Te Kauwhata Retirement Trust Board

CURRENT STATUS: 13-May-13

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

Te Kauwhata Retirement Trust (Aparangi Village) has 45 beds and provides care to residents requiring hospital and rest home level of care. At this audit there are 33 residents receiving rest home level care and nine residents receiving hospital level care.

A new general manager has been employed since the end of March 2013. She is a registered nurse and has held a variety of senior management roles in several health services. The previous general manager left in December 2012 and the existing management team shared responsibilities until the new general manager was appointed. There have been no significant changes to the land or buildings since the previous audit.

At the last audit there are three areas identified as requiring improvement. One has been fully addressed and relates to open disclosure and communication. At this audit there are 20 areas identified as requiring improvement. These relate to: implementation of the quality and risk programme (four); policy, procedures and document control processes (two); care planning and service delivery (five); and medication management (three).Improvements are also required in each of the following areas: maintaining the complaints register; the monitoring of staff and contractors annual practising certificates; staff performance appraisals; identification of individual resident's dietary needs; electrical safety checking; and storage of chemicals.

AUDIT SUMMARY AS AT 13-MAY-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
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	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 13-May-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 13-May-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 13-May-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 13-May-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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk**

Restraint Minimisation and Safe Practice	Day of Audit 13-May-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 13-May-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**

Te Kauwhata Retirement Trust Board

CURRENT STATUS: 24-Nov-11

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

Aparangi Village Residential Care Unit is owned by Te Kauwhata Retirement Trust Board who trade as Aparangi Village. The rest home and hospital facility is known as Aparangi Village Care Unit. It is purpose built and has had recent internal and external refurbishment creating two new wings. One wing is built on the existing foot-print and a new building opened on the 14 October 2011. This has not increased the number of beds provided as some of the older existing rooms have been refurbished and some smaller bedrooms rooms have been converted into larger single occupancy bedrooms with ensuite facilities, by using

two existing rooms. The building project of converting older bedrooms is continuing and is being overseen by the General Manager.

The facility can cater for up to 49 residents. All bedrooms are single occupancy. On the day of audit there are six hospital level, and 25 rest home level residents, one being a respite care resident. The service can use 15 of the bedrooms as 'swing beds' which can accommodate either rest home or hospital residents. The facility is very well maintained, and provides furnishings to a high standard with appropriate outdoor areas for residents' use.

Four areas identified for improvement in the previous surveillance audit have been fully addressed by the service. There are three areas identified for improvement from the current audit. These relate to policy and procedures needing to be reviewed at least two yearly, ensuring documentation is completed to identify that family/whanau have been informed of any adverse events and that all chemicals are labelled correctly.

AUDIT SUMMARY AS AT 24-NOV-11

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
	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-Nov-11	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-Nov-11	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Continuum of Service Delivery	Day of Audit 24-Nov-11	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-Nov-11	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 24-Nov-11	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-Nov-11	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**

AUDIT RESULTS AS AT 24-NOV-11

Consumer Rights

Aparangi Village Residential Care Unit provides information and discussion on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) to ensure residents and their family/whanau understand their rights and are able to raise concerns and access support services. The service demonstrates principles of open disclosure. Residents' cultural and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs. The service has well developed links with community support groups to ensure residents are offered appropriate services to meet all their needs and wants.

Policies and procedure implemented by the service to guide staff actions reflect evidence based practice and meet legislative and Health and Disability Service Standards. The complaints policy is implemented by the service within identified timeframes. Informed consent policy and processes are implemented by the service to meet District Health Board contractual requirements. Staff demonstrate awareness of ensuring residents are informed and have choices related to the care they receive.

Organisational Management

Organisational structures and processes are implemented by the service to ensure service delivery is planned, co-ordinated, and appropriate to the needs of the consumers. Service performance is aligned with and regularly monitored against the organisational philosophy and goals. All quality improvements are documented and followed-up as required by use of corrective action planning. Key components of service delivery are explicitly linked to the quality management system and are monitored to measure achievement. There is an up-to-date risk register which outlines controls that are in place to minimise known and potential risks. Whilst the service has a process in place for document control, not all policies and procedures have been reviewed within the last two years and this is an area identified for improvement. Adverse, unplanned, or untoward events are reported and recorded. An improvement is required related to documentation of family/whanau notification.

The service implements safe staffing levels and skill mixes. Human resources management processes in place meet legislative requirements. Staff are fully supported by the organisation to advance their education related to the roles they undertake. The Care Unit

Manager and General Manager are suitably qualified and experienced, with delegated authority, accountability and responsibility for the provision of service. They are supported by seven registered nurses who maintain educational levels to a high standard.

Resident information is accurately recorded, securely stored and clinical records areas not accessible to the public.

Continuum of Service Delivery

The organisation has well established quality and risk management systems with policy and practices integrated and maintained. There is evidence that service policies and processes are regularly reviewed and amended as required to meet known current best practice and legislative or regulatory requirements. There is a robust assessment, planning, and evaluation process carried out by competent and qualified staff using recognised assessment tools. Residents and families have significant input into the planning and evaluation process and this is evidenced in consumer and family interviews. Allied health professionals have input into planning and evaluation as required. The activities programme is varied and individualised to residents' interests and includes community involvement. The programme operates seven days a week and is lead by a qualified registered diversional therapist. A revised medication system has been implemented as a special project. It has improved the medication process and communication between the doctor, pharmacist, and care staff. All dietary needs are catered and individual assessments are maintained. A cyclical menu approved by a dietitian is utilised. All aspects of food procurement, preparation, storage, transport, delivery, and disposal comply with current legislation and guidelines.

There are no corrective actions required.

Safe and Appropriate Environment

There is a current building warrant of fitness and a code of compliance certificate for the alterations completed since the previous audit. A new fire evacuation plan has been approved. Visual inspection shows the building, equipment and chattels are in good condition and safe operating order. Residents' rooms are individualised with personal possessions, and all have ensuites. There is ease of access to external areas with adequate shade and seating. An emergency plan exists for response to significant events.

A corrective action is required relating to bottles of chemicals in use on cleaning trolleys without labels

Restraint Minimisation and Safe Practice

Policies and procedures are implemented to ensure restraint minimisation is practised safety and is the least restrictive option. Enablers are clearly described in accordance with Health and Disability Service Standards requirements. The service demonstrates that it undertakes appropriate assessment, approval, monitoring and review to ensure residents' safety. Restraint use is actively discouraged by the service and is only used as a last resort. Staff education is undertaken annually and includes de-escalation techniques. It is compulsory education for clinical staff and this process is monitored by the Care Unit Manager who is the restraint coordinator. Contractual requirements are met.

Infection Prevention and Control

The infection control coordinator is a registered nurse who has attended an advanced education course. The infection control committee has representatives from all areas and meets monthly. Infection prevention and control is a permanent agenda item at the monthly staff meetings. Policies and procedures are in place and reviewed annually. External resources are utilised to inform the review process. Appropriate education is undertaken by staff. Surveillance data is collated, reviewed, evaluated and benchmarked to assist the organisation reduce infection rates. Surveillance results are reported