# Ascot House Limited - Ascot House Retirement Home

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Ascot House Limited

**Premises audited:** Ascot House Retirement Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 August 2015 End date: 10 August 2015

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 27

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **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 |

## General overview of the audit

Ascot House rest home has been privately owned and operated by experienced managers for the past 16 years. The service is certified to provide rest home level of care for up to 27 residents with full occupancy on the day of audit.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

The owner/managers are on-site full time. They are supported by a nurse manager/registered nurse with experience in medical and rehabilitation nursing. She has been with the service for four years.

The service continues to implement a quality and risk management system that is regularly reviewed. Residents, families and general practitioner interviewed commented positively on the standard of care and services provided at Ascot House.

This certification audit identified an improvement required around evaluations of care plans and self-medication management.

The service has been awarded a continual improvement (CI) for training and education.

## Consumer rights

|  |  |  |
| --- | --- | --- |
| 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. |

Ascot House provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified on-going involvement with community.

## Organisational management

|  |  |  |
| --- | --- | --- |
| 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. |  | All standards applicable to this service fully attained with some standards exceeded. |

Ascot House continues to implement a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an on-line education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

|  |  |  |
| --- | --- | --- |
| 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. |

Entry to the service is managed by the owner/manager and the nurse manager. There is comprehensive service information available. Initial assessments and care plans are completed by the nurse manager. Care plans are reviewed by the nurse manager within the required timeframes. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and families confirmed they were involved in the care planning and review process. General practitioners reviewed residents at least three monthly or more frequently if needed.

Each resident has access to individual and group activities. Both the individual and group programmes are varied and interesting.

Medication is stored appropriately in line with legislation and guidelines. All staff who administer medications have completed an annual medication competency and medication education.

Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are provided. Residents and relatives interviewed were complimentary about the food service.

## Safe and appropriate environment

|  |  |  |
| --- | --- | --- |
| 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. |

The building has a current warrant of fitness and emergency evacuation plan. There is a reactive and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are sufficient lounge and dining areas throughout the facility. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning staff is providing appropriate services. Staff have planned and implemented strategies for emergency management.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. |

The service has policies and procedures to appropriately guide staff around the use of enablers or restraints. The nurse manager/registered nurse is the restraint coordinator. There are no residents using enablers or restraints. Staff receive training in restraint and managing challenging behaviour as part of the education plan.

## Infection prevention and control

|  |  |  |
| --- | --- | --- |
| 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. |

