

Bainfield Park Residential Care Limited

CURRENT STATUS: 30-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

Bainfield residential care provides rest home, and disability level care (physical , intellectual and sensory) for up to 47 residents. The facility is managed by a general manager (registered nurse), who is supported by a clinical nurse manager. Care is also provided by care assistants, auxiliary staff and administration staff. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the client group. The service is governed by a board of directors who receive monthly reports from the general manager.

The home has been under refurbishment for the past three years with the remaining stage of building almost completed. The care services are holistic and promote the residents' individuality and independence. Residents interviewed all spoke positively about the care and support provided.

Improvements are required around reviewing the quality plan annually, investigations of all incidents and accidents are documented, the general manager has an annual performance appraisal conducted, assessments tools are used to identify care requirements, short term care plans are used, weights are monitored as required, care plan evaluations are conducted, a copy of specimen signatures for staff and medical personnel is recorded, all residents with identified modified or special diets are assessed by a dietitian, infection control policy is updated and the infection control programme is reviewed annually.

AUDIT SUMMARY AS AT 30-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 |
| | 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 30-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. | | Standards applicable to this service fully attained |

| Organisational Management | Day of Audit 30-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. | | Some standards applicable to this service partially attained and of low risk |

| Continuum of Service Delivery | Day of Audit 30-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. | | 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 30-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 30-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 30-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. | | Some standards applicable to this service partially attained and of low risk |

AUDIT RESULTS AS AT 30-MAY-13

Consumer Rights

Policies and procedures are in place that meet with the requirements of the Code of Health and Disability Services Consumer Rights and relevant legislation. Information is made available to residents/family on the services provided and on the Code of Rights for residents at the time of admission. Consumer rights during service delivery are respectful of resident rights, facilitates choice, minimises harm and acknowledges cultural and individual values and beliefs. Information on the nationwide advocacy service is available. The service has policy to support rights such as privacy, abuse/neglect, culture, complaints, advocacy and informed consent. Service planning accommodates individual choices of residents. Residents access services and resources within the community as appropriate and/or requested. Residents attend activities provided at the service and other community programmes. Policies for culturally safe services are in place and identify the importance of whanau for Maori. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent is obtained. Staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care

plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns are actively managed and well documented and logged in a complaints register.

Organisational Management

Bainfield residential care is governed by a board of directors with management provided by a general manager and a clinical nurse manager. The clinical nurse manager is supported by registered nurses and care staff. The facility manager, clinical nurse manager and a quality coordinator are responsible for the implementation of the quality and risk management programme. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Key components of the quality management system link to monthly quality meetings and three monthly staff meetings. Corrective actions are implemented, documented and followed through to resolution. An improvement is required around the annual review of the programme. Residents and families are surveyed six weeks post admission and through resident meetings. Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status. An improvement is required whereby incident report investigations are fully completed and documented. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. Improvement is required whereby the general manager has an annual appraisal conducted. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of Service Delivery

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. Residents and family members interviewed state that they are kept involved and informed about the care and support. Care plans are developed by the service's clinical nurse manager who also has the responsibility for maintaining and reviewing care plans. The care plan is developed on admission and is signed off by the resident/family. Care plans are holistic and goal oriented. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. However, improvements are required whereby the service utilises the assessments tools, reviewing at least six monthly and documenting the outcomes of assessments in the development of short term and long term care plans. Care plans are evaluated three monthly or more frequently when clinically indicated. An improvement is required to ensure that evaluations document the degree to which interventions meet stated goals. A medication management system is implemented in line with accepted guidelines. The facility uses Douglas medico blister packs dispensing system. Improvements are required whereby all medication orders are signed individually and a record of staff designation and signatures is maintained. All registered nurses, enrolled nurses and senior care assistants undergo annual education and annual competencies. A central kitchen and on site staff provide the food service for the home. Kitchen staff have completed food safety training. Residents' individual needs are identified. An improvement is required whereby residents with modified or special dietary requirements are assessed by a dietitian.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are 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. There is compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff. The service 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 with appropriate monitoring systems in place to evaluate the effectiveness of these services. Visual inspection shows compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals. Documented systems are in place for essential, emergency and security services. Hot water temperatures are monitored and recorded. Discussions with care staff detailed current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained and security systems are in place. The facility is warm and well maintained and bedrooms personalised.

Restraint Minimisation and Safe Practice

The restraint policy aims to ensure the safety of consumers, service providers, and others through minimising preventable and avoidable risks throughout restraint. The service has identified three levels (level 1 and 2 - enabler use and level 3 -restraint). The service currently has three residents using enabler's. Education has been provided to staff around restraint, de-escalation and challenging behaviours.

Infection Prevention and Control

Infection control management systems are in place to minimise the risk of infection to clients, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Improvements are required whereby the programme is reviewed annually. Documented policies and procedures are in place for the prevention and control of infection, however, these require review to reflect current accepted good practice and legislative requirements. Policies are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.