

Ashwood Park Lifecare (2012) Limited

CURRENT STATUS: 12-Dec-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

Ashwood Park Retirement Village is purpose built and provides serviced apartments, rest home level care, hospital level care and dementia level care. The owners/managers took over Ashwood Park Retirement Village in April 2012. The staffing and documentation as a whole has not changed with the change of ownership. The new owners/managers have developed a business plan looking at the strategic direction for the organisation. Residents have access to 30 general practitioners (GPs), podiatry, physiotherapy, dietitian and hairdressing services. Each area has a well maintained environment that meets the needs of the resident group with the dementia unit offering safe indoor and outdoor areas and easy flow of movement between the two. On the day of audit there are 42 residents requiring rest home level care, 17 requiring dementia level care and 50 requiring hospital level care. The GP, residents and family/whanau interviewed all spoke highly of the services provided.

Areas that require improvement relate to completing analysis of quality data recorded, recording the name and designation of staff in all documentation, the signing of admission agreements on the day of admission, timely completion of care plans, activity plans not being individualised, medication management, dating of stored foods, safe storage of chemicals, maintenance of equipment and ensuring support is available for residents who require restraint use.

AUDIT SUMMARY AS AT 12-DEC-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 12-Dec-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 12-Dec-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 12-Dec-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 12-Dec-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 12-Dec-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 12-Dec-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.		Includes commendable elements above the required levels of performance

AUDIT RESULTS AS AT 12-DEC-12

Consumer Rights

There are appropriate policies and procedures implemented in relation to advocacy, informed consent, the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and identifying and respecting residents' individual values and beliefs. Information on the Code and advocacy is provided at first contact with the service and brochures and posters are prominently displayed at the facility. Residents and family members interviewed confirm their rights are respected, privacy is maintained, care is planned and provided to meet residents' individual needs, and on-going consultation occurs. Clinical nurse managers and facility owners are available to ensure communication is occurring in a timely manner and communication is reported to be excellent by residents

and family/whanau. There is a policy on open disclosure which is followed by staff. The adverse event reporting form documents contacts with various people, including family.

Staff have received training on the Treaty of Waitangi and provision of culturally appropriate services. The organisation is responsive to the cultural needs of Maori residents. There is evidence of input from whanau and tanga tuwhenua into the planning of residents' care.

The use of appropriate evidence based assessment tools is sighted in all areas. There is good use of external services to support residents' assessed needs and to provide education to staff. There is a range of policies that meet the requirements of the organisation, legislative requirements and good practice.

A fair complaints management process is available to residents and visitors. Staff are aware of the complaints process. The owner/manager maintains a complaints register and folder of all information related to complaints.

Organisational Management

A business plan that contains strategic planning was undertaken by the new owners/managers (dated April 2012). Measurement of performance against key performance indicators is occurring, however it is less than a year since the change of ownership and trending of the data is yet to occur.

The owners/manager have experience in age care and clinical management is provided by an experienced registered nurse (RN) who is the assistant manager. The assistant manager stands in when the owner/managers are not on site.

There is a quality and risk process managed by a quality assurance/RN role and this includes an annual audit plan, meetings of staff and management/owners. Data is being collected and while there is some analysis occurring at the audit level, there is an improvement required in the analysis of data as a whole, to look for trends. Adverse event and near miss reporting processes are known to staff. There is an incident register and the process allows for follow up and identification of corrective actions.

The owner/manager is responsible for human resources management and provided evidence of good practice since the change of ownership. There is an orientation process and an annual education plan. There is a documented process related to staffing requirements that covers all service areas. While the assistant manager oversees the roster, each area clinical manager or RN has some flexibility to make changes in order to meet increased care needs. Staff report that staffing levels meet the needs of residents.

An area requiring improvement relates to signature and designation of the person who has completed the admission form.

Continuum of Service Delivery

Prior to admission, residents are assessed by a needs assessment and service co-ordination agency (NASC) to ensure the admission is appropriate. Information regarding the service is detailed and outlined in an information pack provided to prospective residents. There is a required improvement relating to signed admission agreements on the day of admission to the facility.

Dementia care - the needs of residents in the dementia wing are assessed and care and support implemented and reviewed by the care team. The clinical manager oversees care and documentation for residents. There is a comprehensive activities programme implemented in the dementia wing with flexibility around arrangements and timing. Residents are given meaningful tasks, such as collecting mail and papers, hanging out washing and themed activities associated with events, such as Christmas. Overall the activities programme in this part of the service is comprehensive and appropriate to the needs of residents.

