**MEDICAL SERVICES **

##### Doctor

A doctor attends regularly and the cost of the doctor's visits is included in the fee for subsidised residents. Should, however, the Resident prefer his or her own doctor, then extra costs shall be met by the Resident directly. If the Resident retains his or her own doctor, then that doctor should be prepared to attend in the case of an emergency.

Our General practitioner visits regularly and, if the GP approves, you will be seen at least every three months but more often when required.

Should urgent medical attention be required at night or during the weekend, then the on call doctor from House Call Services will attend.

If relatives have something to discuss regarding the care of their family member please arrange an appointment through the registered nurse or manager.

##### Specialist Appointments

On occasion it may be necessary for the Resident to attend specialist, x-ray, medical centre, dentist, hospital and other appointments.

We encourage families to continue to take their relatives to these appointments as it is important that your loved one has company while waiting for their appointment.

###### Nurses

The nursing care is overseen by our Charge Nurse and Registered Nurses who are all qualified in aged care. They are overseen by the Clinical Manager who has extensive experience in coordinating the holistic care of the resident between all parties.

### Medication

Medications are controlled by Registered Nurses and kept to a minimum through consultation with our doctors and pharmacist.

They are strictly monitored to ensure that medication is dispensed safely and correctly.

**Social Workers**

Should any resident require the services of a social worker, this can be arranged.

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### GENERAL INFORMATION

**Settling in Period**

New residents can have a three month assessment period to ensure suitable placement. If in our opinion the Resident is not happy or suitably placed, then we will discuss alternative arrangements with the Resident'srepresentative**-**

**Visiting hours**

We encourage you to visit as often as possible and we have no set visiting hours as such but ask you to be aware of other residents when visiting and if possible to keep from visiting during the early morning hours to allow staff to provide personal cares, and late at night to not disturb other residents.

Under normal circumstances we advise you to visit between 9.30 am to 12 pm and then from 1 pm to 7.30 pm if possible, doors are locked at sundown in winter and at 8pm in summer.

**Additional Services (***see later in this information for more specific details*.)

From time to time we arrange additional services for the Resident, such as hair dressing, podiatry and outings. Where the cost of these additional services is not included in the fee it shall be met by the Resident directly.

**Resident Meetings**

We encourage all residents to participate in these meetings and have their say regarding facility matters. The meetings will be announced and minutes of these meetings displayed on the residents information board.

**Quality Assurance**

We have an on-going Quality Assurance Programme to ensure we maintain the highest standard of care possible. If you have any suggestion or comments you wish to make about our service, please let us know

## Management

This facility is owned by James and Kay Lee

**Telephones**,

Are available for the use of all clients and toll calls can be made from the office but at the cost to the resident. Residents can have telephone in their rooms (their must provide the phone and there is a line activation fee). There is also a monthly line fee.

**Televisions are** situated in the main and W4 lounges and residents may have a television in their rooms. If residents having hearing problems it might be an idea to provide resident with headphone so TV can still be enjoyed without upsetting other residents if sound has to be turned up. Sky set up is as per Sky costs and should be arranged by the family.

**Staffing** is provided for 24 hours and there is a Registered Nurse on call for emergencies at all times. 24 hour medical care is also provided as required.

Caregivers have been chosen not only for their professionalism and clinical expertise but also their approach to the residents

**Mail.**

Your mail will be delivered to you each day. Posting of mail can be done for you, stamped letters to be dropped off at reception.

### Spiritual and cultural needs

We encourage family and friends to assist residents who want to attend church services outside the unit. Church services are held fortnightly in the Facility and volunteers are invited to visit residents and bring in communion for residents who wish to receive.

Kaumatua are welcome to conduct a prayer meeting for interested residents.

### Podiatry

A podiatrist attends to any podiatry needs of the residents.

**Physiotherapy**

Physiotherapist service is available for hospital residents and will be organised if prescribed by GP.

**Hairdresser**

A hairdresser attends to the hairdressing needs of the resident. Charges are very reasonable.

### Client advocacy

All client/family/whanau who wish to obtain the services of an advocate at any time will be referred to the Health Advocacy Service or local Age Concern.

**Interpreter**

If you have difficulties understanding any written documents or verbal conversation, we will be happy to arrange an interpreter.

