Fraser Manor Limited

CURRENT STATUS: 28-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

Fraser Manor is privately owned. It is a stand-alone business which offers rest home level care for up to 32 residents. On the day of audit there were 28 residents. There have been no changes made to services offered or the building footprint since the previous audit.

One area that required improvement from the previous audit now meets the requirements. One new area identified for improvement relates to documentation of clinical evaluations. The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 28-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
	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 28-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.		**Standards applicable to this service fully attained**

Organisational Management	Day of Audit 28-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.		**Standards applicable to this service fully attained**

Continuum of Service Delivery	Day of Audit 28-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 low risk**

Safe and Appropriate Environment	Day of Audit 28-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.		**Standards applicable to this service fully attained**

Restraint Minimisation and Safe Practice	Day of Audit 28-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 28-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**

Fraser Manor Limited

CURRENT STATUS: 10-Oct-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

Fraser Manor Rest Home is privately owned and a purpose built facility. The owner/manager works on site Monday to Friday and is supported by a management team consisting of the facility manager who is a registered nurse, the office manager and a clinical manager who is a registered nurse. The service provides rest home level care for up to 32 residents but consider that occupancy is full at 30 residents as two double rooms are only used for couples. At the time of audit all rooms are used as single occupancy. There were 29 beds occupied on the days of audit.

The facility is well maintained throughout and is furnished to a high standard. There are appropriate outdoor areas.

There is one area identified for improvement related to ensuring that incident and accident reporting to family/whanau is documented.

Two areas have been identified as being particularly well achieved ('continuous improvements') related to service providers holding a high standard of qualifications for a small rest home, and activity planning processes.

All contractual requirements are met.

AUDIT SUMMARY AS AT 10-OCT-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 10-Oct-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.		**Includes commendable elements above the required levels of performance**

Organisational Management	Day of Audit 10-Oct-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 10-Oct-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.		**Includes commendable elements above the required levels of performance**

Safe and Appropriate Environment	Day of Audit 10-Oct-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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 10-Oct-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 10-Oct-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 10-OCT-11

Consumer Rights

Staff are able to demonstrate their understanding the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and its application in everyday practice. Residents are kept informed of their rights. This begins during the admission process and continues throughout their length of stay. They are treated with dignity and respect and in a manner that has regard for their privacy. Residents receive services that recognise and respect their ethnic, cultural, spiritual values and beliefs. This is initially queried and documented during their initial assessment and is documented in greater

detail in their short-term and long-term care plans. Satisfaction questionnaires, residents' meetings and informal feedback from the residents and families provide avenues for monitoring compliance.

Policies and procedures are in place for those residents who identify as Maori to ensure their health and disability needs are met in a manner that respects and acknowledges their individual cultural values and beliefs. There were no Maori residents at the facility during this audit. There are staff employed who identify as Maori.

Information is provided in an understandable format to ensure residents and their families can make informed choices and give informed consent.

The complaints process is explained to the resident and their family during admission. Written information is given to residents and their families explaining the complaints process.

Staff employed have an extensive clinical and care giving experience for a rest home facility of this 30 bed size. This is beyond that normally expected for this type of service and there is a 'continuous improvement' rating within the 'Good Practice' standard.

Organisational Management

A business and quality plan is in place for 2011 which includes a mission statement, philosophy and business objectives. Day-to-day operations are managed by the facility manager, clinical manager and office manager in an efficient and effective manner. Timely, appropriate and safe services are provided to residents. The quality and risk management systems reflect the principals of continuous quality improvement. Evidence of the quality cycle is documented in a comprehensive manner. Resident participation takes place via annual satisfaction surveys and three-monthly resident meetings. Adverse, unplanned and untoward events are recorded by the rest home in a systematic manner. Statutory and regulatory obligations are understood by the facility manager.

Human resources management processes are conducted in accordance with good employment practice and meet legislative requirements. Job descriptions are in place for all positions. Three registered nurses are employed at this rest home (including the facility manager and clinical manager). Resident/family interviews confirm staff are readily available to meet their needs.

Resident information is uniquely identifiable, current and stored in a secure location that is readily available to service providers.

There is one improvement required; while there is evidence of reporting adverse events to family verbally, this is not being documented.

Continuum of Service Delivery

All residents who enter Fraser Manor Rest Home are assessed by the Needs Assessment and Service Coordination (NASC) service. Entry is only declined if the resident is not assessed for rest home level of care or if the bed status is full.

Residents receive timely, competent service delivery to meet their needs from staff that are well educated according to their role. Clinical care is overseen by a registered nurse.

Residents' needs and requirements are identified via appropriate assessments and recorded on individualised care plans which are used by staff to ensure the services delivered meet the resident's needs. Care plan evaluations are undertaken within the timeframes required in policy to show that best possible outcomes are achieved. Family/whanau are included in care provision planning as appropriate. Clinical notes are integrated and resident focused with input from all providers involved in the resident's care.

Group and individual activities are planned and developed to reflect the resident's identified needs and preferences, with resident input into all planning processes. Activities are reviewed and evaluated and discontinued if they are not enjoyed by residents. Activity planning is undertaken in a manner that demonstrates continuous improvement.

Medicine management systems implemented comply with legislative and best practice standards.

Residents' nutritional needs and personal preferences are met by the service.

Exit, discharge or transfer from the service is planned, coordinated and identifies known risks to ensure an accurate hand over is given to keep the resident safe.

No areas for improvement were found in relation to continuum of service delivery standards and Aged Residential Care Services Agreement (ARC) requirements are met.

Safe and Appropriate Environment

All staff receive on-going in-service education and training which includes specific learning related to healthcare waste, emergency procedures and appropriate security measures to keep residents and visitors safe. There is a reactive maintenance process and a long term maintenance programme in place.

Safe and hygienic cleaning and laundry services are provided for residents and the facility is clean, neat and tidy.

Residents are provided with safe, age appropriate facilities that are furnished to a high standard. Residents can access safe outdoor areas.

There are adequate toilet, shower and hand washing facilities throughout the facility.

The bedrooms are spacious, and furnished to meet the residents' needs and likes. All resident areas have adequate light and ventilation with at least one opening window. The home is maintained at a comfortable temperature throughout the year. The service implements a smoke free policy.

The facilities are fit for purpose and meet the needs of residents. No areas for improvement were found in relation to the safe and appropriate environment standards and ARC requirements are met.

Restraint Minimisation and Safe Practice

The service demonstrates that the use of restraint is actively minimised. A restraint minimisation and safe practice policy is in place that meets New Zealand Health and Disability Services Standards 8134: 2008 and ARC requirements. The clinical manager is

the restraint coordinator and the facility manager is responsible for staff education and training relating to restraint minimisation and enabler use. Both were available for interview. No restraint or enablers are in use during this two day audit.

Infection Prevention and Control

There is a managed environment, which minimises the risk of infection to residents, staff and visitors through the implementation of an appropriate Infection Control Programme and policies and procedures that are relevant to the size and scope of the service.

All staff are responsible for reporting infection control issues. The facility is able to demonstrate implementation of all infection control policies and procedures in a manner that incorporates infection control principles in care delivery. Policies and procedures, and the infection control programme are readily accessible to all staff, are practical and easy to understand.

The Infection Control Coordinator, and members of the senior management team, are responsible for ensuring the surveillance methods are adhered to and that infection surveillance data are recorded, collated and reported to management and staff.

All data is trended and results are used to assist in lowering infection rates.

There are no areas for improvement in relation to the infection prevention and control standards and ARC requirements are met.