Hospital and rest home care - residents' lifestyle care plans guide care staff in service provision, are individualised, accurate and easy to follow. These are reviewed at least six monthly and altered to reflect the resident's changing needs with interventions that reflect the resident's desired outcomes. Staff were observed to carry out service delivery in a dignified, unrushed and respectful manner. Areas requiring improvement relate to documenting assessments, updating lifestyle plans following the assessment process and when progress is not as expected.

Activities are varied, age appropriate and specific to each area, including one-to-one activities. Group activities on the day of audit include pets visiting, newspaper readings, singing, bingo and movies in the designated movie theatre. A required improvement in the hospital and rest home relates to developing residents' activities plans .

There is evidence in residents' files of referral to other health services and the choices of residents and their family being respected. A physiotherapist interviewed confirms a resident's mobility requirements are provided in line with his recommendations.

A GP is interviewed during the audit and verifies that registered nurses (RNs) will notify her in a timely manner regarding any issue relating to the resident. She confirms that the (RNs) are competent and the information provided to her is consistent with what she observes when visiting the resident.

Medicines management is observed on the days of audit. The RN, enrolled nurse (EN) or care staff administer medications from the resident's blister pack according to the GP's prescribed administration record. A pharmacist interviewed visits weekly to reconcile controlled drugs in the hospital wing. An improvement is required relating to ensuring GP's sign and date each medication record and completion of weekly physical stocktakes for all controlled medicines on site.

The facility contracts out the menu, food and fluid requirements of the facility. Food is procured and prepared by the contracted cook. Food and fluid requirements on the days of the audit are in line with the menu. Those residents who require dietitian input and fortified supplements have these needs met. Meal time and the food service was observed on both days of the audit. Required improvements relate to food stock rotation, cleaning dry food containers, and appropriate disposal of food waste.

Safe and Appropriate Environment

There is a current building warrant of fitness and a fire service approved evacuation plan. Policies and procedures document processes for emergency situations and staff have received training as part of orientation and on-going education. All care staff have current first aid certificates. Evacuation drills occur at least six monthly. Security is provided by staff and an outside contractor patrols at night. There are policies and procedures on the management of waste and hazardous substances that are known to staff. Personnel protective clothing and equipment is available. An improvement is required related to the storage of chemicals

Ashwood Park employ their own cleaning and laundry staff. Policies and procedures guide staff and they have been trained in the use of chemicals. All areas of the facility are seen to be clean.

The environment is comfortable and well laid out for all resident groups. In particular the dementia wing has a circular flow with indoor outdoor areas. There are multiple areas for residents to meet for group activities or private conversations with visitors and there are separate dining areas. Residents' rooms, corridors, thoroughfares and the lift meet the requirements of residents, even when moving around with equipment and assistance of a care worker. Each room has an external opening window with some rooms opening out onto a courtyard or the garden. Heating is by under floor or ceiling heaters. Floors, walls and ceilings have suitable coverings, are clean and maintained in good order

There are adequate numbers of toilets and showers for residents and separate designated toilets for staff and visitors.

There is a detailed monthly maintenance plan covering all areas of plant, building and equipment. Hot water is monitored on a monthly basis at the tap and is at a safe temperature. However, improvements are required relating to the maintenance of sanitisers.

There is a smoke free policy with one area designated for smoking.

Restraint Minimisation and Safe Practice

There are documented systems in place to ensure the use of restraint is minimised. Staff interviewed and records sighted provide evidence that processes are followed according to organisational procedures and that safe practices are implemented. At the time of audit, there are seven residents on the restraint register and 18 residents who use enablers in the hospital and rest home. There is no restraint or enabler use in the dementia unit. The restraint co-ordinator reports a gradual decline in restraint use over time as staff understanding of restraint requirements have increased. A required improvement relates to the documentation of any advocacy or support offered to residents and families prior to the commencement of restraint.

Infection Prevention and Control

The infection prevention and control programme includes policies and procedures for the prevention and control of infections and contains all requirements in the standards to guide practice. An infection control RN oversees the infection control programme. The RN/EN monthly meetings include the infection control committee and the facility owner/manager.

New staff (including the new owners) are provided with training in infection control practices. Ongoing infection prevention and control education occurs regularly and the infection control RN has recently attended a two day conference to maintain her knowledge. The content of infection control education is documented and evaluated with alterations occurring following a review of feedback from staff. This is an area of continuous improvement for the facility, exceeding the standard normally expected for this type of service. The infection control RN is able to access expert external advice as required and there is documented evidence that this has occurred.

The infection control RN is involved on a daily basis in each wing of the facility to ensure the infection control programme is being implemented. Surveillance for residents who develop infections is occurring and was evident in a recent outbreak in the dementia wing which was contained and has now been cleared. Surveillance data is collated monthly. There is evidence of communication between the facility and the resident and family regarding any residents with infections. This is documented in progress notes and the family contact form and is verified in family interviews.