

Lonsdale 2005 Limited

CURRENT STATUS: 27-Jun-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

Lonsdale total care provides rest home, hospital and dementia level care for up to 50 residents. There were seven rest home, 14 hospital and 10 dementia residents residing at Lonsdale during the audit.

Riverside Lodge rest home provides care for up to 20 rest home residents with 13 residents residing in the facility on the day of audit. Both facilities are managed by a facility manager who is a registered nurse. The facility has also undergone refurbishment which is nearing completion.

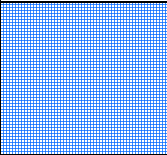
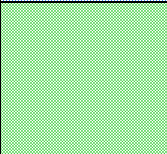
Twenty-three of the 25 shortfalls identified in the previous audit have been addressed. These were around staff training documentation, cultural training/care plans, staffing in the dementia unit, complaints, incident documentation, open disclosure, implementation of quality systems, resident privacy, activity plans, food/fluid service, call bell follow up, restraint evaluations, infection control training, and some furniture upgrades and cleaning. Improvements continue to be required around medication management and use of pain and behaviour assessments.

This audit identified improvements required around GP assessment on admission and weighing of residents.

AUDIT SUMMARY AS AT 27-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

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-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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 27-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.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 27-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.		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 27-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 27-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 27-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

Lonsdale 2005 Limited

CURRENT STATUS: 07-Mar-12

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

Lonsdale Home and Hospital and Riverside Lodge is certified under the Health and Disability Services (Safety) Act 2001 to provide Hospital care - medical and geriatric and rest home care. On the day of the audit there were 40 residents at Lonsdale which included 19 hospital residents, 17 rest home residents and four dementia level residents. There were 14 of 19 residents residing at Riverside Lodge.

The service is managed by a facility manager, a registered nurse with considerable management experience. She is supported by a clinical manager, (registered nurse), who provides over site to both Lonsdale and Riverside. There is a contracted education manager (registered nurse).

Lonsdale and Riverside have a quality system that has yet to be fully implemented. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards.

Improvements are required by the service around staff training documentation, staffing in the dementia unit, complaints, incident documentation, implementation of quality systems, resident privacy, assessments, activity plans, medication management, call bell follow up, some furniture upgrades and cleaning.

AUDIT SUMMARY AS AT 07-MAR-12

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 07-Mar-12	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.		A number of shortfalls that require specific action to address

Organisational Management	Day of Audit 07-Mar-12	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.		Major shortfalls, significant action is needed to achieve the required levels of performance

Continuum of Service Delivery	Day of Audit 07-Mar-12	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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 07-Mar-12	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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 07-Mar-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 07-Mar-12	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

AUDIT RESULTS AS AT 07-MAR-12

Consumer Rights

The Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint and compliments. There are implemented policies to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The policies for Maori identify the importance of whanau. The service has a linkage to a local Maori Advisor/contact.

The service has visiting arrangements that are suitable to residents and family/whānau. Residents are supported to access the community as required and the service maintains key linkages with other community organisations.

The service has in place a complaints policy and procedure that aligns with Code 10 of the code of rights and is an integral part of the quality and risk management system. Improvements are required around the documentation of the complaints process, staff training and respecting resident privacy.

Organisational Management

The service has comprehensive policies/ procedures to support service delivery. There is intermittent documented evidence that quality improvement data is analysed to identify trends and variances at the facility. This includes incidents, infections, hazards, audits, and complaints.

There are staff and other associated meetings and relevant information is communicated at these meetings, although reporting has inconsistently occurred. Improvements are required around implementing the overall quality programme and ensuring all components of the programme are established, including documentation and follow up of incident forms. There are implemented health and safety policies that include hazard identification.

There is an education programme provided to staff. Improvements are required around the documentation and review of the training provided and staffing in the dementia unit.

Continuum of Service Delivery

The facility information pack includes all relevant aspects of service including specific information about the dementia unit, and this is provided to residents and/or family prior to entry. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed six monthly following admission. The long term care plan links with the assessments and documents the resident's needs and goals are clearly identified and interventions guide staff. Communication with family is well documented. There is good use of short term care plans for acute health issues. There are improvements required around pain assessments and resident and family input to evaluation of the care plan.

Planned activities are appropriate to the various resident groups. Residents interviewed confirm their satisfaction with the programme; activities are planned monthly for each unit. Improvement is required to individualise resident activity plans and ensure dementia residents have a 24 hour plan. An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Registered nurses and caregivers have current medication competencies. A dietitian has developed the menu plan and residents and families interviewed all confirmed satisfaction with food services including provision of special dietary requirements. There are improvements required around resident hydration needs and kitchen equipment temperatures.

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Buildings comply with legislation and regulatory requirements are met for local authorities and the MoH. Building maintenance is completed and records maintained. There are outside areas that are easily accessible by the residents to sit outside with sheltered areas if needed, including a secure dementia garden.

There are dining rooms, main lounges and other smaller lounges which allow for privacy when residents are having visitors or for quiet activities. Activities occur in lounge areas in each unit and outside when the weather permits. In the dementia unit, activities were observed occurring in the dining/ lounge area. Fire drills are six monthly. Improvements are required answering call bells and resident assistance, carpet cleanliness and furniture appropriateness.

Restraint Minimisation and Safe Practice

There are restraint minimisation and safe practice policies and procedures that include definitions, enablers, monitoring, review and staff training / competency. There is a restraint register. The restraint approval and monitoring plans include risks and safety. On-going staff training occurs for restraint, enablers and de-escalation. Appropriate systems are in place to ensure the service is using restraint safely. There is improvement required to ensure all of the requirements of evaluations are included in the restraint evaluation process and involving resident/family in that review.

Infection Prevention and Control

The infection control team is integrated as part of monthly meetings combined with health & safety. The infection control (IC) coordinator promotes and implements surveillance. All new

staff are trained during orientation around standard precautions, hand hygiene and waste disposal. Annual infection preventions and control training is also provided at least annually. An improvement is required around accessing training for the IC coordinator. Surveillance activities and audits are the responsibility of the Infection Control coordinator. There is an IC register in which all infections are documented monthly. A monthly IC report is completed.