

Lakeside Lodge Rest Home Limited

CURRENT STATUS: 19-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

Lakeside Lodge Rest home Limited has been under the same ownership since 1995 and is managed by the two owners, both of who are registered nurses. The facility is certified to provide rest home level care for up to 30 residents. On the day of the audit there were 30 residents at rest home level care. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke positively about the care and support provided.

This audit identified improvements required by the service in the following areas; aspects of medicine management, general practitioner review within 48 hours of admission, care planning, wound documentation and documenting designation in resident notes.

AUDIT SUMMARY AS AT 19-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
	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

Indicator	Description	Definition
	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 19-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 19-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 19-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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 19-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 19-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 19-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 19-MAR-13

Consumer Rights

Lakeside Lodge Rest home Limited has a clear focus on respecting the rights of the residents. Staff receives training in understanding consumer rights as part of their orientation and then on-going through in house training. Residents are informed of their rights and continue to have this reinforced through discussions with the staff and management. This is reflected in the comments made by staff, residents and families who were interviewed. Families and residents are able to discuss any issues with the Manager.

Staff were observed to interact with residents in a respectful manner as they go about their duties. Residents have access to activities in the community and also with in the home. There is no one in the home who identifies as Maori; however the home has good resources it can call upon if extra support is required to provide culturally appropriate support.

The home has regular celebrations of people's birthdays and other events such as Easter and Christmas. Religious practices and attendance at services is encouraged and is provided in the home for those who cannot attend in the community. Complaints are acted upon by the Manager; there have been no recent complaints. There are consent policies to guide staff and an open disclosure policy is also in place. The home has a safe that residents can use to keep valuables safe.

Organisational Management

Lakeside Lodge is owned and managed by a registered nurse who has 16 years' experience in the sector. He is supported by the other owner/manager who is also a registered nurse. Senior staff deputize when they are away. A quality management programme has been active for many years, this includes documented policies and procedures to guide staff in their work and describe how the home operates in accordance with its philosophy and

values. The quality management system includes risk and quality plans to identify issues the home needs to manage such as training, incident and complaint reporting and nursing practice. Rosters show there are sufficient staff to care for residents, families and residents interviewed were satisfied with the management of the home and accessibility to the Manager and staff. Staff receive regular training and are supported in their roles. Most staff hold professional caregiving or registered nursing qualifications. An annual internal audit plan is followed by the home, such items as falls, incidents complaints food service admission procedures code of rights and satisfaction are reviewed monthly, six monthly or annually.

Where an adverse event such as a resident fall occurs staff record the event and the manager and family is notified. All events are followed up by the Manager. Each resident has an individual file where details of the care provided is recorded. The file is used by staff and outside health professionals such as the doctor to ensure continuity in care throughout the residents stay in the home. There is an improvement required around documenting designation in resident notes.

Continuum of Service Delivery

The service has assessment process and resident's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed or signed off by a registered nurse. Risk assessment tools and monitoring forms are available and partially implemented. Service delivery plans are individualised. There are improvements required around ensuring that residents are seen by a general practitioner within 48 hours of admission and care plan documentation. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. There is an improvement required around wound management. There are activities programmes running that are meaningful and reflect ordinary patterns of life. There are also visits to and from community groups.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. There are improvements required around medication administration, weekly controlled drug checks and photographic identification in medication charts.

Food services policies and procedures are appropriate to the service setting. Resident's individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen shows evidence of compliance with current legislation and guidelines. Residents and family members interviewed were very complimentary of the food service provided and report their individual preferences are well catered. Additional snacks are available if the kitchen is closed.

Safe and Appropriate Environment

There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling of waste and hazardous substances.

Visual inspection provides evidence of compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff

Staff documentation provides evidence there are appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose.

Documented policies and procedures for the cleaning and laundry services are implemented. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are emergency plans in place and emergency drills have been held six monthly. There is a civil defence kit and evidence of supplies in the event of an emergency in line with Civil Defence guidelines.

Restraint Minimisation and Safe Practice

Lakeside Lodge does not use restraint. Residents are of the level where this is not considered necessary. Staff and family who were interviewed confirmed that restraint is not used. There are policies and procedures available should restraint be necessary and a procedure for dealing with challenging behaviour is also available.

Infection Prevention and Control

The infection control programme is suitable for a facility of this type. The programme is led by the manager. The home has operated its infection control programme effectively for many years. The programme is based upon a clear set of procedures that are available to staff. If an infection is suspected the doctor will request a specimen for laboratory analysis. The result is reported to the doctor and the home. This allows the home to identify the organism and its antibiotic profile. Infections are monitored and practice is reviewed every month. Trends can then be identified. There have been no recent infection outbreaks in the home.

Training is provided to staff when they start and then at regular intervals thereafter. There is an internal audit programme in place that reviews the infection control practice in cleaning, laundry and hand washing, every six months.

Staff were observed using the hand sanitizers and washing their hands regularly. The home was observed to be clean and in good condition to support sound implementation of the infection control programme.