

Selwyn Care Limited - Kerridge House

CURRENT STATUS: 06-May-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

Selwyn Kerridge House is a purpose built facility that is part of a larger village. The facility provides residential care for up to 60 rest home level residents. Occupancy on the day of the audit was 59 residents.

Kerridge House has a facility manager who has been in the role for two years. She has previous aged care experience and was assistant manager at another facility in the village for many years prior to her appointment as manager. She is supported by a clinical coordinator who is a registered nurse who has been in the role for two months and has extensive experience in aged care management.

There is a Selwyn 2013 annual business plan and risk management plan. The goals of the business plan and risk management plan align with the organisations five year strategic plan. Kerridge House has a well-established quality and risk management system and the mechanism for monitoring progress. The system is being implemented.

All residents and relatives interviewed spoke very highly about the care and support provided by staff and management.

This audit has not identified any areas requiring improvement.

The service is commended for achieving a continued improvement ratings around the good practice, governance, quality and risk management systems and activities.

AUDIT SUMMARY AS AT 06-MAY-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

Indicator	Description	Definition
	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
	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 06-May-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.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 06-May-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 06-May-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.		All standards applicable to this service fully attained with some standards exceeded

Safe and Appropriate Environment	Day of Audit 06-May-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 06-May-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 06-May-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 06-MAY-13

Consumer Rights

The Selwyn mission statement reflects Kerridge House's objective to deliver services that are responsive to the ageing person and their family. Residents and relatives spoke positively about care provided at the facility. There is a Maori health plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Standard operation procedures are implemented to support residents' rights. Annual staff training supports staff's understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community. There is an area of continuous improvement around good practice.

Organisational Management

Kerridge House is a part of the Selwyn Foundation. There is an area of continuous improvement around governance. Kerridge House has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to staff and facility meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Benchmarking and analysis of quality data occurs on a monthly basis. Benchmarking reports demonstrate that the data collected has reflected care and service. The quality programme is an area of continuous improvement. There are human resources standard operation procedures including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a in-service training programme covering relevant aspects of care and support and mandatory study days for staff on core topics. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff input into rostering.

Continuum of Service Delivery

Registered nurses and the clinical nurse manager are responsible for each stage of service provision. Interdisciplinary assessment includes input from team members. Families interviewed are very supportive of the care provided.

Selwyn Kerridge ensures that comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident on entry to the service. Resident assessments, care plans, progress notes, and medical/allied health notes are kept electronically to guide staff in the safe delivery of care. Care plan interventions are comprehensively completed. Care plans are reviewed at least six monthly and demonstrate an integrated care process.

The service provides a comprehensive activity programme that involves residents in the community. The activity programme is focused on creating a regenerative community which is as home-like as possible, offering residents relationships and companionship, the opportunity to maximise their independence, pursue their individual interests and maintain their strengths, both physical and mental.

Medications management was reviewed. Competencies are completed; medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. There are food service policies and procedures and a link to a dietitian. Changes to residents' dietary needs are communicated to the kitchen and special diets are noted. There is evidence that there are additional nutritious snacks available over 24 hours.

Safe and Appropriate Environment

There are documented procedures for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Staff 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 service providers.

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

There are adequate numbers of accessible toilets/bathing facilities. This includes full en-suites, visitors toilets and communal toilets conveniently located close to communal areas. The service has a number of lounges and large dining area. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged in a manner which enables residents to mobilise freely.

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

Documented systems are in place for essential, emergency and security services. Staff interviews and review of files provides evidence of current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

There is a restraint minimisation standard operation procedure. The procedure includes definitions of restraint and enablers, cultural safety, privacy and dignity, approved restraints, use of enablers and the role of the restraint co-ordinator; alternative interventions; external doors; implementing restraint; assessing risk; consent; monitoring; evaluation; quality review; education; related documents.

The restraint minimisation procedure states the purpose of restraint is 'To minimise the use of restraint while providing a safe environment for residents, staff and visitors. To ensure that when restraint is practised, it occurs in a safe and respectful manner for the minimum length of time'. The service currently has no residents requiring restraint or enablers.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator who is a registered nurse is responsible for coordinating/providing education and training for staff. The infection control coordinator has attended training. Infection control training is provided yearly for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking infection control data.