

Roseanne Retirement Limited

CURRENT STATUS: 06-Jun-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

Roseanne Rest Home has been under the current ownership since 2010 and is certified to provide rest home level care for up to 16 residents. On the day of the audit there were 13 residents at rest home level care. The facility is generally managed by the owner who is a registered nurse. She was absent at the time of the audit and a relief nurse manager with significant experience in aged care facility management was managing the facility. The care services promote the residents' individuality and independence. Family and residents interviewed all spoke positively about the care and support provided.

This audit identified improvements required by the service in the following areas; documentation of cultural and spiritual needs, complaint register, strategic goals, corrective action plans, recruitment documentation, orientations records, staff training, integrating resident files, the admission agreement, care plans, aspects of medicine management and an annual review of the infection control programme.

AUDIT SUMMARY AS AT 06-JUN-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

Indicator	Description	Definition
	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 06-Jun-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 06-Jun-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 low risk

Continuum of Service Delivery	Day of Audit 06-Jun-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 06-Jun-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 06-Jun-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 06-Jun-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 standards applicable to this service partially attained and of low risk

AUDIT RESULTS AS AT 06-JUN-13

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. There is an improvement required around ensuring cultural and spiritual needs are documented. Residents and family interviewed spoke very positively about care provided at Roseanne Rest Home. Complaints processes are implemented and complaints and concerns are managed. There is an improvement required around developing a complaints register. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices.

Organisational Management

Roseanne Rest Home is certified to provide rest home level care for up to 16 residents. On the day of the audit there were 13 residents. The service is managed by the owner who is an experienced registered nurse.

Roseanne Rest Home has a quality and risk management system in place that is being implemented. Key components of the quality management system including management of complaints, implementation of an internal audit schedule, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards and repairs to the building and grounds. There is a bi monthly health and safety meeting that includes health and safety, infection control, review of incidents and accidents and discussion of

quality and risk. There are also six monthly resident meetings. There are improvements required around strategic goals and corrective action planning.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support and residents, family, staff and the doctor state that there are sufficient staff on duty at all times. There is an implemented orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually for all staff. This covers relevant aspects of care and support. There are improvements required around recruitment documentation, orientations records and aspects of staff training.

Continuum of Service Delivery

Resident files reviewed include service coordination centre assessment forms. The facility information pack includes all relevant aspects of service, and this is provided to residents and/or family/whanau prior to entry. There is an improvement required around resident admission agreements. Care plans are developed in consultation with relevant people including residents and where appropriate family / whanau or Enduring Power of Attorney. A registered nurse assessment, including a variety of risk assessments are completed on admission and reviewed six monthly following admission. The consumers' needs, and goals are clearly identified and interventions guide staff. However there is an improvement required to nursing documentation. Residents and/or family have input into the development of care plans. Communication with family is well documented. Planned activities are appropriate to the residents' interests. Residents interviewed confirm their satisfaction with the programme. Residents' files evidence activity care plans included in the long term care plan identify goals, and interventions and are evaluated at least six monthly. Individual activities are provided either within group settings or on a one-on-one basis. Activities are planned monthly. An appropriate medicine management system is implemented. Policies and procedures detail service provider's responsibilities. Caregivers, the nurse manager and the owner/manager (a registered nurse) are responsible for medicine management have attended in-service education for medication management and complete a medication competency annually. Medication charts sighted evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. There is an improvement required whereby the GP documents the date that medications are prescribed. There is one resident who is self-medicating. The service has transfer and discharge procedures the staff interviewed are knowledgeable of their responsibility of safe exit or discharge to another facility or hospital. A dietitian is available to provide dietetic assessment for residents and arrange special authorities as required. All food is cooked on site and kitchen staff have attained safe food handling certificates. Residents and families interviewed, all confirmed satisfaction with food services.

Safe and Appropriate Environment

The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with a current first aid certificate. The building holds a current warrant of fitness. Rooms are individualised. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There is a lounge/dining area and

another smaller lounge area. There are adequate toilets and showers. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. Chemicals are stored securely. Appropriate policies are available along with product safety charts. The temperature of the facility is comfortable and constant and able to be adjusted in resident's rooms to suit individual resident preference.

Restraint Minimisation and Safe Practice

The service maintains a restraint free environment. There are suitable policies and procedures to follow in the event that restraint were to be needed. Resident files sampled have detailed plans around the management of behaviours that challenge. There is one resident using an enabler and a consent is signed to show this is voluntary.

Infection Prevention and Control

The infection control policies and procedures are documented. Health and safety meetings are conducted bi- monthly with infection control noted as a regular agenda item. Regular infection control audits, hazard documented and incident monitoring of infection prevention and control practices are performed and the results are communicated to staff at meetings. Staff receive training in infection control at orientation and as part of the on-going education programme. The infection control coordinator takes overall responsibility for ensuring that the surveillance programme is well implemented with review trends and implementation of any recommendations.

All surveillance activities are the responsibility of the infection control coordinator who is the registered nurse/manager with assistance from all staff through the bi monthly staff meeting. There is an infection register in which all infections are documented monthly. There is an improvement required around the annual review of the infection control programme.