

Briargate Healthcare Limited

CURRENT STATUS: 27-Aug-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

Briargate is one of three facilities privately owned by a husband and wife team. It is a 40 bed secure dementia unit. On the day of audit there are 38 residents. One of the owner/directors works from the facility on a daily basis and is fully involved in all management meetings. All services are overseen by a nurse manager who is a registered nurse experienced in aged care.

There are four areas identified for improvement from this certification audit in relation to staff annual appraisals, timeliness of care evaluation reviews, and two areas related to care planning.

AUDIT SUMMARY AS AT 27-AUG-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 27-Aug-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-Aug-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 27-Aug-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 low risk

Safe and Appropriate Environment	Day of Audit 27-Aug-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-Aug-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-Aug-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 27-AUG-13

Consumer Rights

Staff demonstrate good knowledge of respecting residents rights in their day to day practice. Staff receive on-going education on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families interviewed expressed high satisfaction on how all staff work in a calm and caring manner and respect each resident. The onsite audit evidences that residents are encouraged with independence, their personal privacy is maintained and they are treated with respect and dignity. The families and staff interviewed express no concerns with discrimination, abuse or neglect.

There are residents who identify as Maori in the service at the time of audit. The service providers report there are no known barriers to Maori residents accessing the service. There is on-going education that includes cultural safety and the Treaty of Waitangi. The service has a number of residents from different cultures and with varying spiritual beliefs. Services are planned to respect the individual culture, values and beliefs of the residents

Written consents are gained from the residents' enduring power of attorney (EPOA) or appointed guardians. Signed consent forms are sighted in all residents' files reviewed. Processes are in place for advance care planning and, as medically indicated, resuscitation directives are recorded.

The organisation provides services that reflect current accepted good practice. This is evidenced in the guidelines for general care and the care of residents who are living with dementia. The care staff have completed, or are enrolled in, national unit standards for dementia care. Evidence-based practice is observed, promoting and encouraging good practice. There is regular in-service education and staff access external education that is focused on aged care and best practice.

Linkages with family and the community are encouraged and maintained. A number of family members volunteer at the service and participate in the activities programme.

There is a documented complaints process which is implemented to ensure all complaints are followed up and information is used as an opportunity to improve service delivery as appropriate. At the time of audit there are no outstanding complaints.

Organisational Management

The organisation's purpose, values, priorities and goals are clearly set out. An individualised business plan for the service identifies strategies used to ensure that planning is co-ordinated to meet the needs of residents at Briargate Dementia Care Unit. Deficits to service are managed through corrective action planning as appropriate.

The day to day operation of the facility is undertaken by staff who are appropriately experienced and qualified. This allows residents' needs to be met in an effective, efficient and timely manner as confirmed during resident and family/whanau interviews and in the 2013 satisfaction survey results.

Documented quality and risk management systems are implemented to assist residents, visitors and staff safety. Quality is reviewed and measured via the internal audit schedule, complaints management, and staff and family/whanau meetings. All quality and risk activities are monitored by the nurse manager and corrective actions are put in place as appropriate.

The service implements safe staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify that staff annual appraisals are not maintained within timeframes to meet contractual requirements. This requires improvement. Staff members knowledge and skills are maintained through on-going education which is appropriate to their role.

The systems for managing consumer information are effective and meet the requirements of the standard.

Continuum of Service Delivery

The service provides specialist secure dementia care, which is clearly and accurately identified in pre-admission information. The service has policies and processes related to entry into the service.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. There are areas requiring improvement to ensure the care plan evaluations are conducted at least six monthly and that the evaluation is conducted on all aspects of the care plan.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs of the resident. The provision of services is provided to meet the individual needs of the residents. 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 families interviewed report that interventions are consistently implemented, and that the service manages the residents in a manner that reduces instances of challenging behaviours. There is one area for improvement required to ensure that the challenging behaviours are consistently assessed and documented on the care plan.

The service has a planned activities programme to meet the recreational needs of the residents, with a focus on residents with impaired cognitive function. Residents are encouraged to maintain links with family and the community. There is an improvement required to ensure all residents have a documented plan of diversional and recreational activities over a 24 hour period.

A safe and timely medicine management system is observed at the time of audit. The RN and senior health care assistants are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are assessed as competent.

Residents' nutritional requirements are met by the service. Residents likes, dislikes and special diets are catered for, with food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered dietitian.

Safe and Appropriate Environment

Briargate Dementia Care Unit has clearly documented emergency response processes which are understood and implemented by the service as required. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances generated during service delivery. Fire evacuations and emergency education is undertaken as part of new staff orientation and on-going education. The building has a current building warrant of fitness and the service has an approved fire evacuation plan.

The facilities are fit for purpose and provide furnishings and equipment that are appropriately maintained to meet residents' needs. All bedrooms are single occupancy with toilet and hand washing facilities. Shower areas are centrally located. The dining and lounge areas meet residents' relaxation, activity and dining needs.

The facility is electrically heated and is ventilated through opening doors and windows. There are appropriate outdoor areas that have seating and are sheltered for residents' use.

Restraint Minimisation and Safe Practice

The service has a restraint free environment. Appropriate staff education is undertaken to ensure they understand policy and procedures related to using alternatives to restraint such as distraction and how to deal with challenging behaviours. Policy clearly describes enablers as voluntary and the least restrictive option.

Infection Prevention and Control

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. The service's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded and analysed. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported at the management and staff meetings.