

Edenvale Trust Board

CURRENT STATUS: 16-Oct-12

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

Edenvale Rest Home is owned by the Open Brethren Church Trust who operate under the name of Edenvale Trust Board. A General Manager, supported by a Clinical Leader, oversees the daily operations of the facility; both are experienced in the aged care setting. The facility is licensed for 41 beds consisting of 29 rest home and 12 secure dementia care beds. On the day of audit 38 beds are occupied consisting of 28 rest home and 10 secure dementia care.

One corrective action from the previous audit in July 2011 has been fully addressed. There is one shortfall identified by this certification audit relating to the need for incident and accident forms to be completed to identify if family/whanau have been informed. The service demonstrates that planning and evaluation of corrective actions is beyond the level normally expected and a 'continuous improvement rating' is attained. The requirements of the provider's contract with the district health board are met.

A partial provisional audit was also undertaken to establish their preparedness to commence the provision of hospital level services. When the provider is certified for hospital level care, 24 hour cover is required. This is known and understood by the provider. Projected rosters are in place, pending the change in certification to the provision of resthome and hospital level care.

AUDIT SUMMARY AS AT 16-OCT-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 16-Oct-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 16-Oct-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 16-Oct-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 16-Oct-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 16-Oct-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 16-Oct-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 16-OCT-12

Consumer Rights

The right of the resident to make a complaint is understood, respected and upheld by the organisation. The General Manager confirms there have been no external complaints, issues based audits, coroner's inquests or police investigations since the last audit. The complaints register is up to date and identifies the actions taken.

Opportunities for discussion regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is included in the resident information book, which is given to all residents and family/whanau before, or at the time of, admission. All residents have access to services that promote independence, involve them in decision making, respect their rights, and promote a safe and comfortable environment. The residents' care is responsive to their needs and ethnicity. Residents can access the spiritual care of their choice. Staff are guided by the Maori health policy which states Maori residents will have their disability needs met in a manner that respects and acknowledges their individual values and beliefs.

Residents and their families are made aware of their right to effective communication, beginning during the pre-admission process and continuing in their day-to-day activities. Residents and family/whanau are provided with the information they need at the appropriate times to make informed decisions. Policies and procedures are in place for informed consent, including advanced directives. Policy identifies the right of the resident to access an independent advocate and to have a support person of their choice. Family/whanau are encouraged to involve themselves as advocates. Residents are encouraged to maintain links with their family and their community.

Organisational Management

The Board of Trustees and the General Manager ensure services are planned, coordinated and appropriate to the needs of consumers. Effective, efficient, timely services are delivered by staff and supervised by the General Manager, with assistance from the Clinical Leader; both have many years' experience in the aged care sector.

Edenvale Rest Home has well established quality and risk management systems which are implemented by the service. Quality is reviewed and measured through an internal audit schedule based on the health and disability services standards and good practice. Continuous improvement processes are well documented. All quality and risk activities are monitored by the quality and risk monitoring group and corrective actions are put in place as appropriate. Corrective action planning is undertaken to a 'continuous improvement rating' level (i.e., beyond that normally expected). Reporting of quality improvement activity is undertaken at Board of Trustee and staff levels. Outcomes are monitored by the General Manager. Staff, resident and family input is encouraged and the response to suggestions is positive. Residents and family/whanau interviews confirm they are kept informed of any adverse events, however, incident and accident forms are not always completed by staff to indicate this. This is an area that requires improvement.

The service implements safe staffing levels and skill mixes that are clearly set out in policy. The provider understand the need to have 24 hour RN cover prior to occupation of residents assessed as requiring hospital level care. Human resources management processes in place meet legislative requirements. Staff are fully supported by the organisation to maintain and improve their knowledge and skills through on-going education which is appropriate to their role. All staff who work in the dementia unit hold recognised New Zealand Qualification Authority certificates. Residents' information is accurately recorded, securely stored and clinical records areas are not accessible to the public.

Continuum of Service Delivery

Residents and family interviewed express satisfaction with the care provide at Edenvale Rest Home. Staff are trained and qualified to perform their roles and deliver all aspects of service provision, with an emphasis on dementia care for the specialist dementia unit. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to residents. A registered nurse develops, reviews, updates and evaluates the care plans for the residents. The residents' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the resident and/or family member's input.

The activities programme supports the interests, needs and strengths of residents. There are specially designed activities and diversional strategies for residents with cognitive impairment.

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 are assessed as competent to perform their role.

Food services are contracted to Cater Plus who ensure all recognised nutritional guidelines are followed. All residents and family/whanau interviewed confirm they are happy with the food provided and that individual likes, needs and requirements are met.

Safe and Appropriate Environment

Emergency planning, policies and processes are implemented by the service to ensure residents, visitors and staff are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

The facilities are fit for purpose and provide an appropriate, accessible physical environment for both rest home and dementia level care residents. There are adequate toilet and showering facilities. Twenty-six rest home rooms have full ensuite facilities. Shared facilities in one wing of the rest home and in the dementia care unit are centrally located. All bedrooms are single occupancy. The dining and lounge areas for both rest home and the dementia unit meet residents' relaxation, activity and dining needs.

Emergency and security responses are well documented and understood by staff. Six monthly fire evacuations and emergency education is undertaken. There are adequate supplies, including food, water and access to utilities, for use in an emergency.

The building has a current building warrant of fitness and the service has an approved fire evacuation plan. The facility has both gas and electric heating. It is ventilated via opening windows in all resident areas. There are well kept outdoor areas that have seating and sheltered areas for residents' use. The facility and the grounds are smoke free.

Restraint Minimisation and Safe Practice

At the time of the audit, the service has no enablers in use. There is one chair lap belt and nine environmental restraints in use. There are appropriate policies and procedures to guide staff actions in the safe practice of restraint management. Policy states that enablers shall be voluntary and the least restrictive option to meet the needs of the resident to promote independence and safety. There is a process for determining restraint approval and ongoing education and competencies for staff. Educational content includes de-escalation techniques which are implemented by staff as required. Six monthly evaluations are conducted for each individual restraint in use and approved restraint is monitored according to risk. An annual quality review of the use of restraint is well documented.

Infection Prevention and Control

The service has appropriate infection prevention and control policies, procedures and education and provides a safe environment for residents, staff and visitors. There is a clearly

defined infection prevention and control programme that is reviewed at least annually. Staff receive on-going education on infection prevention and control in both the in-service education programme and external education from infection control specialists. Infection surveillance data is analysed monthly. The General Manager reports the infection control data to the Board.