### Security of Personal Possessions

The management recommends that money is not left with residents. While we do not wish to take away the individuals independence and ability to deal with their money, we will not be responsible for any money that may go missing.

People with dementia or some level of memory loss often hide money in a “safe” place; they might forget where they hid it and then could accuse others of stealing it.

Articles of value, such as jewellery should not be left with residents who may not be able to look after such items. We will not be responsible for any articles of value that go missing.

Articles of value should be kept by family/whanau or the clients advocate.

The facility and its staff shall not be liable for any theft, loss or damage to the Resident's property. All items should be clearly labelled.

### Laundry

We wash all residents clothing but prior to entry we ask that all clothing is clearly named. Laundry Marker pens for marking clothes can be purchased at most stationery shops but printed labels sewn on is a far more satisfactory method.

### Recreational Activities Programme

We believe that by keeping the mind and body active, a better quality of life is maintained. Entertainment, recreation and activities based on ability are facilitated for that purpose. A wide range of activities are provided.

Weather permitting, outings are organised to local shops, parks, beaches and attractions. For many residents we provide the opportunity to pick up on interests long forgotten but still enjoyable.

It is the choice of the client whether or not they participate in the activities. We have an Activity Therapist directing a diversional therapy programme*.*

Some of the activities:

Bus trips Make up

Carpet bowls Reading

Housie Shopping

Collage Painting

Gardening

**DIETARY REQUIREMENTS** 

The times given are approximate times and there is a level of flexibility to suit the resident’s needs.

**Breakfast:** 7.10am to 8.15am

Breakfast is usually served in the dining room or in the residents bed room on a tray if they so wish.

Breakfast can be any of the following: fruit or prunes, porridge, weetbix, Cornflakes, toast with marmalade, honey, peanut butter, marmite, jam etc. Tea, coffee and milo.

**Morning tea**: 10.00 am- 10.30am

Kitchen staff take a trolley around to the residents.

**Lunch**: 11.30 -1pm

This is the main meal of the day. It includes a main, fruit and drink

**Afternoon tea**: 2.00pm

Kitchen staff take a trolley around to the residents

**Tea:** 4.30pm – 5.45pm

In the dining rooms or on as tray for some hospital residents. A light meal consisting of a savoury dish or sandwiches with soup, main dessert, tea or coffee.

**Supper:** 7.30pm

Tea or coffee or Milo, which is served in the dining room or bedroom as desired.

Diabetic, weight reduction, low salt, protein rich and high calcium diets are provided if required. Supplements are provided when prescribed by GP.

A dietician’s professional opinion and input is sought were the need for special diets are identified.

We try very hard to cater for all likes and dislikes!

We will ensure that choices reflect cultural values.

We value resident and/or family feedback on the food services to maintain a good standard, however meals are produced for a large number of residents and will not be gourmet standard

###### The services provided by us: (*What is included in the fees)*

1. 24-hour nursing care
2. activity programmes
3. all meals
4. all personal laundry (but not dry-cleaning)

* support for relatives and friends
* Registered Nurse input and supervision.
* 1-3 monthly and when clinically indicated doctor’s visits.
* 24 hour doctor on call. Extra visits requested by residents/relatives.\*
* Activity Therapy
* Access to religious personnel
* Supervision and transport to appointments as necessary
* Personal shopping for those whose family are unable.
* Dressings and supplies used in treatments. These will be of an appropriate standard.
* Continence management products that are of an appropriate standard to meet the assessed needs of each Subsidised Resident, as set out in the Care Plan.

***Activities offered include***:

* Activity Therapist
* Handcrafts, games, music, supervised walk/outings
* Magazines, Books and photo albums
* Visiting singer/entertainers
* Concerts\*
* Celebrations, I.e. Birthdays, Christmas etc.
* Bus trips\*
* Church and other community facilities.
* Listening to music
* Watching TV and videos
* Pet therapy
* Theme monthly
* Movie days
* Speciality groups i.e. craft, knitting, cooking, mens, Interim residents.

**SAFETY**

There is easy access from the inside to outside areas therefore the likelihood of falls and accidents are greatly reduced. Showers, toilets and bathrooms all have handrails to assist clients and to make them feel secure. It is impossible however to totally prevent falls or accidents and still live with our philosophy.

