

Fergusson Home Limited

CURRENT STATUS: 24-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

Fergusson Home is one of four facilities owned and operated by the Cantabria Group. It is an older facility, which is well maintained both inside and outside with the grounds suitable for resident use. It continues to offer care to 44 rest home level residents. On the day of audit 39 beds are occupied. There have been no changes to service since the previous audit.

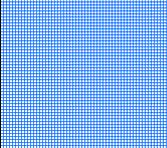
Eight areas identified for improvement from the May 2010 certification audit have all been addressed by the service.

There are no new areas identified for improvement as a result of this audit.

AUDIT SUMMARY AS AT 24-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
	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 24-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.		No short falls

Organisational Management	Day of Audit 24-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.		No short falls

Continuum of Service Delivery	Day of Audit 24-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.		No short falls

Safe and Appropriate Environment	Day of Audit 24-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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 24-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.		No short falls

Infection Prevention and Control	Day of Audit 24-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.		No short falls

Date of audit: 19-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

Fergusson Retirement Village is one of three facilities owned by the Cantabria Group and is located in Rotorua. There have been no issue based audits or outstanding complaints with the office of the Health and Disability Commissioner since the last audit. The facility has forty four rest home beds, thirty eight of which were occupied on the day of audit. There were no outstanding corrective actions from the last audit.

Consumer Rights

Fergusson Retirement Village provides information and discussion on the HDC Code of Rights to ensure residents 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.

Resident's 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 sessions on spirituality and cultural safety which includes the organisation Maori Health Plan plus the Health and Disability Commissioner Code of rights.

Organisational Management

Fergusson Retirement Village have a workforce of thirty staff, clinical staff are very experienced and educated in care of the older person. The rosters showed adequate staffing levels to meet resident numbers and acuity. Resident's and a relative spoken to confirm a high level of satisfaction with the services provided this was confirmed by results of resident / relative survey results and the low number of complaints. One area for improvement is to ensure resident files are integrated and contain all information pertaining to the residents' care needs.

Continuum of Service Delivery

Processes are implemented to ensure the appropriate and timely admission of residents to the home and to facilitate referrals to other services and health professionals. All residents have a full assessment prior to and on entry to the service. Assessments, service planning, and review is conducted by the RN with input from the multidisciplinary team, resident and relatives. A full nursing and activity of daily living assessment is conducted on admission to identify the resident's needs, support and intervention requirements and any client preferences. There is limited use of specialist clinical risk assessment tools as part of the initial assessment. A generic format is used for the long term service delivery plan, care needs and interventions are individualised, providing a pathway of care for staff to follow. Service delivery plans, progress records, staff handover and clinical observation forms evidenced appropriate interventions and service provision to meet the needs of the residents. There is inconsistency in the care plan documentation with the care needs written either under intervention or evaluation. Long term care plans are evaluated six monthly or more often as required, evaluation records do not relate specifically to the resident's care needs, and do not reflect the progress made by the resident in meeting assessed goals. The activity programme is developed to meet the cognitive ability and needs of the residents. Each resident has an activity assessment and social history completed following admission. Activities are planned and a monthly programme developed. Activities sighted are reflective of daily living and the residents' capabilities. Processes are in place to ensure there is a planned and coordinated transfer, discharge or exit from the service. There is an appropriate medication management system and staff complete competency checks prior to approval for medication administration and on-going. Food services are provided appropriate to the client group. A five week rotational winter and summer menu is approved by an external dietician against appropriate nutritional guidelines. There are six partial attainments relating to: the limited use of clinical risk assessment tools, documentation of interventions and evaluations, the use of medication alert stickers, documentation of medication review timeframes, checking of medication rolls on receipt from the pharmacy.

Safe and Appropriate Environment

Fergusson Retirement Village is an older building but is well maintained and provides a spacious and comfortable environment for the residents. There is a current Building Warrant of Fitness. There is a managed central preventative and on-going maintenance plan. The facility allows residents to move freely and safely within it. The resident's rooms allow for safe freedom of movement with the use of mobility aids. Residents are supported in personalising their rooms with their own furnishings and possessions. Outdoor areas are easily accessible and safe with seating, tables and shade. All residents' rooms have full en-suites, and there are a number of communal facilities. There is one large lounge and dining area, with a number of smaller seating areas throughout the home. Furniture and equipment is appropriate for the service level and client group and are well maintained. Appropriate emergency management and security systems are implemented and staff training conducted. All staff have first aid and fire safety training and six monthly fire drills are conducted. Systems are in place for civil defence and pandemic planning and backup utility supplies are in place. The home has a current building warrant of fitness and the fire evacuation scheme is approved by the NZ fire service. Laundry, cleaning and waste management systems implemented are appropriate

to the service level. Processes are implemented for the safe management of waste, infectious or hazardous substances. There is one partial attainment relating to the development and implementation of a transport policy.

Restraint Minimisation and Safe Practice

Fergusson Retirement Village promotes and educates staff on restraint minimisation at orientation and through annual education. There is currently no restraint in use. The Restraint policy and procedure has a clear definition of restraint and enablers and includes a philosophy of restraint minimisation. One enabler at the president's request was in use at the time of audit.

Infection Prevention and Control

The service has implemented infection control (IC) policies and procedures that are based on accepted good practice, relevant to the rest home service level. Policies and procedures cover all aspects of IC including occupational health and safety, and service related areas i.e. kitchen, laundry. The Nurse Manager is the delegated Infection Control Coordinator (ICC) and is responsible for the implementation of the programme, she reports to the Group Manager for Cantabria. The infection control programme is approved by the owners/ directors, group manager and the Cantabria infection control team. The IC Coordinator maintains her on-going education in relation to current infection control practices. The staff can access external specialist advice and support if required. Staff orientation and education includes infection control principles and practice. Infection surveillance processes are implemented, an infection report is completed monthly detailing the types and number of infections and the use of antibiotic treatments. Results are collated analysed and reported to Cantabria for benchmarking against other homes in the group. Outcomes are discussed at the staff meetings. There are well implemented processes for the management of infectious outbreaks and residents and visitors are kept fully informed. Internal IC audits are conducted as part of the quality management processes. There is one partial attainment relating to the completion of an annual programme review.

Standards have been assessed and summarised below:

Key

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

Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance
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Consumer Rights	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 attained with all criteria achieved

Organisational Management	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 attained with some criteria of low risk partially achieved

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

Safe and Appropriate Environment	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 attained with all criteria achieved

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

Infection Prevention and Control	Assessment
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> - 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. - There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. - 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. - The organisation provides relevant education on infection control to all service providers, support staff and consumers. - Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. - 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. 	<p>Standards applicable to this service attained with some criteria of low risk partially achieved</p>