

Lady Joy Home Limited

CURRENT STATUS: 15-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

The Lady Joy Rest Home is a 29 bed facility which is certified to provide services for residents requiring rest home level care. There were 29 residents present on the day of the audit. The rest home is operated by a husband and wife team (the Directors). The Directors manage the business and are on site daily. They ensure business planning is consistently aligned with the mission and values of the organisation and that there are sufficient systems and activities in place to monitor the efficiency and effectiveness of all processes.

There are adequate numbers for trained staff on duty at all times. The organisation employs a Nurse Educator which ensures a comprehensive training plan is implemented.

Residents receive services in line with the Code of Health and Disability Services Consumer Rights.

Clinical services are provided in manner which reflects the needs of the residents. All residents have assessments and care plans documented. Medical needs are monitored and appropriate interventions provided.

The Lady Joy provides a safe and appropriate environment. The environment is home like and the facility fit for purpose. There are sufficient systems and supplies in place for the management of emergencies.

The organisation uses no restraints and the safe use of enablers is monitored.

There is a well-documented, resourced and implemented infection prevention and control programme.

The audit identifies two areas requiring a corrective action and one area of continuous improvement. The evaluation of care plans is required to be documented and cleaning/laundry chemicals need to be stored securely at all times. Continual improvement is evident in the quality improvement planning process.

AUDIT SUMMARY AS AT 15-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
	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 15-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.		No short falls

Organisational Management	Day of Audit 15-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.		Includes commendable elements above the required levels of performance

Continuum of Service Delivery	Day of Audit 15-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.		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 15-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.		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 15-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 15-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 15-NOV-12

Consumer Rights

Residents at the Lady Joy receive services in line with the Code of Health and Disability Services Consumer Rights. The service provides ample opportunities for discussions on the

Code and National Advocacy services. The residents' individual privacy and dignity needs are assessed. Privacy is maintained and personal belongings treated with respect.

There are adequately documented procedures (and guidelines for staff) regarding the identification and management of abuse and neglect. Staff boundaries are monitored and the adverse event reporting system ensures any identified breach in boundaries is investigated.

There is a documented Maori Health Plan which acknowledges the principles of the Treaty of Waitangi and is aimed at reducing barriers to access. The service maintains a comprehensive list of Maori representatives from the five local Iwi in the Whanganui area who can be consulted should the need arise. Residents who identify as Maori have their needs met in a manner that acknowledges and respects their culture.

The service recognises the individual, spiritual values and beliefs of all residents. Values and beliefs are included in the assessment and planning process.

Services provided are of an appropriate standard. Written and verbal consent is gained where and when required. The assessment and care planning process is consistent with best practice. Management ensures the environment is conducive to effective communication and residents can express concerns in a safe manner.

Residents are supported to maintain links with their family and the community.

The complaints process is easily accessible. A complaints register is maintained.

Systems are in place to ensure consumers and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Residents and family interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

Organisational Management

The Lady Joy rest home is operated (and governed) by a husband and wife team (the Directors). The purpose, values, scope, direction and goals of the organisation are defined and reviewed. Goals and future developments are a component of annual business planning.

The Directors are on site daily and divide their roles into business and clinical management. Manager reports and staff meetings ensure ongoing monitoring of organisational goals.

Services are appropriate and planned to meet the needs of residents assessed as requiring rest home level care. Both Directors have the skills and experience required in order to govern and manage the organisation. Adequate succession planning ensures there are suitably experienced and qualified staff who can perform the role of management in their absence.

The organisation has a documented quality and risk management system. The required policies, procedures and work instructions are in place and accessible. The service is

currently undergoing a review of all policies and procedures to ensure they are adequate and appropriate to scope.

Key quality goals are defined and achievement towards these goals is measured and monitored for effectiveness. The service implements a robust internal monitoring programme and employs a Projects Manager who has initiated a wide range of quality improvements. Improvements are made both proactively and/or when service short falls are identified. This is resulting in continuous improvements being made to service delivery.

The risk management system is adequate and ensures trends are identified early and corrective actions implemented. Risks plans are reviewed to reflect changes in the sector at both a national and local level.

There is a well-documented and implemented adverse event reporting system. Essential notifications are made where required. Incidents are managed in an open and transparent manner. Collated adverse event data is communicated to staff.

The human resource management system is conducted in line with good employment practice. Prospective staff are screened and qualifications validated. All staff have a documented role description which outlines their key accountabilities and functions. The orientation and induction process ensures staff are aware of the essential components of service delivery.