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is the nurse manager/registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. Staff receive annual infection control education.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 1 | 42 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 1 | 90 | 0 | 2 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk****(UA Negligible)** | **Unattained Low Risk****(UA Low)** | **Unattained Moderate Risk****(UA Moderate)** | **Unattained High Risk****(UA High)** | **Unattained Critical Risk****(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | Ascot House rest home has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Two caregivers and one nurse manager/registered nurse (RN) were able to describe how they incorporate resident choice into their activities of daily living. The service actively encourages residents to have choices and this includes voluntary participation in daily activities as confirmed on interview with seven residents. |
| Standard 1.1.10: Informed ConsentConsumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent processes are discussed with residents and families on admission. Written consents are included in the admission agreement and additional consents are signed by the resident or their EPOA. The admission agreements have been signed on admission in the sample of files reviewed. Advanced directives sighted in the six resident files were signed appropriately. The caregivers and the registered nurse confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative’s lives.  |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents and family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main corridor. Advocacy is regularly discussed at resident meetings (minutes sighted).Residents confirm that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files sampled included information on the residents’ family and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | FA | Interview with residents confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events, clubs and interest groups in the community. Residents confirm the staff help them access community groups. |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The owner/manager leads the investigation of concerns/complaints. Complaints forms are visible for relatives/residents. A complaints procedure is provided to residents within the information pack at entry. The service has responded appropriately to one internal complaint in 2014. The complaints register is up to date. Management operate an “open door” policy.  |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | There is a welcome pack provided to residents on entry that includes information on how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability (HDC) Commission. Relatives and residents are informed of any liability for payment of items not included in the scope of the service. This is included in the service agreement. Seven residents and three family members interviewed confirmed they received all the relevant information during admission.  |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | There are policies in place to guide practice in respect of independence, privacy and respect. Resident preferences are identified during the admission and care planning process, with family involvement. Staff were observed to be respectful of residents’ personal privacy by knocking on doors prior to entering resident rooms during the audit. Residents interviewed confirmed staff respect their privacy, and support residents in making choice where able. Staff have completed education around privacy, dignity and elder protection. Resident files are stored securely. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings were documented in the six resident files sampled. |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | Ascot House has a Māori health plan and a cultural safety policy that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Currently there are no residents who identify as Māori. Linkages with Māori community groups are available and accessed as required,  |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six care plans sampled included the residents’ values, spiritual and cultural beliefs. Six monthly reviews occur to assess if the residents needs are being met. Discussion with family and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice.  |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the five staff files sampled. Staff comply with confidentiality and the code of conduct. The RN and allied health professionals practice within their scope of practice. Management and staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the two owner/managers, the nurse manager and care staff confirmed an awareness of professional boundaries.  |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | Ascot House policies and procedures meet the health and disability safety sector standards. Staff state they are made aware of new/reviewed policies and sign to say they have read them. An environment of open discussion is promoted. Staff report the owner/managers and nurse manager are approachable and supportive. Allied health professionals are available to provide input into resident care. Staff complete relevant workplace competencies. The nurse manager/RN has access to external training. Discussions with residents and family were positive about the care they receive.  |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure and for residents who do not have any family to notify. The owner/manager and nurse manager confirm family are kept informed. Relatives stated they are notified promptly of any incidents/accidents. Families receive newsletters that keep them informed on facility matters and events. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.There is access to an interpreter service as required. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Ascot House rest home provides care for up to 27 rest home level of care residents. On the day of audit, there were 27 residents which included one younger person under a long-term chronic health condition. The service has a business plan, which is reviewed annually. The business plan identifies the purpose, values and scope of the business. The service has quality goals, which are reviewed monthly at the management meetings. The owner/operators have owned Ascot House for the past 16 years. The experienced owner/operators are supported by a nurse manager/registered nurse who has been with the service for four years. The owner/managers have attended at least eight hours of professional development including regional provider meetings, aged care provider conference, elder law conference, manager InterRAI forum and on-site education.  |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | The nurse manager provides cover in the absence of the owner/managers as required. The service employs two casual RNs who are available to cover for the nurse manager’s leave.A review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, quality assurance programme that includes culturally appropriate care, to minimise risk of unwanted events and enhance quality. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Ascot House is implementing a quality and risk management system. The provider completes monthly reviews against service goals. Improvements for the period March 2014 to March 2015, include (but not limited to); a) new carpet throughout the whole facility, b) rebuild of retaining wall and boundary fence, c) aerial installation for Freeview and Sky, d) hallways widened and communal areas refurbished, e) replacement items purchased and new equipment such as four electric beds and carpet cleaning machine purchased, f) installation of electronic medication system and g) implementation of on-line training system. Goals for 2015 – 2016 include upgrade of bathrooms, seasonal garden planting and linking the InterRAI system to the existing computer software used for administration and care plan records. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies.Monthly management and staff meeting minutes sighted evidence staff discussion around accident/incident data, health and safety, infection control, audit outcomes, concerns and survey feedback. The service enters accident/incident and infection control data into an on-line quality assurance programme. Monthly comparisons, trends and graphs are displayed for staff information. The nurse manager and two caregivers interviewed were aware of quality data results, trends and corrective actions. Annual resident and relative surveys are conducted for food satisfaction, resident satisfaction and next of kin satisfaction. Results have been collated and results fed back to participants and staff as evidenced in meeting minutes. There is an internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. Any areas for improvement are identified and implemented. A monthly summary of internal audit outcomes is provided to the management and staff meetings for discussion. There is an implemented Health and Safety and risk management system in place including policies to guide practice. The health and safety representative (owner/manager) is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirm they are kept informed on health and safety matters at meetings and on the staff health and safety notice board. Fall prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.  |
| Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.  | FA | Six accident/incident forms for the month of June 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes in the electronic resident information system. There is documented evidence the family had been notified promptly of accidents/incidents. The service collects incident and accident data and reports aggregated figures to the staff meeting. Staff interviewed confirm incident and accident data are discussed at the staff meeting and information and graphs are made available. Discussions with the manager, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | CI | There are human resources policies to support recruitment practices. Five staff files sampled contained all relevant employment documentation. Current practising certificate was sighted for the nurse manager and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. There is an education planner in place that covers compulsory education requirements over a two year period. An on-line education programme was implemented in March 2014. The RN attended InterRAI training in 2014. Clinical staff complete competencies relevant to their role including medication, and safe manual handling.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The owner/managers are on-site full time and available after hours. The nurse manager is on duty 30 hours per week and on-call. There are two casual RNs to provide cover for the RN’s annual leave. The caregivers, residents and family interviewed inform there are sufficient staff on duty at all times. |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident’s individual record held on the electronic resident information system. All resident records containing personal information is kept confidential. Entries were legible, dated and signed by the relevant caregiver or registered nurse, including designation. The computer based system is accessed by staff. Information is protected and stored on the “cloud” which is accessible from another site should there be a prolonged power failure.  |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services provided, including the admission process and entry to the service. The nurse manager in consultation with the owner/manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the owner/manager. The admission agreement in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement.  |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The service uses the computerised recording system, Medimap and individualised medication blister packs for regular and as required (PRN) medications. Twelve medication charts were reviewed. All charts were correctly charted with allergies documented, and photograph identification in place. The nurse manager and caregivers completed annual medication competencies and medication education. The nurse manager was able to describe her role in regard to medicine administration. There was one self-medicating resident at the time of the audit. The self-medicating policy and practice do not reflect current Ministry of Health medication guidelines. All other policies and procedures in place for safe medicine management meet legislative requirements. Twelve of 12 medication charts reviewed evidenced that the GP has reviewed the resident’s medication three monthly. Advised that medications are checked on delivery against the medication chart. Medication trolleys, fridge and cupboard stock contents were all within expiry dates and all eye drops were dated on opening. Medication administration practice was observed to be compliant. As required medications have the date and time of administration on the signing sheet.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | There is a functional kitchen and all food is cooked on site. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who require special diets. The cook liaises with the nurse manager and care staff regarding resident meal requirements. The kitchen staff have completed food safety training. The cook follows a rotating seasonal menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served. |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | The service records the reason for declining service entry to residents should this occur, and communicates this decision to residents/family. Potential clients declined entry is referred back to the referring agency for appropriate placement and advice.  |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | All appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Relevant assessment tools were completed and the outcome of assessments formed the basis of the care plan. Assessments were reviewed at least six monthly or when there was a change to a resident’s health condition in files sampled. All residents at Ascot House have InterRAI assessments completed. The nurse manager has received training in InterRAI. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Initial care plans and long-term care plans were completed in all of the residents’ files sampled, within the stated timeframes. There was evidence of changes to the care plan when health status changed. Six of six care plans reviewed were resident-centred and documented care and support needs. The long-term care plans reviewed described the support required to meet the resident’s goals and needs and identified allied health involvement. Residents and their family were involved in the care planning and review process in files sampled. Short-term care plans are in use for changes in health status. Staff reported they found the care plans contained all the information required to deliver safe and timely care.Residents and family members confirm care delivery and support by staff is consistent with their expectations. Family communication was documented in six out of six files reviewed.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | The registered nurse and caregivers follow the plan and report progress against the plan each shift. When a resident’s condition changes the RN initiates a GP visit or nurse specialist consultation. Staff have access to sufficient medical supplies (for example dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described. Wound assessments, monitoring and wound management plans were in place for three residents with wounds, which were appropriately managed. The wounds include a chronic ulcer, a skin tear and a graze. Specialist wound management advice is available as needed. |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The service has an activities coordinator who works 24 hours a week over three days. The activity coordinator attends regional diversional therapy meetings. The service has a weekly programme and activities were observed occurring. Care staff and volunteers are also involved in activities. A van is available for residents’ outings. Community links are maintained with groups and individual visitors. The programme includes bingo, newspaper reading, exercise, memory games, singing, van outings and bowls. An activity plan is developed for each resident and the residents are encouraged to join in activities that are appropriate and meaningful. Resident meetings were held monthly. The activity plans were reviewed at the same time as the clinical care plans in resident files sampled. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | PA Low | Care plans reviewed were updated as changes were noted in care requirements. One of six files sampled the long-term care plans had been evaluated at least six monthly against stated goals. There was at least a three monthly review by the GP in these files. All changes in health status were documented and followed up. Short-term care plans were evaluated and resolved, or added to the long-term care plan if the problem is ongoing in resident files sampled. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | FA | The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurse manager initiates referrals to nurse specialists and allied health services. Other specialist referrals were made by the GP. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The nurse manager provided examples of where a resident’s condition had changed and the resident was reassessed.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building holds a current warrant of fitness, which expires on 14 June 2016. Electrical equipment is checked annually. Medical equipment has been calibrated by an authorised technician. The building has a lounge and dining room. There are a number of small seating areas both indoors and outside the facility. The owner/manager is managing the reactive and planned maintenance programme. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The external areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | All residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms. Three double rooms have privacy curtains.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The communal areas include the lounge and separate dining area. The communal areas are easily and safely accessible for residents. There is also a number of smaller siting areas. The outside area is safe and easily accessible. |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The facility is cleaned by dedicated cleaning staff. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility.All laundry is done on site by dedicated staff. Residents and relatives interviewed were satisfied with the laundry service. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | The service has an approved evacuation plan dated 27 May 2000. Six monthly fire drills are held. One owner/manager is the health and safety person and provides staff training in emergency management. There is at least one first aider on duty at all times. There is an emergency plan and disaster preparedness policies and procedures. There is adequate water store, food supply, barbeques and civil defence equipment available in the event of an emergency. There is a generator on site and battery back-up for call bells. The call bell system is available in all bedrooms, bathrooms and communal areas. The facility is secure after hours.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | The infection control coordinator is the nurse manager/registered nurse. The infection control coordinator job description has identified delegated responsibility for infection control within the service. The infection control coordinator provides a monthly report to management and staff. The infection control programme has been reviewed annually. Visitors are asked not to visit if they have been unwell. Influenza vaccines are offered to residents and staff. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks. |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | The infection control coordinator (registered nurse) manages infection control. The infection control coordinator has attended external education in the last year. The infection control coordinator has access to infection control personnel within the district health board, gerontology nurse specialist, laboratory services and the GP. |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed October 2014.  |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education has been provided by a gerontology nurse specialist. Staff have also completed on-line training in infection control. Staff receive education on orientation and one on one training as required. Resident education occurs at resident meetings such as use of sanitisers and hand washing. Hand hygiene posters have been placed in all resident toilet areas.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility, including training needs. Care staff interviewed were aware of infection rates. Systems in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use. The nurse manager is the restraint coordinator and has a job description that defines responsibilities of the role. The restraint approval group (nurse manager, senior caregiver and GP) meet six monthly. Staff complete restraint and challenging behaviour on-line training. Restraint/enablers are discussed at staff meetings.  |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.12.5The facilitation of safe self-administration of medicines by consumers where appropriate. | PA Low | Residents are facilitated to self-medicate if they have been deemed competent to do so. One resident who currently self-medicates has medications stored securely. Staff check each shift that medications have been taken.  | Self-medicating policy and practice does not reflect current Ministry of Health guidelines for one self-medicating resident. The resident is provided with night time pain relief to take when required. There is no system of ensuring that the resident has safely ingested the medication, and self-administration competency has not been completed. | Ensure that the self-medicating policy and practice reflects current Ministry of Health medication guidelines.60 days |
| Criterion 1.3.8.2Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome. | PA Low | In six out of six files, changes in health care status or care are transferred to the interventions of the care plan. In six out of six files reviewed short term care plans were evaluated and resolved. | There is no documented evidence of long term care plans being evaluated against resident centred goals in three of six resident files sampled (three residents had not been at the service for six months).  | Ensure all long-term care plans are evaluated against resident centred goals at least six monthly. 90 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.2.7.5A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | CI | The on-line training programme covers the required learning and education requirements. Education in emergency management and fire safety is provided by the owner/manager responsible for health and safety. Other education provided included Treaty of Waitangi, management of urinary tract infections, cardiac disease, gastro-intestinal disease, pain management, fire and emergency training. A physiotherapist has provided safe manual training for care staff. A gerontology nurse is available for clinical education as required.  | The service identified an opportunity to increase staff participation in education sessions. This goal has been included into the annual service quality goals. An on-line training programme was implemented which involved the staff member accessing the on-line programme, reading the content and completing a questionnaire. There is one topic per month. The staff can access the programme at work or from home. The nurse manager is an approved on-line assessor and staff forward their completed questionnaires to the nurse manager for marking. The nurse manager meets with individual staff to discuss their results and ensures the staff member fully understands the learning objectives. Certificates were presented for each completed module. Individual training records are maintained and there was documented evidence of increased staff participation. A review of the quality goal in July 2015 stated there had been an excellent response in staff participation in the on-line programme with all 14 care staff having completed the on-line training programme. An internal audit completed July 2015 identified the on-line education programme is flexible in time and place to access the programme and is of particular benefit for night staff and nursing students. The nurse manager states that staff can work at their own pace to complete one module per month and there is an opportunity to meet the staff members individually to assess their level of comprehension and discuss learning objectives.  |

End of the report.