# M F & B K Coombes - Avon Rest 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:** M F & B K Coombes

**Premises audited:** Avon Rest Home

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

**Dates of audit:** Start date: 2 June 2016 End date: 2 June 2016

**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:** 10

# 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

Avon provides residential services for people requiring rest home level care. Ten of a potential eighteen beds were occupied on the day of the audit by rest home residents (there were six boarders residing at the facility). The service is managed by an owner who has aged care experience and has owned the service since 1995. He is supported by a part-time registered nurse and a quality assurance manager.

The audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident’s and staff files, observations and interviews with residents, relatives, staff and management.

Residents interviewed praised the service for the support provided.

Improvements are required around resident meetings, discussing infection control in meetings, reference checks and staff training.

## 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. |

The staff at Avon ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

## 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. |  | Some standards applicable to this service partially attained and of low risk. |

The owner/manager has been involved with the facility for over 30 years and is supported by long serving staff.

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan and quality plan have goals documented. There are policies and procedures that are appropriate to provide appropriate support and care to residents with rest home level needs. This includes updates around interRAI requirements and a documented quality and risk management programme that includes analysis of data.

Ongoing training is provided and there is a training plan developed and commenced for 2016. Rosters and interviews indicate sufficient staff that are appropriately skilled with flexibility of staffing around client’s needs.

## Continuum of service delivery

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| --- | --- | --- |
| 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. |  | Standards applicable to this service fully attained. |

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The care plans are resident and goal orientated. Input from the resident/family is evident in the service delivery. Files sampled identified integration of allied health and a team approach is evident in the overall resident file. There is a three monthly general practitioner review. Residents interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a secure electronic medication system at the facility.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. The kitchen is well equipped for the size of the service. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

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

Chemicals are stored safely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. External areas are safe and well maintained. 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 are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

## 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 organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There were no residents using enablers and no residents using restraint.

## Infection prevention and control

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

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (the registered nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends.

