

Stanthom Properties Limited

CURRENT STATUS: 26-Sep-11

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

San Michele Home and Hospital is situated in Te Awamutu. The facility is set in mature grounds and residents have access to the garden and decks. Whilst ownership changed hands approximately one year ago senior management and most staff have remained. The facility provides care for rest home and hospital level residents. Some residents have resided at the facility for many years. During the audit both residents and family members were interviewed. All expressed a high degree of satisfaction with all services provided. A good rapport is evident amongst staff and residents. Families are made welcome and any concerns are addressed by the nursing or business manager. There was one area identified for improvement. This relates to signing of advanced directives.

AUDIT SUMMARY AS AT 26-SEP-11

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

Indicator	Description	Definition
	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 26-Sep-11	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 26-Sep-11	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.		No short falls

Continuum of Service Delivery	Day of Audit 26-Sep-11	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.		No short falls

Safe and Appropriate Environment	Day of Audit 26-Sep-11	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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 26-Sep-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 26-Sep-11	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.		No short falls

AUDIT RESULTS AS AT 26-SEP-11

Consumer Rights

Both residents and families confirm they are very happy with the services provided and that their rights are respected at all times. Information about the code of rights and services is provided and easily accessible to residents and families. Policies and guidelines are implemented to support residents' rights. Education is provided and reinforces a sound understanding of residents' rights and residents ability to make choices. Care plans reflect the choices of residents and involvement in decision making. A code of conduct for staff is included in their orientation.

There are systems in place that ensure that resident's physical and personal privacy is maintained in both the single and shared bedrooms, and shared bathroom amenities. Sufficient space to ensure privacy for discussions is provided. There is a documented complaints process in place which is provided at the time of admission to residents . There have been no complaints received since May 2009.

Organisational Management

San Michele is managed by suitably qualified managers. Policies and systems are in place that provide direction and underpin service delivery. The documented philosophy of care is included in the resident admission information provided to residents on admission and throughout the facility.

There is a quality and risk management system in place that is implemented and monitored to generate improvements in practice and service delivery.

An internal monitoring programme is in place and includes satisfaction surveys, risk reporting and quality data information and links into the monthly staff and registered nurse meetings so areas of deficit are addressed. Family and resident satisfaction surveys are completed and regular resident meetings are held. Health and safety policies, systems and monitoring processes are in place to manage risk.

Human resources processes are documented and well managed. There is a low staff turnover. A comprehensive orientation programme that provides new staff with relevant information for safe work practice and an education programme that exceeds eight hours

annually that covers relevant aspects of care provision topics. Staff complete the Aged Care Education (ACE) programme or ACE dementia programme modules. There is a documented rationale for determining staffing levels and skill mixes and a roster that provides sufficient and appropriate coverage for effective delivery of care.

Continuum of Service Delivery

Residents are required to be needs assessed as needing rest home or hospital level care prior to entry. Prospective residents and/or families are able to visit before entry to meet staff and have questions answered. Entry would only be declined if no bed was available or if the facility was unable to safely manage the care of the person.

On admission residents are assessed by a registered nurse. Families are involved in this process if this is the wish of the resident. Assessment processes are thorough and are used to determine all the physical, social, spiritual and cultural needs of the resident. Residents and their families are supported to identify personal goals and to make their preferences known. Information learned during the assessment is used as the basis of the care plan. Care plans are detailed and tailored to the individual. They are reviewed at least six monthly or more often if the needs of the resident change. Where there are short term needs such as a wound or infection, short term care plans are developed.

Residents are assessed by the general practitioner usually within 24 hours of admission or soon after. If residents are stable they are reviewed by the doctor on a three monthly basis. When residents are unwell or their needs are changing they are seen by the doctor more frequently. Medications are reviewed at the same time as the medical review. The general practitioners were unable to be interviewed during the audit.

A team approach is used to deliver care. All care is overseen by registered nurses 24 hours per day. The nursing manager or senior registered nurse is also on call 24 hours per day. Care is based on current best practice guidelines for aged care in New Zealand. Activities are planned by a qualified diversional therapist who tailors the schedule to meet the needs and interests of the residents. Both group and individual activities are provided.

Medicine management is in accordance with legal requirements and safe practice guidelines. Blister packs are in use and medicines are administered by competent registered nurses.

A dietitian approved menu is in place. Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff. Food training is provided. Residents are weighed regularly and is recorded in the clinical files. Residents and families confirmed the meals are lovely .

Safe and Appropriate Environment

There are policies and procedures in place for the management of waste and hazardous substances. Waste is primarily of a domestic nature. Staff are trained in safe chemical handling. Appropriate personal protective equipment is used.

A planned maintenance programme is in place. Medical equipment is calibrated annually. There is a current building warrant of fitness and an approved fire evacuation plan in place. Residents are provided with an environment that provides adequate natural light, safe ventilation and is maintained at an appropriate and comfortable temperature. Adequate toilets, showers and hand washing facilities are provided within the communal facilities. Bedrooms, bathrooms and communal areas have a call bell system. Outdoor areas are provided for residents for seating and shade, and a designated smoking area is provided. The laundry service maintains personal laundry on site with hospital bed linen sent off site for laundering on linen change days. The facility is clean and well maintained.

Restraint Minimisation and Safe Practice

There are policies and procedures implemented that minimise the use of restraint. Restraint is only used to maintain the safety of residents and only once authorised approval, assessment, consent and use of alternatives have been completed. Detailed records are kept of all restraint use which provide a transparent account. Staff receive training in the policies and procedures and in calming techniques.

Infection Prevention and Control

There are policies and procedures in place for the prevention and control of infections that are based on current good practice. A senior registered nurse in the designated infection control coordinator and she reports directly to the nursing and business managers. The infection control coordinator attends a regional infection control forum to keep up to date with local and regional infection control issues related to aged care and for peer support. Guest speakers are invited from time to time to provide further professional development.

Staff are trained on infection control principles and techniques when newly employed and at regular intervals. Surveillance data is collected on numbers and types of infections that occur. This information is collated and analysed to identify trends and areas for improvement. Both management and staff are informed of results of surveillance.