

Henrikwest Management Limited - Turama House & Catherine Lodge

CURRENT STATUS: 11-Mar-13

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

Henrikwest Limited own three facilities. Two facilities, Catherine Lodge and Turama House are included in this certification audit. Catherine Lodge is a 35 bed rest home facility with 31 beds occupied on the days of audit. Turama House is a 27 bed rest home with 24 beds occupied on the day of audit. The facilities are owned by a husband and wife team. The wife actively works as the manager of the facilities and the husband oversees all maintenance. They are supported by an assistant manager and a contracted quality assurance manager who works at both facilities.

Two areas identified as requiring improvement from the previous surveillance audit have been addressed and there are no areas requiring improvement identified from this audit. A particular strength of the service relates to the management of incidents and accidents where the service demonstrates a review and evaluation process beyond that normally expected, and resulting in a safer environment and care services to residents.

AUDIT SUMMARY AS AT 11-MAR-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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 11-Mar-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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 11-Mar-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.		All standards applicable to this service fully attained with some standards exceeded

Continuum of Service Delivery	Day of Audit 11-Mar-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.		Standards applicable to this service fully attained

Safe and Appropriate Environment	Day of Audit 11-Mar-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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 11-Mar-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 11-Mar-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 11-MAR-13

Consumer Rights

The residents at Catherine Lodge and Turama House express high satisfaction with the manner in which the service respects their rights and report that they are treated with respect and dignity at all times. As observed at the onsite audit, residents receive services that uphold their rights. Information is provided at admission and displayed throughout both facilities regarding consumer rights, access to advocacy services and how to make a complaint. Staff at both facilities demonstrate understanding of their obligations regarding residents' rights and how to incorporate that knowledge into their day-to-day practice and interactions with residents and family/whānau.

There is a multi-cultural mix of residents and staff at both Catherine Lodge and Turama House. The service meets the cultural and religious needs of the residents. Residents who identify as Maori, have their individual culture and beliefs acknowledged and respected by staff.

Evidence-based practice is observed, promoting and encouraging good practice. There is regular in-service education and staff access external education that is focused on aged care and best practice.

The service acknowledges that all residents have a right to full and frank information as identified in the open disclosure policy. An interpreter service is accessed as required. Written consent is obtained as appropriate. Staff interviewed acknowledge the resident's right to make choices based on information presented to them and the right to withdraw consent and/or refuse treatment. Advance directives and advance care planning are made available and acted upon where valid.

Organisational Management

The owners and management team ensure that services are planned and coordinated to meet residents' needs. The organisation's business quality and risk plan identifies the purpose, values, priorities and goals for each facility. Planning processes are reviewed and evaluated annually to measure achievement. Any deficits in service delivery are managed through corrective action planning.

The day to day operation of the facility is undertaken by staff who are appropriately experienced and qualified to undertake the role in a manner that ensures residents' needs are being met in a safe and efficient manner. Residents' needs are overseen by a registered nurse.

All quality and risk management processes are implemented to meet policy requirements. Policies and procedures are supplied and maintained by an external consultant for both facilities. Quality actions are recorded and reported at staff and management level. Key components of service are explicitly linked to quality management systems. Quality data is collected and trended and results are used as opportunities for improvements. Incidents, accidents and untoward events are recorded, evaluated and discussed with family/whānau in a manner that is reflective of open disclosure principles. The review and evaluation process for all incidents and accidents at both facilities demonstrates that corrective actions result in a safer environment and appropriate care services to keep residents safe. This has resulted in a rating of 'continuous improvement', which is beyond that normally expected.

Staffing levels and skill mix levels meet policy and contractual requirements. All staff hold current first aid certificates. There is a registered nurse on duty 40 hours per week at each facility and on call as required. Human resources management processes implemented meet legislative requirements. There is a system in place to identify, plan and facilitate on-going staff education.

Continuum of Service Delivery

The administration for both of the facilities is managed at Catherine Lodge. There are clear processes in place that manage the entry to both of the services, which offer rest home level of care. If a potential resident is declined entry a record is kept of this on the enquiry form.

The residents and family at Catherine Lodge and Turama House have high praise for the care and services provided. The assessment, planning, review and evaluation policies and procedures are the same at both facilities. Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the RN on admission to the service. The service meets the contractual time frames for the development, review and evaluation of the care plan. Residents are reviewed by a general practitioner (GP) on admission to the service and monthly to three monthly, based on the resident's assessed needs. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services are planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the older and younger residents. There is a designated activities co-ordinator who oversees the activities programme at both facilities. Residents are encouraged to maintain links with family and the community. The residents express high satisfaction with the group and individual activities offered at the service.

A safe and timely medicine management system, that complies with legislation and guidelines, is observed at the time of audit. The RN and senior caregivers are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are assessed as competent.

The menu is the same at both facilities. Residents' nutritional requirements are met by the service. As confirmed during interviews with residents and family/whānau, likes, dislikes and special diets are well catered for. The service has a four week, summer/winter rotating menu which has been approved by a registered dietitian.

Safe and Appropriate Environment

The facilities are maintained and furnished to an acceptable level to provide residents with a safe accessible physical environment. The bedrooms are single occupancy and dining, lounge and recreational areas meet residents' needs, as confirmed in resident and family/whānau interviews.

There are adequate bathroom and toilet facilities.

Emergency education and training and security processes are well documented and understood by all staff, including management of waste and hazardous substances. Six monthly fire evacuations are maintained. There are at least three days food, water and emergency supplies, should they be required.

Both facilities have a current warrant of fitness and an approved fire evacuation plan. The reactive maintenance system is well developed and implemented by the service. Long term maintenance is part of the annual planning process. The facility is kept at an even temperature by electric heating and opening of doors and windows. There are appropriate outdoor areas that have seating and shade for residents and visitor use. The facilities buildings are smoke free.

The service has an effective cleaning and laundry service. Each site had a laundry equipped with two washing machines and two driers.

Restraint Minimisation and Safe Practice

There are currently no restraints in use in either facility. The service operates a no-restraint policy. Catherine Lodge has one enabler and Turama House has four enablers. They are all bedside loops and put in place according to policy requirements. Policies and procedures are available to all staff should restraint be required. Staff education is undertaken as part of orientation and on an on-going basis as part of the in-service education programme. Staff are able to demonstrate their understanding of the restraint minimisation policy and procedures and the definition of an enabler.

Infection Prevention and Control

The service has an appropriate infection prevention and control management system. There is a designated infection control co-ordinator at each of the facilities, who are supported by the organisation's assistant quality manager. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. The infection control programme at both facilities is reviewed annually. The organisation's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded, analysed, and where trends are identified and actions are implemented to reduce infections.