledgeable of their responsibility of safe exit or discharge to another facility or hospital.

An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Registered nurses and senior caregivers are responsible for medication management and administration have current medication competencies. Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners.

The food service is managed safely and in line with required guidelines. Resident's likes and dislikes and dietary requirements are identified, met and reviewed.

Safe and Appropriate Environment

Kaipoi has waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness and holds a current approved evacuation scheme. All electrical equipment is checked annually and calibrations occur adequately. In the facility residents are able to bring their own possessions to promote a familiar environment. Consideration is given to residents needs when purchasing new furniture/equipment. The physical environment is appropriate

and safe. Structural engineer inspections have been completed post-earthquakes. The reports identify no structural damage and premises are safe to use.

Ten rooms were verified in part of rest home has being suitable for either rest home or hospital residents. These are larger rooms with single mobility ensuite shower/toilets.

There is adequate space and external areas are well kept. Laundry is completed on site and cleaning and laundry are monitored frequently. There is a staff member on duty at all times with a current first aid certificate and there are enough civil defence supplies, water and food to allow the service to be self-sufficient for at least three days in the event of a civil emergency.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe use policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. The service currently has three residents assessed as requiring restraints. There is a restraint and enablers register. Restraint assessments are based on information in the support plan, discussions with residents and on staff observations of residents. Restraint is reviewed for each individual at least three monthly and as part of the residents' multidisciplinary reviews. Kaiapoi also reviews restraint processes through the six monthly restraint approval group meetings. Staff are trained in restraint minimisation and restraint competencies are completed.

Infection Prevention and Control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.