## 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** | 0 | 43 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 90 | 0 | 3 | 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 Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Discussions with staff (four caregivers, the registered nurse and the activities officer) confirmed their familiarity with the Code. The residents (six including one young person with a disability and one under a long term chronic conditions contract) interviewed confirmed the services being provided are in line with the Code. No family members were available to interview. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | There are policies in place for informed consent and resuscitation and the service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There were signed consents on all five resident files sampled. Advance directives were appropriately signed in the files reviewed.  Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.  Discussion with residents confirmed that the service actively involves their relatives in decisions that affect their lives, where they consent to this. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available around the facility. Discussions with residents identified that the service provides opportunities for the family/EPOA to be involved in decisions. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | Residents confirmed that visiting can occur at any time. Key people involved in the resident’s life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | A complaints policy and procedure has been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available in the lounge. The residents interviewed were aware of the complaints process and to whom they should direct complaints. The service has had no complaints in 2015 or 2016 to date. Residents advised that they are aware of the complaints procedure and how to access forms. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The service provides information to residents that include the Code, complaints and advocacy including in formats suitable for people with intellectual disabilities. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents interviewed identified they are well-informed about the Code. Surveys and direct communication with management provide the opportunity to raise concerns. Advocacy and Code of Rights information is included in the information pack and are available at the service. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident’s privacy and dignity. House rules are signed by staff at commencement of employment.  Residents are supported to attend other churches if they wish. Residents interviewed reported that they are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred (link 1.2.7.5). |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers 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 | The service has a Māori heath plan and an individual’s values and beliefs policy which includes cultural safety and awareness. There were two residents that identified as Māori and cultural needs were addressed in care plans. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service link with the whānau and iwi of Māori residents and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural safety (link 1.2.7.5). |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. The registered nurse has completed training around professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The service meets the individualised needs of residents with aged related and mental health issues. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The quality assurance manager is responsible for coordinating the internal audit programme. Staff meetings are conducted.  Residents interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the owner/manager. Caregivers complete competencies relevant to their practice. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Residents interviewed stated their relatives are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings have not occurred regularly (link 1.2.3.6) but the registered nurse and owner/manager have an open-door policy. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Avon is an independently owned service that provides rest home level care and support for boarders with mental health issues. On the day of the audit there were 10 funded residents (seven on the Age Related Care agreement, two on younger persons with disabilities contracts and one on a long term chronic conditions contract). Additionally there were six private paying boarders. All boarders are referred by mental health services and are under the care of community mental health services. The owner/manager screens all referred as boarders including reviewing a risk assessment prior to entry. Risk for the boarders is managed by all residents having a comprehensive care and risk management plan and medication support being provided. All boarders are under the care of a community mental health service and the owner/manager liaises closely with these services. The owner/manager provides this extra level of support for these vulnerable people as a community service to prevent the referred people being homeless.  The organisation is overseen by the owner/manager who has been involved with the facility for 30 years and has owned it since 1995. He is supported by a part-time registered nurse and a quality assurance manager.  The goals and direction of the service are well documented in the business plan and the progress toward goals has been documented.  The owner/manager has maintained eight hours annually of professional development activities related to managing a rest home. |
| 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 owner/manager reported that in the event of her temporary absence the registered nurse and quality assurance manager fill the role. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | PA Low | The quality assurance manager facilitates the quality programme and ensures the internal audit schedules are implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.  Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident and infection control data collection and complaints management. All quality improvement data is discussed at monthly staff meetings and all data as reported by management and staff but meeting minutes do not reflect infection control discussion. Resident meetings have not been held regularly.  There are policies and procedures that are relevant to the service types offered and these are reviewed two yearly. These have been updated to include interRAI requirements.  There is a current risk management plan. Hazards are identified, managed and documented on the hazard register. The owner/manager is the designated health and safety officer. Health and safety issues are discussed at every monthly staff meeting with action plans documented to address issues raised.  There are resident surveys conducted and analysed. The March 2016 resident survey demonstrated that 100% of the nine respondents were satisfied or very satisfied with the services provided.  Falls prevention strategies are in place for individual residents. |
| 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 | The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Nine incidents (all incidents for 2016 to date) demonstrated appropriate documentation and clinical follow up. Accidents and incidents are analysed monthly with results discussed at staff meetings.  The management team are aware of situations that require statutory reporting. No events have required reporting. |
| 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. | PA Low | Five staff files sampled (the quality assurance manager, the registered nurse, the activities coordinator and two caregivers) show appropriate employment practices and documentation with the exception of some reference checks. Current annual practising certificates are kept on file.  The orientation package provides information and skills around working with residents with aged care and mental health related needs and was completed in all staff files sampled.  There is an annual training plan in place and implemented. However attendance at training in 2015 was low. All staff files sampled contained a current annual performance appraisal.  Residents stated that staff are knowledgeable and skilled. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts and needs of different individual residents. There is an on-call system with the registered nurse available at all times. The registered nurse is on-site at least 40 hours per week and the quality assurance manager also works 40 hours per week.  Staff and residents interviewed confirmed that staffing levels are adequate. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner. All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so.  Individual resident files demonstrate service integration. Medication charts are electronic.  Entries are legible, dated and signed by the relevant staff member including designation. |
| 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 entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission agreements were signed in all resident’s sampled records. Admission agreements reflect all the contractual requirements. Residents reported that the admission agreements were discussed with them in detail by the owner/manager. All residents had the appropriate needs assessments prior to admission to the service. The RN ensures that residents are admitted to the service as per contractual requirements. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | A standard transfer notification form from the district health board is utilised when residents are required to be transferred to the public hospital or to another service. The manager verbalised that telephone handovers are conducted for all transfers to other providers. The residents and their families were involved for all exit or discharges to and from the service. |
| 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. | FA | The facility uses an electronic system for medication administration. The staff administering medications complied with the medication administration policies and procedures as evidenced in the observed medication round. Electronic reports were viewed for 10 residents and reports for errors viewed. Current medication competencies were evidenced in the staff files. All medications were stored appropriately.  There were no residents who self-administered medications. The self-administration policies and procedures were in place. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. All meals are prepared and cooked on-site by the kitchen staff. All staff has had food safety training.  Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes the dietary requirement forms on admission and provides a copy to the kitchen. Additional or modified foods are also provided by the service.  Fridge and food temperatures were monitored and recorded daily. Cooked meals are plated from the kitchen directly to the dining room. The meals were well-presented and residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss problems are provided with food supplements. Residents interviewed spoke positively about the food provided. |
