Birchleigh Management Limited

CURRENT STATUS: 17-Sep-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Birchleigh residential care centre is currently certified to provide hospital - geriatric, rest home and dementia level care. The service has a capacity of 80 beds. On the day of the audit there were 24 hospital, 33 rest home and 23 dementia residents. The service is managed by a suitably qualified chief executive officer who is supported by three nurse managers with significant experience in aged care. There is an implemented quality and risk management system in place. There is comprehensive orientation training and an in-service training programme that provide staff with appropriate knowledge and skills to deliver care and support. This audit identified improvements have been made since previous audit including: maintenance of a complaints register, documenting end of life wishes, internal audit documentation, documenting that families are informed of incidents, assessment, care planning and evaluation, medication documentation and supervision of residents requiring sedation, and appropriate food labelling and dating. This surveillance audit has identified required improvements around medication documentation, assessment and care planning documentation and maintenance.

AUDIT SUMMARY AS AT 17-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
	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 17-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.		**No short falls**

Organisational Management	Day of Audit 17-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.		**No short falls**

Continuum of Service Delivery	Day of Audit 17-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Safe and Appropriate Environment	Day of Audit 17-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Restraint Minimisation and Safe Practice	Day of Audit 17-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.		**No short falls**

Infection Prevention and Control	Day of Audit 17-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.		**No short falls**

Birchleigh Management Limited

Date of audit: 11-May-11

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

Birchleigh residential care centre is currently certified to provide hospital - geriatric and medical, rest home and dementia level care. The service has a capacity of 81 beds. On the day of the audit there were 22 hospital, 33 rest home and 23 dementia residents. The service is managed by a suitably qualified person who is supported by three nurse managers. They have significant experience in aged care. There are well developed systems, processes, policies and procedures that are structured to provide appropriate, safe quality care for people who use the service including residents that require rest home, dementia, hospital and medical level care. Implementation is supported through a quality and risk management programme. There is comprehensive orientation training and an in-service training programme that provide staff with appropriate knowledge and skills to deliver care and support. The staff and facilities are appropriate for providing services and in meeting the needs of the residents. This audit identified improvements required relating to: maintenance of a complaints register, documenting end of life wishes, internal audit documentation, documenting that families are informed of incidents, assessment, care planning and evaluation, medication documentation and supervision of residents requiring sedation, and appropriate food labelling and dating.

SUMMARY

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
	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	Indicator	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	Indicator	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	Indicator	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	Indicator	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	Indicator	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of		**No short falls**

service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		

AUDIT RESULTS

Consumer Rights

Birchleigh endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice. Residents and relatives spoke very positively about care provided by staff. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented. There are two improvements required around the complaints register and documenting end of life wishes.

Organisational Management

Birchleigh has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. Resident/relative satisfaction surveys are completed and regular resident/relative meetings are held. Key components of the quality management system link to the monthly quality improvement team meetings, monthly health and safety meetings and other relevant meetings. The service is active in analysing data. Corrective actions are identified and implemented. Issues are communicated to staff through discussions at relevant meetings. However, an improvement is required around documenting corrective actions.

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. However, incident forms do not always demonstrate that family are contacted and this is a required improvement.

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. Staff turnover is low. 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.

Continuum of Service Delivery

The service has a well developed assessment process and resident's needs are assessed prior to entry. There is an information pack available for residents/families/whānau at entry. Registered nurses are responsible for each stage of service provision. Residents and relatives are involved in planning and evaluating care and communication with family is documented. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. Care plans demonstrate service integration and are individualised. Short term care plans are available to use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. While the sample of resident files reviewed demonstrated holistic care overall, there are improvements required by the service around documenting sufficient interventions, linking assessments to care plans, implementing short term care plans and the timeliness of evaluations.

There are three activities staff providing a wide and varied programme for residents. Medications are managed appropriately in line with accepted guidelines. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Two improvements are required in relation to medication documentation and supervision of residents.

Meals are prepared on site by an external provider. A nutritional profile of residents is developed on admission and food preferences are identified. There are food service policies and procedures and a link to a dietitian. An improvement is required relating to the appropriate labelling and dating of food in fridges.

Safe and Appropriate Environment

Chemicals are stored securely throughout the facility. Personal protective equipment and clothing is available for staff. The facility holds a current warrant of fitness and there is an approved evacuation scheme. The physical environment is appropriate and safe. The facility has two van's available for transportation of residents. There are appropriate numbers of bathrooms and toilets available. Fixtures and fittings are well maintained and appropriate. The facility is spacious enough to allow for the use of mobility equipment. It is secured during the hours of darkness. There are comprehensive laundry and cleaning manuals. Appropriate training, information, and equipment for responding to emergencies is provided. There are emergency procedures, civil defence manuals and civil defence kits in place. There are emergency supplies for at least three days. The call bell system is available in all areas. Rooms are light and well ventilated. The facility has central heating which can be controlled in each area/room.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice 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 has five residents (hospital unit)

assessed as requiring restraint and ten residents (hospital unit) assessed as requiring enablers in the form of bedsides, an attached table or a lazyboy chair. There is a restraint/enablers register. Restraint assessments are based on information in the care plan, discussions with residents and on staff observations of residents. Restraint is reviewed for each individual at least three monthly as part of residents' multidisciplinary review. Reviews include family/whanau. There is monthly monitoring of restraint usage. Birchleigh also reviews restraints and enablers at monthly quality improvement team meetings and twice yearly restraint minimisation and safe practice meetings. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. There is an established and implemented infection control programme that is linked to the risk management system. The infection control programme is well established and external advice is available. The infection control co-ordinator is a registered nurse and has attended external training. Infection control training is provided for new and existing staff. Birchleigh has an infection control surveillance policy that is implemented. It outlines the purpose and methodology for the surveillance of infections. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes infection control audits of the facility.