

**Kirsty Schofield**

**CURRENT STATUS: 18-Jul-12**

**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**

Cornwall Rest Home is situated in Masterton and provides rest home services to 27 residents. It is currently at full occupancy. The service is provided in a homely environment. The overall outcome of the audit is positive with Cornwall Rest Home able to provide evidence that it meets the requirements of the standards and implements good systems that support quality care.

The Home continues to be managed by the owner who has owned and managed the facility for 20 years. The Manager states that care is based on a philosophy of kindness, empathy and a focus on the needs of residents. Residents and relatives interviewed as part of the audit process express satisfaction with the care and services they receive. Satisfaction surveys and resident meetings are held to ensure residents have involvement in decision making and the wider community. The service demonstrates continuous improvement in this area.

There are five areas for improvement identified from this audit which relate to: ensuring staff completing incident and accident follow-up, document discussions and communication with family members as appropriate; the incorporation of risk severity levels in identifying the success of risk management strategies; implementation of the new in-service training programme; ensuring plans of care are updated in line with assessments undertaken; clearer processes to manage the three monthly review of medication charts; the signing sheets for non-regular medications; and the monitoring of the medication fridge temperature.

### **AUDIT SUMMARY AS AT 18-JUL-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

<b>Consumer Rights</b>	Day of Audit 18-Jul-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Organisational Management</b>	Day of Audit 18-Jul-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Continuum of Service Delivery</b>	Day of Audit 18-Jul-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>

<b>Safe and Appropriate Environment</b>	Day of Audit 18-Jul-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 18-Jul-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>

Infection Prevention and Control	Day of Audit 18-Jul-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>

### Consumer Rights

Cornwall Rest Home provides relevant information and allows time for discussion prior to, during, and following the admission process to ensure residents and family/whanau understand the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code).

Communication methods include family/whanau discussion, an open door policy by management and staff who are visible and take the time to talk with residents and family/whanau at any time. This ensures full and frank information and open disclosure is maintained. However, incident reports do not always have family notification (when appropriate) of an incident/accident documented and this is identified as an improvement. Residents and family/whanau members are able to raise concerns and access support services as required.

Residents' cultural and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs.

Informed consent policy and processes are implemented by the service to meet contractual requirements. Staff demonstrate awareness of ensuring residents are informed and have choices related to the care they receive. The requirements of the provider's contract with the DHB are met.

### Organisational Management

The owner of the home is also the Manager who has owned and managed the facility for 20 years. The service has employed a number of caregivers, all of whom have either completed or are undertaking a training programme. There are also two registered nurses (RNs), who provide 32 hours on site per week, and oversee clinical care and provide advice to the management on clinical issues. Rosters reviewed and staff interviewed confirm that there are sufficient staff to cover all shifts and any roster vacancies are highlighted for staff to fill as they wish. There is a low turnover of staff, with a number of the staff employed for several years.

There has been a recent change in RN cover at the Home and systems are in the process of being updated to ensure they meet all the requirements of the standard. As a result of this change over, staff training is being re-established and is identified as an area requiring improvement

Quality improvement systems are in place and quality activities are undertaken as required. Risk management occurs. The Risk Management policy supports the use of levels to determine the severity of the risk but currently these are not used by the service, therefore any reduction in risk level is not able to be clearly identified or monitored. This is identified as an area requiring improvement. Incidents, complaints, infections and other key indicators are regular agenda items at the monthly quality meetings.

Residents' concerns are dealt with in a responsive manner and seldom escalate to a formal complaint. There have been no complaints since 2010. Historical complaints are noted to have been addressed, responded to and documented in accordance with the complaints policy and timeframes resulting in a satisfactory outcome for the parties concerned.

### **Continuum of Service Delivery**

All residents entering Cornwall Rest Home have been assessed by the needs assessment and service coordination agency (NASC) as requiring rest home level care. Residents receive care from staff, trained to deliver that care, within an environment that is equipped to meet the special needs of older people, while fostering community involvement. Care plans are developed following a comprehensive assessment process that includes the input of residents, their family / whanau, the resident's General Practitioner (GP) and care staff. Care plans are reviewed and updated as residents' needs change, or at least six monthly, however, improvement is required to ensure plans of care are updated in line with assessments undertaken. Clinical notes are integrated and resident focussed. Activity plans are developed in line with resident's interests, requests and goals. Exit, discharge and transfer is planned and co-ordinated.

The medication management system, delivers medications as prescribed by the resident's GP but requires improvement to ensure a clear process to manage the recording, review and storage of medications.

Residents' nutritional needs are provided in line with guidelines for older persons' nutritional needs and preferences of the residents.

### **Safe and Appropriate Environment**

The facility is a converted house which has subsequently been added to most recently about 18 months ago. The rooms are adequate for mobile residents, with a few larger rooms, which allow a variety of layouts. Bathrooms are well maintained and refurbished on a regular cycle. Building repairs and consistent upgrading is a feature of the maintenance programme.

There are three sitting areas and two dining areas spread throughout the facility. This enables resident choice for location and suitability/need for staff support. There are also alternative areas for when residents prefer not to participate in activities. Residents were observed to move between areas in the facility, including in and out of doors, as preferred. Ramps and handrails are available to assist residents in mobilising as independently as possible. Furnishings are homely and consistent with the nature of the service and surroundings. Extensive outdoor seating and deck areas contribute to residents moving around the building and finding a spot that suits them - shade, sun, busy or quiet areas are able to be chosen.

All residents' rooms have at least one window. Several also have doors to the exterior garden or deck areas. There are night store heaters in all bedrooms and additional electric, open fires and coal range heating. The facility is noted to be maintained at an ambient temperature on the day of the audit in mid July.

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

Cornwall Rest Home has a restraint minimisation and safe practice policy. There are no residents who require restraint.

### **Infection Prevention and Control**

The infection control programme at Cornwall Rest Home has been developed by the quality, infection control and risk management team, with expert input from the Wairarapa District Health Board's infection control nurse. The programme is implemented by the infection control nurse, who also has responsibility for staff education on infection prevention practices, and ensuring surveillance data is collected, collated and reported to management. Analysis and evaluation is undertaken by the service and corrective actions implemented where required to assist in lowering infection rates.

