

Laama Holdings Limited

CURRENT STATUS: 11-Sep-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

Epsom South Rest Home is a 27 bed facility in Auckland providing rest home level care. On the day of audit there are 21 residents receiving services, including four residents who are under the age of 65 years. In addition there are four boarders who live in the rest home. The owner purchased the rest home in October 2009 and actively works in the rest home. The nurse manager has been employed at Epsom South Rest Home since July 2011 and is responsible for ensuring the care needs of residents are met. The nurse manager works on site at least three days a week and is on call.

At this audit there are eleven areas identified as requiring improvement. The areas for improvement relate to: ensuring the complaints register details all actions undertaken; incident reporting; monitoring the annual practising certificates of contracted health professionals and relevant staff drivers licence; staffing; electrical equipment safety testing and clinical equipment calibration; the hot water temperature; two wall mounted shower chairs require replacing; and evaluating infection prevention and control education. Two improvements required are related to restraint minimisation and safe practice and one is related to ensuring a staff member with a first aid certificate is on duty at all times.

AUDIT SUMMARY AS AT 11-SEP-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

Indicator	Description	Definition
	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

Consumer Rights	Day of Audit 11-Sep-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 11-Sep-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.		Major shortfalls, significant action is needed to achieve the required levels of performance

Continuum of Service Delivery	Day of Audit 11-Sep-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 11-Sep-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 11-Sep-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 11-Sep-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

AUDIT RESULTS AS AT 11-SEP-12

Consumer Rights

The service provides relevant information and allows time for discussion as part of the admission process to ensure residents and family/whanau understand their rights and contractual requirements. Residents and family/whanau members are able to raise concerns and access support services as required. The service has a commitment to open disclosure and transparency in service provision. Residents' cultural and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs.

Policies and procedures, implemented by the service, are provided by an independent aged care consultant and reflect current good practice and meet legislative and Health and Disability Service Standards. Staff demonstrate awareness of ensuring residents are

informed and have choices related to the cares they receive. An area requiring improvement is to ensure the complaints register records actions taken when responding to complaints.

Organisational Management

Epsom South Rest Home has a documented business plan which details the organisation's mission, values and goals and objectives for care. The plan was developed by the nurse manager following his appointment in consultation with the owner/manager. Performance in achieving progress is monitored. The owner purchased the rest home in October 2009 and works in the business on a day to day basis. The owner/manager is responsible for staff rosters, building management and maintenance and business operation. The nurse manager, employed just prior to the last audit, works three days a week on site and is otherwise on call. The nurse manager is an experienced registered nurse with a current practising certificate and is responsible for the day to day operation of the services and ensuring the care needs of residents are met.

The organisation has a quality and risk management programme which includes resident satisfaction surveys, internal audits, quality indicators, complaints management and risk and hazard identification and management. The numbers of residents with infections and use of restraint is also monitored. Quality improvement data is analysed and compared (trended) with previous timeframes. Corrective action planning is occurring. While reporting of incidents is evident, not all incidents are being reported, and this is an area that requires improvement. Adverse events are addressed in an open manner. Policies and procedures are developed by an external consultant and are localised to meet the needs of the rest home. Policies sighted are aligned with current good practice.

Position descriptions include the skills and knowledge, accountability, responsibilities, authority and functions to be achieved. The currency of the annual practising certificates for contracted health professionals and relevant staff drivers licence are not being monitored in a timely manner. These are areas that require improvement. There are documented processes related to recruitment and human resources management which are implemented. All staff complete an orientation programme. A system is in place to identify, plan, facilitate and record ongoing education for staff.

There is a documented policy in place relating to staffing levels and skill mix. In the past six weeks unexpected events have resulted in the staffing hours being reduced. Ensuring sufficient staff are rostered on duty at all times is an area that requires improvement.

Residents' information is accurately recorded, securely stored and clinical record areas are not accessible to the public.

Continuum of Service Delivery

There are no areas identified as requiring improvement in the continuum of service delivery at the time of audit. Staff provide an integrated and multidisciplinary approach to service delivery. A registered nurse develops, reviews and updates 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. Residents and families are satisfied with the quality of care provided by staff. Evaluation of care occurs at least six monthly, which details the resident's progress towards meeting their goals. Appropriate linkage with other health and disability services is demonstrated to meet the individual needs of each resident. Discharge and transfers to other health services is managed to reduce risks to the resident.

The activities programme supports the interests, needs and strengths of residents. Food services policies and procedures are appropriate to the service setting with a current review by a dietitian of the winter and summer menus. Residents' individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the food service provides evidence of compliance with current legislation and guidelines.

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 management competencies.

Safe and Appropriate Environment

Epsom South Rest Home has 19 single bed rooms and four double rooms (two of which are currently occupied as share twin). The facility has a split level floor. There are residents' bedrooms, bathrooms and a lounge area on each level. The large dining room and lounge is on the main floor. There are decks on three sides of the building, providing residents with recreation areas. There are sufficient toilets and showers for residents' use. A number of residents' rooms have full ensuites which are shared between two rooms. Two of the wall mounted shower chairs in the communal toilet require replacing as they are no longer waterproof. This is an area requiring improvement. Monitoring of the temperature of hot water is occurring, however at audit the temperature is hotter than the records indicate, and this is an area that requires improvement. There are hand basins in each resident's bedroom.

The building has a current building warrant of fitness. Some (but not all) electrical equipment is tested and tagged and clinical equipment is not externally calibrated. These are areas requiring improvement. Residents are able to mobilise independently, including while using a mobility device. Cleaning and laundry procedures meet the standard required for rest home care. The facility is warm and well ventilated. The facility has an approved fire evacuation plan and a fire drill has occurred in the last six months. The first aid certificates

of three of the staff have recently expired. Ensuring a staff member with current first aid certificate is on duty at all times is an area that requires improvement.

Restraint Minimisation and Safe Practice

The service has two residents assessed as requiring restraint use and no residents requiring the use of enablers. There are appropriate procedures and assessments in place should restraint be required. Documentation of policies and procedures and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. Areas for improvement are required to ensure staff training includes the service's policy and procedure on enabler use and ensuring staff have a documented competency assessment in relation to restraint minimisation and safe practice.

The service has processes in place for determining restraint approval and processes. Staff interviewed and files sampled provide evidence that responsibilities are clearly identified and known. Residents' files reviewed provide evidence of resident/family input into the restraint approval process. The restraint and enabler register records all restraint use with sufficient information to provide an auditable record of restraint use. Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Systems are in place to ensure assessment of the resident is undertaken prior to restraint usage being implemented. Residents' files reviewed provide evidence that each episode of restraint is being evaluated and is based on the risk of the restraint being used.

Infection Prevention and Control

There is a documented infection prevention and control (IC) programme which is facilitated by the nurse manager who is responsible for infection prevention and control. The IC programme has been approved by the manager. All required infection prevention and control policies and procedures are available for staff. These have been developed by an external consultant and localised where necessary for use at Epsom South Rest Home.

Relevant infection prevention and control education is provided to staff during orientation and as a component of the on-going education programme. Records of staff training are maintained. Infection control education is not being evaluated for relevance and pertinence and this is an area that requires improvement.

Surveillance for residents who develop infections is occurring. The surveillance method and definition of infection are documented. The surveillance programme is appropriate to facility. Infection rates are analysed and reported to staff and residents and opportunities for improvement identified and implemented.