

## Carter Society Incorporated

**CURRENT STATUS: 31-Jan-12**

**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

Carter Court is a 41 bed rest home which is governed by a Board of Trustees. On the day of audit 37 beds are occupied.

All rooms are single occupancy with the exception of one married couple who have chosen to have a shared room. There are 14 bedrooms with full ensuite facilities and the remaining 27 rooms have bathroom facilities nearby. The facility is kept in a good state of repair and has appropriate outdoor areas for the use of residents.

Areas identified for improvement in the previous audit have been addressed by the service and are now all fully attained.

Four areas identified for improvement during this audit relate to nursing assessment findings not being congruent with what is shown on the care plan and not all medicine management guidelines being met.

### AUDIT SUMMARY AS AT 31-JAN-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

Indicator	Description	Definition
	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 31-Jan-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.		<b>No short falls</b>

Organisational Management	Day of Audit 31-Jan-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.		<b>No short falls</b>

Continuum of Service Delivery	Day of Audit 31-Jan-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.		<b>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Day of Audit 31-Jan-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 31-Jan-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 31-Jan-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.		<b>No short falls</b>

## **Carter Society Incorporated**

**Date of audit: 14-May-10**

**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**

Carter Court is a forty one bed rest home in Carterton in the Wairarapa. The facility is established as the Carter Society Ltd. and governed by a board of trustees, some of whom are involved with the residents and staff on a weekly basis. The foyer of the home has been altered to provide a more modern design and allow for a more welcoming environment and extra space for offices and storage. There were no outstanding corrective actions from the previous audit and the organisation had not had an issues based audit or a complaint lodged with the office of the Health and Disability Commissioner.

### **Consumer Rights**

Carter Court provides information and discussion on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) to ensure resident's and their families understand their rights and are able to raise concerns and access support services. The management and staff have a commitment to open disclosure and transparency in all service provision. Residents' cultural and individual values and beliefs are assessed on admission and documented in their plan of care. Staff receive education on supporting cultural and individual values and beliefs at orientation and through the annual education programme with a separate session on spirituality and cultural

safety which includes the organisation's Maori Health Plan plus the Code. Residents and relatives confirm privacy is respected, however, locks on some of the toilet and shower doors are required.

### **Organisational Management**

The manager is a senior registered nurse with experience on palliative care and a business background in sales and business management. The manager has been in this position for just over one year and has a current annual practicing certificate. The manager's job description needs to be updated to reflect the requirements of this senior position over and above clinical responsibilities. The business plan for 2010 to 2011 is currently being developed by the manager and includes both an operational quality plan and financial plan with associated goals. Document monitoring and reporting processes to ensure achievement against the quality and risk plan is required. Carter Court have a reasonably low staff turnover with many staff very experienced and well educated in care of the older person. While there is no documented process for staffing levels and skill mix, the rosters show adequate staffing levels to meet resident numbers and acuity, the manager will develop a policy to ensure these numbers always reflect service provision requirements. Resident's and relatives spoken to confirm a high level of satisfaction with the services provided.

### **Continuum of Service Delivery**

All residents who enter Carter Court are appropriately assessed by the Needs Assessment and Service Coordination (NASC) as being suitable for rest home level of care. Residents receive timely, competent and appropriate service delivery from staff who are trained according to their role. Clinical care is overseen by a registered nurse. Residents' needs and requirements are identified via appropriate assessments and recorded on both long and short term care plans which are used by staff to ensure the services delivered meet the assessed needs. Care plans are reviewed and evaluated by a registered nurse six monthly. Clinical notes are integrated and resident focused with input from all providers involved in the resident's care. Group and individual activities developed reflect the resident's identified needs and preferences.

Medicine management systems implemented comply with current legislative requirements and meet safe practice guidelines. An area for improvement relates to ensuring a formalised reconciliation of medication is undertaken.

Residents' nutritional needs are overseen by a registered dietician. An area for improvement is to ensure all decanted food is dated and that expiry dates are shown.

Exit, discharge or transfer from the service is planned and coordinated. Documentation identifies known risks to ensure an accurate hand over is given to keep the resident safe.

### **Safe and Appropriate Environment**

In-service training which includes specific learning related to healthcare waste, emergency procedures and appropriate security measures to keep residents and visitors safe is undertaken by all staff. All chemicals need to be clearly labelled.

Residents are provided with safe, adequate, age appropriate facilities that are nicely furnished. There are adequate toilet, shower and hand washing facilities. Sixteen of the

forty-one bedrooms have full ensuite facilities. All bedrooms are spacious, and furnished to meet the residents' needs and likes. Residents can access safe outdoor areas. There is a reactive maintenance process and a long term maintenance programme in place. Safe and hygienic cleaning and laundry services are provided for residents and the facility is clean, neat and tidy. All resident areas have adequate light and ventilation and the home has adequate heating throughout. The service implements a smoke free policy. The facilities are fit for purpose and meet the needs of residents.

### **Restraint Minimisation and Safe Practice**

There are currently no restraint or enablers in use at the facility. The restraint policy and procedure has a clear definition of restraint and enablers and includes a philosophy of restraint minimisation. All staff receive appropriate restraint minimisation education during orientation and annual ongoing education updates. There is clear documentation which defines the requirements for assessment, approval, monitoring and review should restraint be used.

### **Infection Prevention and Control**

Carter Court have adopted the BUG Control infection control programme. The programme has lines of accountability for the management of infection control, the education to be provided and surveillance methods and management of infection control outbreaks. The organisation follows the processes outlined in the manual.

Standards have been assessed and summarised below:

Key

Five point scale	Description
<b>Standards applicable to this service attained with some criteria exceeded</b>	Includes commendable elements above the required levels of performance
<b>Standards applicable to this service attained with all criteria achieved</b>	Complies with standards
<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved</b>	A moderate number of shortfalls that require specific action planning to address
<b>Some standards or this standard unattained that are applicable to this service</b>	Major shortfalls, significant action is needed to achieve the required levels of performance

<b>Consumer Rights</b>	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.	<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>

<b>Organisational Management</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved</b>

<b>Continuum of Service Delivery</b>	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.	<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>

<b>Safe and Appropriate Environment</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved</b>

<b>Restraint Minimisation and Safe Practice</b>	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>	<b>Standards applicable to this service attained with all criteria achieved</b>

Infection Prevention and Control	Assessment
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>- There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</li> </ul>	<p><b>Standards applicable to this service attained with all criteria achieved</b></p>