We comply with the Health and Safety Act and have identified hazards in and around the facility that could occur. Please feel free to alert staff to any hazards you identify. We have procedures in place to minimise any risks.

Our staff is well trained in the use of all equipment in relationship to persons with disabilities. Staff are given on going training in all aspects of dealing with the elderly client to provide a safe and secure environment,

All electric equipment MUST be tested prior to being used in the facility.

**Fire Safety**

We are connected to the Fire Service. We have an evacuation plan, which has been approved by the Fire Service. Fire drills are organised at least every 6 months.

We have sprinklers and smoke alarms installed.

We have a current building Warrant of Fitness as required by the Building Act 1991. This indicates that all fire safety and monitoring systems, fighting equipment and all facilities with disabilities met the requirements of the 1991 Act.

**Smoking**

For the health and safety of both residents and staff, we have a **NO SMOKING** policy within the building and designated smoking areas outside.

Residents who smoke must smoke outside in designated smoking areas and must not through buts on the ground but place ashtrays provided.

Resident’s smokes must be kept at the Nurses Stations and given out as needed by staff to ensure no smoking in rooms.

**Security**

At night all external doors are locked as required for staff and residents safety.

In case of resident’s wandering we will assess the need for a safe tracking device.



**THE HELP WE NEED FROM YOU**

**CLOTHING**

* Supply and upkeep of appropriate, machine-washable clothing, remembering that incontinence increases the number of changes of clothing needed each day.
* Marking of all clothes (preferably with sewn-in labels) as this is essential to prevent loss and confusion.

You can expect to be contacted when it is noticed that a resident’s wardrobe no longer meets requirements or when repairs are needed. It is important to realise, too, that requirements do change – for example, through a resident’s change in weight or an alteration in his or her functioning.

**Here are some suggestions on what to provide:**

* The style of clothing that your loved ones have worn for the past 40 years. If they are used to leather shoes don’t buy them sneakers.
* Comfortable easy care clothing which will withstand the Facility drier.
* Dresses that button or zip down the front or back are preferable for ease of dressing and undressing
* Half-slips, camisoles and singlet’s. Nighties with elastic necklines or several buttons (so that they can be slipped down rather than lifted over the head)
* Shoes with flat soles
* At least one good outfit to be worn on outings and special occasions
* Clothes made from knit or interlock so that fabrics wash and wear well without ironing
* Socks that do not have a tight binding at the top which restricts circulation
* Electric razor

*On admission an inventory of clothing is taken. People with incontinence feel embarrassed with accidents and often hide wet and soiled clothing in rubbish bins, in the garden etc. As a result underwear usage may be higher than family normally* *expect. Also incontinence leads to extra laundering and hence quicker wearing out of clothes that got wet or soiled. If family are concerned with the amount of underwear being asked for, please discuss this with management or senior staff.*

**TOILETRIES**

Basic toiletries are available for purchase, but you can add to them if you wish i.e:

* Toilet bag
* Moisturiser for the face etc
* Perfume/after shave
* Make-up
* Hair spray

**GLASSES AND DENTURES**

It is helpful if these are named in a permanent way.

**MISCELLANEOUS**

* At the time of a resident’s admission, residents or if appropriate their relatives will be asked to sign an admission agreement, consent forms and resuscitation form.
* When a resident is distressed or agitated, sometimes a phone call to a loved one can be a great comfort. Staff may request your permission to arrange this.
* Relatives and friends are of course very welcome to take the resident out for day trips or for weekends, by arrangement with staff.
* We also welcome family and friends to take a cup of tea with residents.

**YOU’RE INVOLVEMENT**

How much you involve yourself with the facility and your relative is entirely up to you, and indeed what is desirable varies from one situation to another. For some people it is entirely appropriate to continue with a high level of involvement, and we very much welcome you as a major contributor to the caring team. For others it might seem more appropriate not to visit too often. Some who have become exhausted in the struggle to maintain their loved one at home might feel the need of a rest or holiday before becoming very much involved again. You may like to discuss with the Manager how much you would like to be involved, but we do appreciate that circumstances change and you might wish to change the level of involvement (to either more or less) as time goes by.

If you are the primary carer or next-of-kin, please also indicate how much you wish to be informed on minor changes that occur in the resident and changes in medication and routine.

You, of course, have the right to be involved in decisions about medication and to know what is going on.

