

Sandra MacLean

CURRENT STATUS: 19-Jun-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

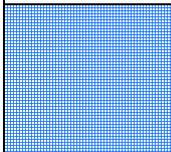
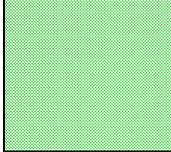
Lady Elizabeth Home and Hospital, located in Takanini, Auckland has 33 hospital beds and 10 rest home beds with five rest home beds that can be used for either hospital or rest home level care, depending on the need. There are 42 residents living at the facility during this two day audit.

Improvements are required to ensure podiatry services are provided only by a registered podiatrist and to ensure there is documented evidence of restraint minimisation training for staff. Significant improvements and achievements have been made since the facility's last audit. The activities programme is identified as a particular strength of the serviced as is the food services which is regularly reviewed to ensure the service is meeting the needs of the residents.

AUDIT SUMMARY AS AT 19-JUN-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-Jun-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.		Some standards applicable to this service partially attained and of low risk

Organisational Management	Day of Audit 19-Jun-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-Jun-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 19-Jun-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-Jun-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-Jun-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-JUN-13

Consumer Rights

The service provides relevant information and allows time for discussion as part of the admission process to ensure residents and family/whānau understand their rights and contractual requirements. Information is provided at admission and displayed throughout the facility regarding residents' rights, access to advocacy services and how to make a complaint. This information is also provided in other languages that reflect the residents' needs. Staff demonstrate understanding of their obligations regarding residents' rights and how to incorporate that knowledge into their day-to-day practices and interactions with residents and family. Residents and family/whānau members are able to raise concerns and access advocacy and support services as required.

The service has appropriate policies, procedures and staff education to ensure the recognition of Maori values and beliefs. Residents' cultural, spiritual and individual values and beliefs are assessed on admission with interventions identified on the residents' care plans, as necessary.

Policies and procedure implemented by the service are developed and updated by the nurse manager/owner. Policy, procedure and educational planning and presentation provides an environment that reflects best practice. All policies sighted reflect evidence based practice and meet legislation and Health and Disability Services Standards.

Informed consent policy and processes are implemented by the service to meet contractual requirements. Staff demonstrate awareness of ensuring residents are informed and have choices related to the care they receive. There is one area requiring improvement to ensure advance directives meet legal requirements.

The right of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

Organisational Management

Services are planned, coordinated, and are appropriate to the needs of the residents. Day-to-day operations are being managed efficiently and effectively. This ensures the provision of timely, appropriate and safe services to the residents.

Quality and risk management processes are documented and maintained. Significant enhancements have been made to the quality management system. These systems are embedded and staff are committed to a culture of continuous quality improvement. Adverse, unplanned and untoward events are recorded in a systematic fashion and are reported to those affected in an open manner.

Residents receive appropriate services from suitably qualified staff. Human resources processes are managed in accordance with good employment practice and meeting legislative requirements. Improvements are required to ensure podiatry services are provided only by a registered podiatrist and to ensuring there is documented evidence of training for staff in the area of restraint minimisation and safe practice.

The resident information system meets requirements and records are securely stored. There is no information of a private nature displayed publicly.

Continuum of Service Delivery

Residents and family interviewed express high satisfaction with the care provided at Lady Elizabeth Home and Hospital. Staff provide an integrated, person centred and multidisciplinary approach to service delivery to provide care to residents assessed as requiring rest home and hospital level of care. The organisational policy and procedure for entry to the service, recording enquiries and declining entry are followed.

Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. Residents are reviewed by a GP on admission and at least three monthly, or more frequently to respond to any changing needs of the resident. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services is planned and co-ordinated as required, based on the individual needs of the resident. The time frames for initial assessment, an initial care plan and the development of the long term care plan meet the requirements and the needs of the residents. The evaluation of care is documented monthly to two monthly, and records the resident's progress towards achieving goals.

The activities programme supports the interests, needs and strengths of residents. There are specially designed activities and diversional strategies for residents at the rest home level, considering cultural needs and the younger disabled persons. The activities programme is evaluated at least twice a year to ensure the needs of the residents are met, and improvements made where indicated. The activities programme is rated beyond the expected full attainment and is a strength of the service.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies.

Food services policies and procedures are appropriate to the service setting with a current review by a dietitian of the winter and summer menus. The kitchen provides increased meal sizes to meet the nutritional needs and appetites of the younger persons at the facility. Residents' individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection provides evidence of compliance with current legislation and guidelines. The services are regularly reviewed to ensure the service is meeting the needs of the residents and this also is a particular strength of the facility.

Safe and Appropriate Environment

Hazardous substances and cleaning chemicals are stored in secure areas. Staff undergo training relating to safe storage and disposal of healthcare waste. They are knowledgeable regarding chemicals and demonstrate knowledge about the appropriate use of personal protective equipment.

Ample space is provided throughout the facility. The facility is clean, warm, safe, well-maintained, homelike and comfortable.

Procedures are in place to managed emergency and security situations. Staff spoken to are aware of emergency procedures. A call bell system is available and maintained.

Restraint Minimisation and Safe Practice

The use of restraint is actively minimised with restraint regarded as the last resort. Restraint management is overseen and reviewed by a restraint coordinator who is the nurse manager. A restraint assessment process is in place. Restraint use is a regular agenda item in the health and safety meetings. Restraint processes take into account the alternative strategies explored, desired outcome and whether this is being achieved. At the time of audit there are two residents using an approved restraint to keep them safely in bed. The nurse manager reviews the overall use of restraint, including the restraint policies and procedures and the restraint minimisation education programme for staff.

Infection Prevention and Control

The organisation's infection prevention and control policies and procedures are implemented by the service and reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and is monitored by the infection control resource nurse.

The infection control resource nurse ensures the surveillance methods are adhered to and monthly infection surveillance data are recorded, collated, benchmarked and reported to management. Analysis and evaluation of data is used to develop any corrective actions required which are monitored by the infection control resource nurse in a timely manner.