Lady Joy employs a Nurse Educator who is responsible for the development and delivery of training. The planned training programme is comprehensive and fully implemented. Staff performance is monitored through the completion of defined competencies and annual performance appraisals.

There is clearly defined rationale for staffing which ensures the right numbers of skilled staff are on duty at all times.

The organisation defines the requirements of the consumer information management system. Resident information is maintained in a hard copy integrated file. Information is appropriate in detail to the type of facility. Data is uniquely identifiable and kept current. Personal information is secure and not publically accessible/observable. Records of past residents is maintained and archived appropriately.

Continuum of Service Delivery

Residents and families interviewed are very satisfied with the standard of care provided by staff, and have input into the development and evaluation of their care plans. Staff are educated, and qualified to perform their roles and deliver all aspects of service provision. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to residents assessed as requiring rest home level care. The Nurse Manager develops, reviews, updates, and evaluates the care plans for residents at least six monthly, or more frequently as the needs of residents' change. A variety of risk assessments are completed on admission and six monthly or sooner if risk increases. Progress notes are written up each shift, and more often if required. There is an area identified requiring improvement relating to the evaluation of care plans not being documented.

There is an activities programme for residents that supports the interests, needs and strengths of residents, and incorporates activities that are appropriate. Residents interviewed confirm this, and a number of residents state that they enjoy carrying out their own activities.

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 competencies. Medication files reviewed evidence documentation of residents' allergies/sensitivities and three monthly medication reviews completed by the general practitioners. Appropriate systems are in place for residents who have been assessed as competent to self-administer their own medicines. Currently there are no residents who has been assessed as competent to self-administer their own medicines.

Food services policies and procedures are appropriate to the service setting with current review of the summer and winter menus by a dietitian in August 2012. Resident's individual dietary needs are identified, documented and reviewed on a regular basis. Food is a permanent agenda item at the monthly resident meetings. Visual inspection of the kitchen provides evidence of compliance with current legislation and guidelines. Residents and family interviewed were complimentary of the food service provided, report their individual preferences are well catered for, and that adequate food and fluids are provided. Additional snacks are available for residents at all times.

Safe and Appropriate Environment

Residents at Lady Joy are provided with the safe and appropriate environment. The rest home is a single level facility which consists of three main areas/wings. The original building is of 1940's construction with purpose built additions as bed numbers increased. The facility also accommodates all kitchen and laundry services.

On-going maintenance/refurbishments and compliance checks ensure the environment remains safe and fit for purpose. The facility has a current building warrant of fitness. Furniture, fixtures, fittings and equipment is chosen (and maintained) with the needs of the resident in mind. Environmental hazards are identified and monitored.

The facility has a combination of toilets, bathroom and hand washing facilities. These are adequate in number and easily accessible. Hot water is monitored and maintained at a safe temperature.

There are seven shared rooms and 16 single rooms. All bedrooms are adequate in size to maintain independence and safety. Residents are encouraged to decorate their rooms with personal possessions.

Residents are provided with adequate and accessible areas for relaxation, activities and dining. There are two lounges and one large dining room. There are also safe and accessible external areas surrounding the building. This includes decks and well maintained paths and gardens.

The provider has designated staff for cleaning and laundry. There are adequately documented policies for the management of cleaning and laundry services. The

effectiveness of laundry and cleaning processes is monitored. One area for improvement was identified. The service is required to ensure all cleaning and laundry chemicals are stored securely.

There are adequately documented processes for the management of all emergency and security situations. All staff receive training in emergency management and first aid. There is an approved fire evacuation plan and fire drills are conducted six monthly. The service has planned for civil defence emergencies and has alternative energy and utility sources available if required.

The service endeavours to maintain the facility at the constantly comfortable temperature. There is adequate heating and ventilation.

There is a designated smoking area directly outside some of the residents bedrooms, however there is no evidence of complaints or concerns regarding the location of the smoking area.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. There are no residents using restraint and no residents using an enabler. All staff have received on-going education on restraint and challenging behaviour and de-escalation and have current competency assessments.

Infection Prevention and Control

There are documented infection control management systems in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control.

Service provider's documentation provides evidence that infection control education is provided to all service providers as part of their initial orientation and is provided as part of the on-going in-service education programme. Infection control education is also provided to staff on a one-to-one basis.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation and standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported in a timely manner.