**OUTINGS**

The Facility provides supported outing for the Residents and safety protocols are put in place for these.

We discourage residents going out alone, preferring that residents be accompanied by family, support workers or staff for safety reasons, however occasionally a Resident will insist on taking themselves out independently. Lexall Care takes no responsibility for the safety of or events that occur while the resident is not within our care or on or property. In such cases the where The resident is deemed fit to make decisions regarding there on care of family members have indicated consent the resident will be asked to sign an indemnity waiver.

**COUNSELLING FOR CARERS**

We also recognise that most people experience some very difficult emotions when they first place their loved one in a facility. Some feel guilty because they have had to give up the unequal struggle of continuing to manage at home. Others have a feeling of relief – but then feel guilty that they feel relieved. Others again feel a great sense of loss. All these feelings are quite normal, but sometimes it is helpful to talk about them. Please feel free to do so if you wish, and contact the Registered nurse or the manager.

**PRIVACY**

We abide with all aspects of the Privacy Act 1993 and the Health Information Code 1994.

Clients have the right to access their medical and nursing notes at any time. Client’s representatives are given a copy of the Code of Rights and Responsibilities on admission to the facility.

The staff respects the privacy of all clients with regard to their physical privacy and privacy of information

All information regarding medical history, health status, personal information, etc. are collected by management and are stored for the period as prescribed by respective regulation.

You or your representative has the right to access the information. All such information is kept in a secure place.

You or your representative will be expected to sign consent forms for various requirements as per regulation

**SUGGESTIONS AND COMPLAINTS, FEEDBACK**

We aim to provide a superior service in a warm and caring environment, but nobody is perfect, so we are always looking for suggestions to improve conditions for our residents. Suggestions for improvements could be given to the Manager or the Registered nurses. All feedback will be welcomed and passed on to staff.

Likewise, although we hope there will not be serious complaints, it is important that you should feel free to air them either to us or to an appropriate body. You could discuss them or put them in writing on our Complaint Form. Complaints forms are easily accessible in the facility.

Your complaints will be thoroughly investigated and results reported back to you within 14 days of receiving the form.

You may make an anonymous complaint if you prefer to:

Health and Disability Commissioner (09) 3733556

We will ask your feedback from time to time through a satisfaction survey and will appreciate your comments.

Please don’t hesitate to contact the manager or RN should you require more information or if you like to discuss anything in more depth.

COMPLAINTS &

COMPLIMENTS

FORM

**COMPLAINTS PROCEDURE**

1. This form to be used to document complaints. If the complainant does not wish to document the complaint, the senior staff member shall document the complaint for management recognising the complainant’s right to confidentiality. A short explanation of the complaint will be included also.
2. Reportable complaints may include:
3. Unsafe acts or service
4. Unexpected, harmful incidents to residents
5. A service not up to standard
6. A service which is late or forgotten
7. Any other resident or relative complaint
8. Staff member complaint
9. Visiting health professional complaint
10. A complaint form is completed by the staff member, resident or relative who:
11. is involved in the complaint
12. witnesses the complaint, or
13. to whom the complaint was reported to
14. The complaint form is completed as soon as practicable after the complaint occurs, but before the staff member goes off duty. Residents and relatives will have access to complaint form for completion in privacy and at their convenience.
15. The complaint form is given to the Manager, who considers the complaint and instigates any immediate action necessary. Follow up or feedback shall be provided to the complainant as soon as reasonably possible, but not longer than **five working** days. The complainant shall be contacted in writing with an explanation that substantially addresses the complaint within **10 working days** of receipt of the complaint.
16. Staff and resident’s confidentiality will be maintained throughout the procedure.
17. If the complainant is not satisfied with the outcome of the complaint investigation and subsequent action taken by management, they should be informed of their right to access an independent advocate, who can be provided through the Advocacy service. **0800 555 050**
18. The complainant is also be informed of their right to forward the complaint to the Ministry of Health if they are not satisfied with the outcome of the complaint procedure.

Please complete the reverse side of this form.

**Please complete this form with as many details as possible. Thank you.**

This is a complaint: ⬜

This is a compliment: ⬜

**DETAILS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Was a particular staff member involved?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a particular point of our service or care enhanced or neglected?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like your comment used?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the facility?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_