

## TerraNova Homes & Care Limited - Brittany Residential Care

**CURRENT STATUS: 22-May-13**

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

Brittany Residential Care is part of TerraNova Homes and Care Ltd. The service provides rest home and hospital level care for up to 62 residents. At the time of this certification audit, there are 24 hospital-level residents and 29 rest home-level residents living at the facility.

One required improvement is identified, to ensure the principles of infection control are in place when mopping floors. There are three areas of particular strength identified within the service.. These relate to staff attendance and learning at dedicated mandatory education and training days; the effective management of adverse events for hospital-level residents; and the facility's innovative activities programme.

### AUDIT SUMMARY AS AT 22-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

Indicator	Description	Definition
	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 22-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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit 22-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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Continuum of Service Delivery	Day of Audit 22-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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Safe and Appropriate Environment	Day of Audit 22-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 22-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.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 22-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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 22-MAY-13**

### **Consumer Rights**

Staff demonstrate their clear understanding of residents' rights and obligations. This knowledge is incorporated into their daily work duties and caring for the residents. Residents are treated with respect and receive services in a manner that considers their dignity, privacy and independence. Information is provided at admission and displayed throughout the facility regarding consumer rights, access to advocacy services and how to make a complaint.

Residents who identify as Maori have their needs met in a manner that respects and acknowledges their individual cultural values and beliefs. The Te Whare Tapa Wha Maori health model is incorporated into the delivery of services. Residents' cultural, spiritual and individual values and beliefs are assessed on admission.

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 rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A robust system for managing complaints is in place.

### **Organisational Management**

The governing body ensures services are planned, coordinated, and are appropriate to the needs of the residents. Day-to-day operations are being managed efficiently and effectively. This ensures the provision of timely, appropriate and safe services to the residents. Quality and risk management processes are documented and maintained, reflecting the principals of continuous quality improvement. Adverse, unplanned and untoward events are recorded in a systematic fashion and are reported to those affected in an open manner. Quality

initiatives, which have resulted in a reduction in the number of adverse events for hospital-level residents, is a strength of the service.

Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. Education and training is provided regularly for all staff, meeting the requirements of the standard. A recent initiative relating to enhance staff learning and staff attendance at mandatory education and training days is also noted as a strength of the service. Registered nursing cover is provided 24 hours a day, seven days a week. Safe staffing levels are upheld.

Residents' information is uniquely identifiable, accurately recorded, current, confidential and accessible when required.

### **Continuum of Service Delivery**

The residents and family express a high level of satisfaction with the quality of care and services provided at Brittany House. The service provides rest home and hospital level of care for mostly older persons, with less than five younger residents at the service. The level of care is clearly and accurately identified in pre-admission information. The service has policies and processes related to entry and declining entry to residents.

Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets contractual times frames for the development, review and evaluation of the care plan. Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently, to respond to any changing needs of the resident. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services is planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the residents, based on the TerraNova life enhancement programme. Residents are encouraged to maintain links with family and the community. The residents express high satisfaction with the group and individual activities offered at the service. The service is rated beyond full attainment for the planned activities, which is a particular strength of the service.

A safe and timely medicine management system is observed. The medicine charts sighted contain adequate information and detail to comply with legislation and guidelines. The service has documented evidence that staff responsible for medicine management are assessed as competent.

Residents' nutritional and fluid requirements are met by the service. As confirmed during interviews with residents and family, likes, dislikes and special diets are well catered for. The service has a four week menu with seasonal variations, which is reviewed as suitable for the residents by a registered nutritionist.

### **Safe and Appropriate Environment**

In-service education, which includes specific learning related to healthcare waste, emergency procedures and appropriate security measures, to keep residents and visitors safe, is undertaken by all staff.

Residents are provided with safe, adequate, age appropriate facilities with bedrooms that are furnished to reflect their own personal taste. There are scheduled and reactive maintenance processes in place. Safe and hygienic cleaning and laundry services are provided for residents and the facility is clean, neat and tidy.

All laundry is carried out by dedicated laundry staff. The facility has adequate heating and ventilation throughout. One required improvement is identified as there is a lack of differentiation when mopping floors in bathrooms and residents' rooms.

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

The use of restraint is actively minimised. Restraint is regarded as the last intervention when no appropriate clinical interventions, such as de-escalation techniques, have been successful. During this audit, five residents are using an enabler and four residents are using a restraint. The restraint and enabler assessment processes ensure restraint and enabler use is actively minimised. Any restraint and enabler use is recorded in an auditable format.

Staff are required to attend restraint minimisation and safe practice education. A system of evaluation and review of any restraints and enablers used by residents is in place. Reviews assess alternative strategies explored, desired outcomes, the duration of restraint, and the impact of the restraint on the resident and family. The restraint approval group for the TerraNova facilities is responsible for the review of the restraint programme.

### **Infection Prevention and Control**

The TerraNova organisational infection prevention and control policies and procedures implemented by the service reflect accepted good practice and infection prevention and control principles in care delivery. The infection prevention and control programme is relevant to the size and scope of the service and is monitored by the infection control resource nurse. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors.

The infection control resource nurse ensures the surveillance methods are adhered to and monthly infection surveillance data is recorded, collated, benchmarked and reported to management. Analysis and evaluation of data is used to develop any corrective actions required which are monitored by the infection control resource nurse in a timely manner. The service reports infection rates to the TerraNova organisational management and benchmarks the results with a consultancy service.