

## The Maples Lifecare (2005) Limited

**CURRENT STATUS: 27-Mar-13**

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

Maples Lifecare provides rest home level care for up to 78 residents across 52 rest home rooms and 26 studio units. The current occupancy is 65 residents. There is a 2013 business plan that includes values, beliefs and goals of Maples Lifecare. The service has a robust quality and risk management system that continues to be implemented. Service appropriate management systems, policies, procedures, guidelines, competency assessments, orientation programme and the annual education programme continue to be implemented. The manager is co-owner of the facility and has managed aged care facilities prior to Maples Lifecare. She is an experienced registered nurse with support of a clinical charge nurse and two part time registered nurses. Residents and families interviewed were supportive of the care and support provided.

The service has addressed the seven shortfalls identified at the previous audit including closing the quality loop, incident reporting, staff orientation and performance appraisals, two areas of care plan documentation, and hot water temperature monitoring.

This audit identified further improvements required relating to wound management documentation, aspects of medication management, and communicating nutritional needs to kitchen staff.

### AUDIT SUMMARY AS AT 27-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

Indicator	Description	Definition
	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
	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 27-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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit 27-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.		<b>Standards applicable to this service fully attained</b>

Continuum of Service Delivery	Day of Audit 27-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 27-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.		<b>Standards applicable to this service fully attained</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 27-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.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 27-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.		<b>Standards applicable to this service fully attained</b>

### **The Maples Lifecare (2005) Limited**

**CURRENT STATUS: 05-Oct-11**

**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**

Maples Lifecare can provide rest home level care for up to 78 residents across their 52 rest home rooms and 26 studio units. The current occupancy is 52 residents in the rest home and seven residents in the studio's. There is a business plan that includes values, beliefs and goals of Maples Lifecare. The service has a robust quality and risk management system that continues to be implemented. Service appropriate management systems, policies, procedures, guidelines, competency assessments, orientation programme and annual education programme is implemented. The manager is co-owner of the facility and has managed aged care facilities prior to the Maples. She is an experienced registered nurse with support of a clinical charge nurse and two part time registered nurses. Residents and families interviewed were supportive of the care and support provided.

There are improvements required by the service related to; closing the quality loop, incident reporting, staff files, care plan documentation, and hot water temperature monitoring.

## AUDIT SUMMARY AS AT 05-OCT-11

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 05-Oct-11	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.		<b>No short falls</b>

Organisational Management	Day of Audit 05-Oct-11	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Continuum of Service Delivery</b>	Day of Audit 05-Oct-11	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 05-Oct-11	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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 05-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 05-Oct-11	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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 05-OCT-11**

### **Consumer Rights**

The Maples provides information and discussion on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is readily available to residents and families. There are policies to support rights such as client rights, confidentiality and privacy policy, interpreter, complaints, cultural safety, spirituality and counselling. There is a Maori Health plan. Spiritual, cultural, values and beliefs are considered by the service and included in care

planning. Family members and residents at the service indicated that they were treated respectfully by staff, and personal belongings were not shared. Residents interviewed stated that they have choices on a daily basis. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

### **Organisational Management**

The Maples Lifecare is privately owned and the experienced manager is a co-owner. Maples Lifecare has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. There is well developed policies, procedures, processes and systems that support the provision of clinical care and support. These are implemented at Maples.

There is an active resident meeting and an annual resident and relative satisfaction survey is completed. Key components of the quality management system link to the quarterly quality meeting and other relevant meetings. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a comprehensive orientation programme and an in-service education programme that exceeds eight hours annually. Staffing levels are appropriate and there is a stable staff of caregivers. The following improvements are required by the service including; closing the quality loop, incident reporting documentation and staff files.

### **Continuum of Service Delivery**

The service has a well-developed assessment process and resident's needs are assessed prior to entry. Resident files reviewed were all completed by a registered nurse including assessment, care planning and evaluation. Services are provided through an integrated process including input from the general practitioner and other allied health. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate. Care plans are up to date and integrated.

There are improvements required by the service around care plan interventions and short term care plans.

A range of activities are provided which include involvement of family and the wider community. Residents spoke positively about the activities programme.

The service medication management system follows recognised standards and guidelines for safe medicine management practice. Staff complete annual medication competencies.

The service has food service policies and procedures and a rolling menu is implemented. Residents with special dietary needs have these needs identified their care plans and these needs reviewed periodically as part of the care planning review process.

### **Safe and Appropriate Environment**

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Education has occurred at orientation and through the annual training programme. Gloves, aprons, and goggles are available for staff. In the facility residents are able to bring their own possessions and are able to adorn their room as desired. The facility is spacious with safe external areas/gardens.

All the studios have en-suites that include shower/toilet. The majority of the rest home residents have full en-suites and a third have toilet en-suites only. There are mobility shower/toilets available. Fixtures, fittings and floor and wall surfaces are made of accepted materials for the care environment. Residents have sufficient room for mobility within their personal area in rest home and studio units. There are a number of lounge areas and two dining rooms.

There is a comprehensive health and safety manual, civil defence manual and emergency procedures manual in place. Civil defence kit is readily accessible and regularly checked. There is a qualified first aider on duty at all times. There is an appropriate call system. The facility has only sustained very superficial damage as a result of the Christchurch earthquake. There continues to be an improvement required around hot water temperatures.

### **Restraint Minimisation and Safe Practice**

There is a restraint policy that is applicable to the service. There were no residents that require restraint or enablers at the time of the audit. The care plans are up to date and provide the basis of factual information to assess safety risks and the need for restraint. Ongoing consultation with the resident and family/whanau is identified. Restraint training is included in the in-service education programme annually.

### **Infection Prevention and Control**

There are established infection control policies and procedures applicable to the size and type of the service. There is a process in place to ensure Infection Control team involvement in development and review of the policies and procedures. Infection control education is provided as part of the orientation programme and ongoing in-service education on infection control is provided to staff.