Kaylex Care (Waipukarau) Limited

CURRENT STATUS: 13-Feb-13

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

Mt Herbert is one of three privately owned facilities which trade under the umbrella of Kaylex Care Limited. The facility provides 20 rest home and 18 hospital level care beds. On the days of this audit 17 rest home and 14 hospital levels care beds are occupied.

The day to day operation of the facility is undertaken by a facility manager who is a registered nurse. She is supported by the director and a clinical nurse manager. The management team are suitably qualified for the roles they undertake.

A particular strength of the service is the activities programme which is constantly being reviewed and improved.

There are two areas for improvement required relating to management of medicines and ensuring that there is registered nurse cover for the full night shift.

Kaylex facilities have standardised documentation and this was reviewed prior to the onsite audit of another facility in January 2012.

AUDIT SUMMARY AS AT 13-FEB-13

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 13-Feb-13	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 13-Feb-13	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 13-Feb-13	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 13-Feb-13	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 13-Feb-13	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 13-Feb-13	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 13-FEB-13

Consumer Rights

Residents receive services in line with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The organisation has processes in place to ensure opportunities for discussion on the Code and the Nationwide Advocacy Services are provided during the admission process and information is readily available in each resident's bedroom or at the front desk.

All rooms are single occupancy. Resident and family/whanau interviews confirm residents' individual privacy and dignity needs are respected and personal belongings are treated with respect.

There are no barriers to service for Maori and the principles of the Treaty of Waitangi are acknowledged. Residents' individual, spiritual values and beliefs are identified and respected.

Good practice standards are maintained as defined in policies and procedures. Service provision meets the needs of residents and family/whanau interviewed are very happy with the standard of care given.

Management operate an open door system of communication and residents can express concerns at any time in a safe manner. Open disclosure principles are maintained. Links with family/whanau and the community are clearly identified. Systems are in place to ensure residents and family/whanau (where appropriate), are provided with adequate information to assist them to make informed choices and give informed consent. Staff interviews demonstrate a good understanding of informed consent and residents' rights.

Organisational Management

The organisational structure for Mt Herbert House is described in an organisational chart, and is included in the documented quality management system. There are regular management meetings across the whole Kaylex group for the facility managers, and at Mt. Herbert House, staff attend monthly staff meetings.

All trained staff maintain their practising certificates and first aid certification with all staff being trained in CPR techniques. The facility manager maintains close links with the Hawke's Bay District Health Board (HBDHB) and the service accesses specialist advice and assistance through the District Health Board whenever needed.

Quality and risk management systems are evident and the manager and staff interviewed during the audit were able to describe these systems and records confirmed that they are followed. Adverse event data is collated and shared with staff. Trends are identified and action taken to address them.

An area requiring improvement has been raised in relation to the RN cover in the hospital on all night shifts. Currently some night shifts are covered by an enrolled nurse (EN) with on-site support from either the facility manager or clinical nurse manager for the first half of the night shift, and then an 'on call' RN for the second half of the night shift. The manager and director are aware that this does not meet the contractual requirement to have a registered nurse (RN) on duty in the hospital 24 hours a day. They have employed two new graduate RNs who are to commence work in mid-March 2013. The facility manager has kept the HBDHB contract manager informed of this situation.

Continuum of Service Delivery

Information related to process for entry to service and declining entry to service is available in all advertising literature which is available to all residents and referral agencies. Needs assessments confirm appropriate placement of all residents.

Services are provided by a team of well-educated staff. Assessment, planning and evaluation of care is undertaken by a registered nurse. The provision of care is directed by clearly set out care plans which are informed by appropriate assessments in a timely manner. Residents' files are integrated to ensure continuity of care. All care providers, such as, nurses, medical staff and allied health write in the same set of residents' notes. Care provision is evaluated at least six monthly to measure if a resident's goals are achieved. This occurs sooner if the resident's condition changes. Residents maintain access to a range of health services.

Individual activities are planned to match the skills, interests, strengths and ability level of each resident. They are regularly reviewed to show how each resident's strengths are included in the activity planning process. Activities are well resourced at organisational level and extra hours have been put in place to ensure all residents' needs are met. The service demonstrates that they not only meet the requirements of the standard but have attained a 'continuous improvement rating' in this area.

Medication management is undertaken to meet legislative requirements. However, whilst policy and procedures are reflective of good practice, this is not always followed by staff. An

improvement is required related to staff observing that medicines are swallowed and staff signing that medications have been administered.

Food and nutritional needs of residents are overseen by a registered dietitian. All resident and family/whanau comments are very positive regarding the food services and confirm all their needs are met.

Safe and Appropriate Environment

All staff receive training and information in relation to safe disposal and management of waste and hazardous substances, maintaining a hygienic environment and emergency response and security procedures. There are regular trial evacuations with oversight from the local fire service safety officer.

The environment is well maintained, clean and tidy, and is comfortable and safe for residents, visitors and staff. The facility has age appropriate furnishings and facilities. Bedrooms are personalised with furniture and possessions chosen by the individual. Rooms are single occupancy with shared ensuite in the rest home wings and shared bathroom facility available for the hospital wing residents. There are four separate lounges located throughout the facility, and a central dining. These rooms are situated so that visual and auditory privacy in bedrooms is maintained when they are in use. The facility is maintained at a comfortable temperature with heating for winter months and generous windows throughout, which provide ventilation and natural light in every room. The service operates a smoke free policy for staff and visitors and has a designated smoking area for the small number of residents who smoke.

Restraint Minimisation and Safe Practice

The organisation has policy and procedures which describe safe restraint use. The policy includes a definition of an enabler which meets the requirements of the Health and Disability Services Standards. There is a clear philosophy of restraint minimisation at Mt Herbert House which is demonstrated by there being no restraints of any type in use at the time of the audit. This is confirmed through review of the restraint register and clinical files.

Infection Prevention and Control

The documented infection prevention and control processes implemented by the service minimise the risk of infection to residents, staff and visitors. The infection control programme is reviewed annually and is appropriate to the size and scope of the facility and the services provided. It reflects current best practice.

Infection control education is provided to all staff as part of their initial orientation and as on-going education.

Infection surveillance data is collected, trended and evaluated and findings are used to show the effectiveness of the programme in place and to implement any corrective actions required. Standardised definitions are used for the identification and classification of infection events.