

G A & H J Lydford

CURRENT STATUS: 01-Nov-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

Tarahill Rest Home in Te Awamutu provides rest home level of care for up to 19 residents. On the day of audit 17 beds are occupied. The facility is operated by GA and HJ Lydford. One of the owners is the principle nurse/facility manager, who lives onsite, and provides oversight of the day to day operations and is supported clinically by a registered nurse. Management and nursing support are available on call 24 hours, seven days a week.

The service continues to implement a robust quality and risk management programme with incidents, accidents, complaints and management of complaints addressed. Residents and the relatives interviewed provided very positive feedback around the service.

There are three areas for improvement, two are low risk areas related to written consent for outings and the documented use of clinical risk assessment tools, and one moderate risk related to the transcribing of medicines.

AUDIT SUMMARY AS AT 01-NOV-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 01-Nov-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 01-Nov-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 01-Nov-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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 01-Nov-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 01-Nov-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 01-Nov-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 01-NOV-12

Consumer Rights

Tarahill Rest Home 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 reflect current good practice and are reflective of evidence based practice to meet legislative and Health and Disability Service Standards.

The service implements the complaints policy. There are no outstanding complaints at the time of audit. Open disclosure procedures are in place to ensure service providers maintain open, transparent communication with consumers. Appropriate places are available for private discussions. Residents are able to identify service providers involved in their care, with residents and family commenting on the homelike nature and friendliness of staff.

All the residents and families are informed of the consent processes. Adequate information is made available. Day to day choices are identified and residents are involved with decisions that affect their lives. All staff receive training in informed choice and consent.

There is one request for improvement relating to consents for outings to be recorded.

Organisational Management

Organisational structures and processes are implemented by the service to ensure service delivery is planned, co-ordinated, and appropriate to the needs of the consumers. Service

performance is aligned with, and regularly monitored against, organisational goals as identified in the business plan. Quality and risk management systems are documented and implemented by the service. They reflect continuous quality improvement principles.

Quality and risk management systems are established and implemented with an internal audit programme implemented. Outcomes data is analysed to improve service delivery. The service have a system in place to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to residents at the rest home level of care.

Service deficits are documented as corrective actions and followed-up appropriately. Key components of service delivery are explicitly linked to the quality risk management plans and are monitored to measure achievement. Adverse event reporting is undertaken using incident and accident forms that reflect the services open disclosure policy.

The service implements safe staffing levels and skill mixes that are clearly set out in policy and meet the needs of the residents at the rest home level of 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. The management team consists of suitably qualified and experienced staff who have delegated authority, accountability and responsibility for the provision of service.

Continuum of Service Delivery

Entry to the service is facilitated in a timely and equitable manner. Adequate information is made available. Residents are kept informed throughout the entry process. There is a comprehensively documented resident agreement, introduction booklet and information pack. The service manages enquiries and declines in an appropriate manner.

Each stage of service provision is provided by a suitably qualified staff member. Care and support needs are implemented in a timely manner. Services are coordinated in a manner that ensures consistent care is provided.

Appropriate and adequate assessments and care plans are documented and implemented. Results of assessments and care planning needs are communicated to the resident/family and the resident's general practitioner. Additional plans are developed where a need is identified.

Interventions are consistent with best practice standards. Care plans are reviewed and evaluated as required.

Adequate planned activities are provided. Planned activities reflect ordinary patterns of life and a wide variety of activities internal and community are provided. The residents' likes, dislikes and individual needs are considered.

Timely and appropriate referrals to other providers is evident. Transport is available as required.

Transfers are organised if the level of care required is unable to be provided. Adequate and appropriate information is communicated throughout the transfer/discharge process.

The provider has an appropriate medicine management system which is implemented in line with best practice and legislative requirements. All medications are prescribed, stored and administered safely. There is a process for assessing staff competency and resident safety in the event of self-administration. Adverse events and/or errors are monitored. Accurate medication records are maintained.

There are two requests for improvement relating to having risk assessments recorded and medicines management processes to be in accordance with legislative requirements.

Food services policies and procedures are appropriate to the service setting with a current review by a dietician 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 evidences compliance with current legislation and guidelines.

Safe and Appropriate Environment

Tarahill Rest home is a single level building in a rural setting in Te Awamutu. There is an implemented maintenance programme with hazards identified and actions taken to address issues raised. The facility is warm, light and welcoming with no areas identified as requiring maintenance, with residents and family commenting on the homelike environment.

Residents have access to sufficient toileting and shower facilities, hand basin are located in each room and one room has an ensuite toilet and hand basin. The shared bathrooms are clearly identified and maintain residents privacy. There are 15 single rooms and two shared rooms at Tarahill Rest Home. There is adequate space for residents to mobilise within their room and communal spaces, including if using a mobility device. privacy is maintained in the shared rooms. Most residents' rooms have an external access to the veranda and grounds.

The building has a current building warrant of fitness and approved evacuation plan. Staff receive training on managing emergencies, including fire. Fixtures and fittings are appropriate for the service. There are adequate supplies including food and access to utilities for use in an emergency. There are documented procedures in place for cleaning, laundry services, waste and hazardous substance monitoring and ongoing maintenance of the building. Appropriate personal protective equipment is available for staff.

Restraint Minimisation and Safe Practice

There are no restraint or enablers in use at the time of audit. Adequate policies are documented. Restraint policies clearly define an enabler as voluntary and consented to by the resident following an appropriate assessment. Staff receive education on restraint use, enablers, and the management of challenging behaviours. There are adequate processes available should the need for a restraint or enabler occur.

Infection Prevention and Control

The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. Policies and procedures are aligned with currently accepted good practice. Service provider's documentation evidenced the surveillance reporting process is evident, relevant and applicable to the size and complexity of the organization. There are adequate resources to allow for a managed environment,

which minimises the risk of infection to residents, staff and visitors. The programme is of relevant size and scope and is implemented by the infection control co-ordinator who is the owner/principle nurse. Monthly infection surveillance data is recorded, collated and reported to the manager through the two monthly staff meetings. Analysis and evaluation of data is used to develop any corrective actions required, which are monitored in a timely manner.