

Y&P NZ Limited - Deverton House Rest Home

CURRENT STATUS: 30-Apr-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

Deverton House Rest Home is a 21 bed rest home located in Pinehill Auckland. At the time of audit there are 18 residents receiving care, including one resident receiving respite (short term care). All the residents are aged over 65 years of age. The facility was purchased by the current owners (a husband and wife team) in November 2012. Both owners work in the rest home. A new registered nurse who is also the clinical nurse manager (CNM) has been employed since the last audit and has been in this role for six weeks. Telephone lines have been installed in each resident's bedroom and a satellite dish installed to enable Chinese television channels to be viewed. There have been no other significant changes to the land or buildings since the last audit.

At the last audit there were sixteen areas identified as requiring improvement. Eleven of these have been addressed. At this audit there are eight areas identified as requiring improvement. These are in relation to: maintaining the complaints register; formalising arrangements to cover for the clinical nurse manager in her temporary absence; ensuring local policies and procedures are in line with current accepted good practice; document control processes; and ensuring all applicable events are reported via the incident reporting processes and also documented in the resident's progress notes. Improvements are also required in relation to recruitment processes; removing contradictory wording in the staffing policy; and ensuring the dementia assessment identifies the risks related to absconding.

AUDIT SUMMARY AS AT 30-APR-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 fully attained with some standards exceeded

Indicator	Description	Definition
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 30-Apr-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 standards applicable to this service partially attained and of low risk

Organisational Management	Day of Audit 30-Apr-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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Continuum of Service Delivery	Day of Audit 30-Apr-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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 30-Apr-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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 30-Apr-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 30-Apr-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 30-APR-13

Consumer Rights

Residents and family interviewed confirm communication with staff is open and effective. Documentation identifies that all aspects of care and service provision are discussed with the resident and their family prior to or at the admission meeting. Staff interviewed report that they provide adequate time to talk with residents and families. Family or staff members are frequently used as interpreters, where appropriate, for the Chinese residents.

There is a documented framework for the management of complaints. There have been four complaints since November 2012, including one to the district health board (DHB). All have been addressed. However, the complaints register does not consistently include details of all actions undertaken and this remains an area requiring improvement.

Organisational Management

The clinical nurse manager (CNM) has worked at Deverton House Rest Home for six weeks. She is an experienced RN and participates in ongoing training related to managing an aged care facility, as required to meet the provider's contract with Auckland District Health Board (ADHB). The CNM is on site weekdays and is otherwise on call. While the CNM can identify how cover will be provided in her absence, these arrangements have not been formalised and this remains as an area for improvement.

Deverton House Rest Home has identified the values, goals and philosophy of care. This is documented in the business plan and reviewed on at least a three monthly basis.

Deverton House Rest Home uses the Healthcare Help quality and risk management systems. This includes compliments and complaints, incident/accident reporting, internal audits, and identification and management of hazards and risk. Not all applicable events are being reported via the incident reporting system and not all reported events have been documented in the residents' progress notes. This is an area requiring improvement.

Policies and procedures have been developed by Healthcare Help and localised to reflect the facility. Areas for improvement are identified in relation to ensuring document control processes are implemented for policies and wall mounted posters developed by Deverton House Rest Home and also to ensure that the facility develops policies that are in line with current accepted good practice. A service review meeting is scheduled every three months. Quality and risk information is analysed and discussed at this meeting. Where required, corrective actions are planned, implemented and monitored for effectiveness. Deverton House Rest Home participates in the Healthcare Help benchmarking programme for residents with infections and incidents/accidents.

A review of five staff files demonstrates that while all new staff are reported to be known to the owner, the required recruitment policy is not being implemented. Components either not being undertaken, or undertaken but not documented, includes the completion of job application forms, reference checks, interviews, and evidencing that staff who have an overseas passport are legally entitled to work in New Zealand. This is an area requiring improvement. Staff are provided with an appropriate orientation programme. There is an ongoing relevant training programme provided for staff which is well attended. All staff and contractors who are required to have current annual practising certificate (APC) have a current one. This area was identified as requiring improvement at the last audit and now meets the criterion.

There are documented guidelines, that detail staffing levels and skill mix. There is contradictory information in this policy and the policy requires improvement. Staffing is

provided to meet the providers contract with Auckland DHB. A staff member with a current first aid certificate is on duty at all times.

Continuum of Service Delivery

Deverton House Rest Home employs a clinical nurse manager who oversees all assessments, planning and evaluation of service delivery with support from the GP and other service providers. The initial nursing assessment is completed within 24 hours of admission and the GP visits for a medical assessment within 48 hours. Long term care plans are developed within three weeks and reviewed every six months or earlier if an unexpected event occurs. All previous corrective actions have been addressed with the exception of one relating to the clinical assessment tool.

There is an activities coordinator who is employed Monday to Friday and provides activities for residents. There is an activity plan and evidence is seen of resident and family consultation. The previous corrective action has been addressed.

Medication management systems comply with current legislation and all caregivers involved in medicine management receive training and competency assessment annually. All previous corrective actions have been completed.

Deverton House Rest Home uses a four weekly seasonal menu cycle approved by a dietitian. Initial dietary assessments identify special dietary requirements.

Safe and Appropriate Environment

Deverton House Rest Home has a current warrant of fitness and ongoing checks required to maintain the building warrant of fitness are being undertaken. Electrical safety checks are undertaken of electrical equipment. All clinical equipment has been checked and calibrated. The gas heaters have been serviced in January 2013. The facility vehicle has a current registration and warrant of fitness. The monitoring of the renewal dates is now occurring. The area that was identified as requiring improvement at the last audit now meets the criterion.

Restraint Minimisation and Safe Practice

The service actively promotes restraint minimisation and safe practice. Restraint policies define an enabler as voluntary. A consent process is in place for restraint use following a comprehensive restraint assessment. Restraint is only used to promote resident safety. Staff receive education on restraint use, the use of enablers, managing challenging behaviours and de-escalation techniques. The previous corrective action has been addressed.

Infection Prevention and Control

Deverton House Rest Home has an infection prevention and control programme which is dated as reviewed in 2013. The area identified as requiring improvement at the last audit now meets the criterion.

Surveillance is occurring for residents who develop infections. The infection rates are very low and are benchmarked with other aged care facilities. Staff are provided with feedback on infections and reduction strategies in a timely manner and overall infection rates are discussed at regular staff meetings. There have been two infections reported in 2012 since the change of ownership and one resident with an infection reported in 2013.