| 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 | There is a documented policy on decline of entry to the service. When a resident’s entry to the service is declined, the resident is referred back to the referrer to ensure that the resident is admitted to the appropriate level of care provider. The owner/manager reported that the district health board needs assessors and social workers contact the manager to discuss the suitability of the resident prior to sending the resident and their family to view the facility. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The registered nurse utilises standardised risk assessment tools on admission and the interRAI assessment tool. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. The long-term care plans in place reflected the outcome of the assessments. Cultural, sexuality and intimacy needs have been identified for the residents. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The long-term care plans sampled were resident-focused and personalised. The care plans describe the resident goals, supports and interventions required to meet desired goals as identified during the ongoing assessment process. There is documented evidence of resident and/or family input ensuring a resident focused approach to care. Residents confirmed on interview they are involved in the care planning and review process. There was evidence of allied health care professionals involved in the care of the resident. Long-term care plans sampled were always reviewed and updated in a timely manner following a decline in health. Short-term care plans are evident in the sampled files and have always been developed following a change in health. Interventions were sufficiently detailed to address the desired outcome/goal. Integration of records and monitoring documents are well managed. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP visit. There is evidence of three monthly medical reviews or earlier for health status changes. Residents interviewed confirm care delivery and support by staff is consistent with their expectations. The residents interviewed expressed satisfaction with the clinical care and that they are involved in the care planning. Caregivers interviewed state there is adequate equipment provided including continence and wound care supplies. On the day of the audit supplies of these products were sighted.  The service maintains close links with mental health services. Behavioural management is well documented and managed,  There were no wounds or pressure injuries being treated at the time of the audit. The registered nurse interviewed could describe the referral process to a wound specialist or continence nurse. Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour.  Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity, weight loss, diabetes, stoma care and catheter care. Caregivers interviewed confirmed they are updated of any changes in resident’s care or treatment during handover sessions at the beginning of each shift. |
| Standard 1.3.7: Planned Activities  Where 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 employs activities assistant’s across four days a week. Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The activities assistant interviewed displayed an understanding of requirements. All activities are supported by caregivers.  The weekly activities are posted in the lounge and include outings, bowls, bingo, church services and quizzes. The activity plans sampled were well-documented and reflected the resident’s preferred activities and interests. Each resident has an individual activities assessment on admission and from this information an individual activities care plan is developed. The activities plan is reviewed six monthly and the reviews did document the resident’s progress towards goals. The resident’s activities participation log was sighted. Interviewed residents indicated the activities provided by the service are adequate and enjoyable. On the day of audit, some residents were observed being actively involved in a group game, while others were going out to shopping centre. Residents interviewed spoke positively about activities available. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All initial care plans are evaluated by the registered nurse within three weeks of admission. Long-term care plan evaluations sighted have been reviewed regularly and documented progress towards goals. Short-term care plans reviewed had been utilised for all short-term care issues. Care staff document progress notes on every shift. Registered nurse entries in progress notes were evident. The GP completes a three monthly resident review or earlier if required. |
| 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 | There are documented policies and procedures in relation to exit, transfer or transition of residents. There is evidence of referrals by the GP to other specialist services. The residents and the families are kept informed of the referrals made by the service. Internal referrals are facilitated by the registered nurse. |
| 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 | All chemicals were securely stored. Storage areas both inside and outside were locked. Chemicals were clearly labelled and safety material data sheets were available and accessible in all service areas. The hazard register is current. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. The facility has a current building warrant of fitness.  Maintenance is undertaken by both internal maintenance and external contractors. Electrical safety test tag system shows this has occurred. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records reveals temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions have been taken.  All external areas inspected were safe and include appropriate seating and shade. The lounge and hallways have new carpets and the bedrooms are in the process of changing the vinyl. The front outdoor area was concreted.  Interviews with residents confirmed the environment was suitable and safe to meet their needs. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers 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 sufficient numbers of toilets and bathrooms for the number of residents in the rest home. Privacy is maximised in both care settings. All bathrooms and toilets are maintained to a good standard, are disability accessible with easy to clean walls and floors. The hot water temperatures are monitored monthly. |
| 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 | There is adequate space in the bedrooms and enough space for the safe manoeuvring of mobility equipment. Residents can personalise their rooms. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The rest home has a lounge/dining area which is suitable for the residents and the care setting. There is adequate room for facilitating activities. Appropriate comfortable seating is provided. The dining rooms and lounge are within easy walking distances to bedrooms. Residents interviewed confirmed they use their rooms or external areas if they want privacy or quiet time. All furniture is safe and suitable for the rest home residents. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Caregiving staff are responsible for cleaning and laundry service. There are sufficient staff allocated seven days a week to carry out these services. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Where improvements can be made these are implemented. Current safety material data sheets about each product are located with the chemicals. The chemicals are stored appropriately in locked cabinets at all times. The cleaner’s trolley is stored in a locked room when not in use. |
| 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. Civil defence equipment and resources are available and this was discussed with the maintenance person responsible. A gas barbecue is also available. The facility has back up lighting, power and sufficient food, water and personal supplies to provide for its maximum number of residents in the event of a power outage.  The emergency plans and security systems meet regulation requirements. The staff is responsible for checking the facility for security purposes on the afternoon and night shifts. The police would be summoned if and when required. The nurse call system is appropriate for the size of the facility and call bells are accessible in the rooms, lounge and dining areas. There is a staff member on each shift with a current first aid certificate. |
| 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 | The rest home has adequate heating. The maintenance person interviewed ensures the heating systems are running smoothly and that appropriate checks are performed |
| Standard 3.1: Infection control management  There 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 | Avon has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse is the designated infection control person with support from all staff. Infection control matters are not routinely discussed at all staff meetings (link 1.2.3.6). Education has been provided for staff. The infection control programme has been reviewed annually. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | There are adequate resources to implement the infection control programme at Avon. The infection control (IC) person has maintained his practice by attending registered nursing updates via another organisation. The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and procedures  Documented 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 roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The staff orientation programme includes infection control education. The infection control person has completed infection control updates and provides staff in-service education which has occurred in 2015 (link 1.2.7.5). Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The registered nurse is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly summary and then analysed but not routinely reported to staff meetings (link 1.2.3.6). The infection rate is very low and there have been no outbreaks. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence such as a lap belt in a wheelchair. Staff have been trained in the management of behaviours that challenge (link 1.2.7.5). |

