Petone Residence For The Elderly Trust

CURRENT STATUS: 15-Jan-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the 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

Petone Residence for the Elderly Trust is a charitable trust that owns and operates Britannia House. The trust board members and local community are supportive of the service. The facility has 17 residential rest home level beds and is fully occupied at the time of audit. The facility is a house that has been developed and added onto over time and is well maintained. Staffing is stable and activities including outings and daily activities based on residents' preferences. Staffing hours are increased if required to meet the needs of residents. There are eight required improvements relating to: copies of enduring power of attorney (EPOA) and signed admission agreements being present in residents' files; human resources management documentation; completion of orientation checklists; ongoing training to meet contractual requirements; the building and plant maintenance register being unavailable; safe storage of chemicals; and current training for the infection control nurse.

AUDIT SUMMARY AS AT 15-JAN-13

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 15-Jan-13	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Organisational Management	Day of Audit 15-Jan-13	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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Day of Audit 15-Jan-13	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Safe and Appropriate Environment	Day of Audit 15-Jan-13	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Restraint Minimisation and Safe Practice	Day of Audit 15-Jan-13	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 15-Jan-13	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

AUDIT RESULTS AS AT 15-JAN-13

Consumer Rights

Resident's and family interviewed report that services are provided in a manner that is respectful of their rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family interviewed stated they are very happy with the service provided and report that staff are providing "great" care that is appropriate to their needs. Residents and family report that management and staff are very responsive to any feedback they provide and that issues raised have been dealt with promptly to their satisfaction. There is documented evidence of notification to family members following adverse events and of any significant change in the consumer's condition. Visual inspection provides evidence the Health & Disability Commissioner (HDC) Code of Health & Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

Systems are in place to ensure residents and their family are being provided with information to assist them to make informed choices and give informed consent. An area requiring improvement has been identified as copies of enduring power of attorney (EPOA) documents are not held for all residents who have EPOA's named on the resident files. During interviews, staff demonstrate good understanding of informed consent and informed consent processes. Family members interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

There is a complaints/issues process that is made know to residents and their families on admission, forms are available in the facility. The manager is responsible for complaints and has a log; there is only one recorded complaint. The residents can use the complaints issues

forms or bring issues up at residents' monthly meetings. Issues raised by residents are recorded in an individual log on their files.

Organisational Management

The organisation has a vision and mission statement documented and reviewed by the board of trustees annually. The manager is a registered nurse (RN) with a current annual practising certificate and 20 years' experience in the position. She has undertaken training in relevant areas and meets quarterly with other rest home managers and attends the Aged Care Association meetings to keep current. She is a Careerforce education programme assessor.

A Business, Quality, and Risk, Management Plan 2009 - 2014, guides the quality programme with goals and objectives. There is an audit programme, risks are identified and there is a hazard register. Adverse events are documented in a register and individual resident's files. Monthly staff meetings provide a forum for discussion, analysis and identification of quality improvement issues and corrective actions are identified.

There are policies and procedures on human resources management and the validation of current annual practising certificates for RNs and general practitioners (GPs) is occurring. However, there are three required improvements relating to: documentation of the recruitment of new staff; completion of orientation for new staff; and completion of ongoing education for all staff.

A formal process for staffing levels is documented. There is evidence of changes being made to staffing to meet the residents' requirements. These include the extension of the activities person's hours and a 'sleep over' person when there is a resident with end of life care requirements.

Residents' files are integrated and documentation is legible with the name and designation of the person making the entry identifiable.

Continuum of Service Delivery

Systems are implemented that evidence each stage of service provision (assessment, planning, provision, evaluation, review and exit) have been developed with resident and/or family input, is provided within stated timeframes and is co-ordinated to promote continuity of service. An improvement is required related to the signing of admission agreements.

Residents and family interviewed confirm their input into their care planning and that they are able to choose what activities they participate in on a daily basis. Interviews conducted, review of documentation and observations made during this audit, indicates that consultation and liaison is readily occurring with other services. Residents and family members interviewed confirm that interventions noted in their service delivery plan are consistent with meeting their needs. Evaluations of residents' care plans are within stated timeframes. Family and residents interviewed confirm their participation in these evaluations. If the resident's progress is different from what is expected, changes to the service provided and care plan are made.

Planned activities are appropriate to the resident group and activities are provided in both a group and one-to-one setting. The activities co-ordinator undertakes comprehensive

assessments of all residents on admission with input from the resident and their family and individual goals are set. Residents and family members interviewed confirm they are very satisfied with the programme.

There is an appropriate medicine management system in place at Britannia House. Policies and procedures describe the service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. A visual inspection of the medication systems provides evidence of compliance with respective legislation, regulations and guidelines.

Residents and family interviewed are complimentary of the food service provided and report their individual preferences are well catered for. Additional snacks are available if the kitchen is closed. Food services policies and procedures are appropriate to the service setting with current review of the eight weekly menu by a dietitian in July 2011 following a site visit in June 2011. Residents' individual dietary needs are identified, documented and reviewed on a regular basis. Food is discussed at the monthly residents' meetings. Visual inspection of the kitchen provides evidence of compliance with current legislation and guidelines. An 'A Grade Certificate of Hygiene' issued by Hutt City Council that expires on 30 June 2013 is clearly displayed.

Safe and Appropriate Environment

The organisation has policies and procedures for waste management, cleaning and laundry and emergency management and these are known by staff.

The environment allows residents to be independent and safe. Residents' rooms vary in size but are adequate to allow for the use of mobility aids, lifting aids as well as a carer; as are the size of the corridors and communal areas. Lighting and ventilation is by external opening windows in residents' rooms and communal areas. The facility has gas heating set at 20 degrees Celsius. There are an adequate number of toilet and shower facilities. External areas are available for sitting and there are planter boxes where residents have a vegetable garden.

There are required improvements in relation to the documentation on maintenance of equipment; storage of chemicals; and access to material safety data sheets.

Security is the responsibility of all staff and crisis buttons are available and monitored by an external company.

Restraint Minimisation and Safe Practice

There are no restraints used. Policies and procedures are in place to guide staff in the use of a restraint, should this be required. Two residents have enablers in use for which written consent has been gained from an EPOA. Safety bracelets are in use for two residents that alarm as the resident leaves or re-enters the facility.

Infection Prevention and Control

A recently appointed registered nurse is the infection control co-ordinator. Prior to this, the manager was the infection control co-ordinator. An improvement is required as the newly

appointed infection control co-ordinator has not completed any recent infection control education.

The infection control programme implemented at Britannia House meets the needs of the organisation and minimises the risk of infection to residents, staff and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These policies and procedures are readily available for staff to access.

The infection surveillance programme in place is appropriate to the size and complexity of the service provided at Britannia House. Results of surveillance are acted upon, evaluated, and reported in a timely manner. A register of infections is maintained and is collated at the end of each year. Review of this data indicates there are minimal infections at Britannia House and there are no outbreaks of infections documented. Each resident's file also has an individual register of infections, where relevant.