# 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 1.2.3.6  Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | PA Low | There is a monthly staff meeting to which all staff are invited. Aspects of the quality programme include (but not limited to): complaints, health and safety, accidents and incidents and risk management are discussed and documented in meeting minutes. Staff and management report that infections are discussed but meeting minutes do not reflect this. The service intends to conduct quarterly resident meetings but this has not occurred. Small resident and staff numbers and open discussion mean issues are discussed with management as they arise. | (i) Staff meeting minutes did not reflect discussion around infection control.  (ii) There was no resident meeting between February 2014 and March 2016. | (i) Ensure infection control issues are discussed in staff meetings and that this is documented.  (ii) Ensure that regular resident meetings are conducted.  90 days |
| Criterion 1.2.7.3  The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | Not all staff files sampled contained documented reference checks. All files contained employment contracts, job descriptions, applications and interview documents. | Two of five staff files sampled did not contain a documented referenced check. | Ensure all new staff have a reference check completed and documented.  90 days |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | Staff training is provided at least monthly and all core subjects have been covered in the programme in the past two years. In 2014 and 2015 staff attendance was low. Attendance has improved in 2016. | Insufficient staff have completed core trainings provided in 2014 and 2015 meaning most staff have not completed sufficient training. | Ensure all staff receive training in required areas.  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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End of the report.