Fraser Manor Limited

Surveillance audit: 21-Sep-10

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008;NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Fraser Manor Rest Home is privately owned. The owner/manager works on site Monday to Friday and is supported by a management team consisting of the facility manager who is a registered nurse, the office manager and a clinical manager who is a registered nurse. The service provides rest home level care. They are licensed for 32 beds but consider that occupancy is full at 30 residents as two double rooms are only used for married couples. As no married couples are currently living in the rest home the rooms are single occupancy. On the day of audit 28 beds were occupied.

All partial attainments from the previous audit have been addressed and are now fully met.

The audit methodology includes staff interviews, including the general practitioner, discussions and interviews with residents and their family/whanau, and a documentation review which included staff files, policies and procedures, strategic documents, residents' file reviews and medicine charts.

Date of audit: 28-Sep-09

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008;NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

Fraser Manor is a purpose built rest home facility located close to the Tauranga city centre. The facility has two lounge areas and a separate dining room that can safely accommodate all residents. All of the rooms are single. The residents' rooms vary in size; the rooms in the newer wing are quite spacious and some are designed in groups of four with adjacent shower and toilet facilities. All of the rooms are adequate for the level of service being provided. Communal areas for toileting and showering are spacious and allow for resident's privacy. Furnishings, fittings and equipment in the resident's rooms and communal living areas are appropriate for the service level and are well maintained. Residents have access to well maintained external areas with seating and shade. The home has a current building warrant of fitness and the fire evacuation scheme is approved by the NZ Fire Service. The facility is well maintained and provides a pleasant and safe environment for the residents. Resident's rights, freedom of choice and participation of families is supported and facilitated by the service. Processes are

implemented to ensure residents' cultural and spiritual values and beliefs are respected by staff.

Staffing levels as sighted appear sufficient for the service level. The service is managed by an experienced Registered Nurse Manager with support from two Registered Nurses. The Owner / Director is fully involved in the running of the home. There is an implemented orientation and education programme and care giving staff are supported in participating in a nationally recognised education programme.

Service delivery is planned to ensure appropriate and timely provision of care. Care and activity of daily living assessments are conducted with the residents and relatives at the time of admission. These are used to develop individual care plans which identify resident focused goals, treatment interventions and support requirements. Assessments and care plans are evaluated and updated at regular timeframes to ensure they remain relevant. There is a varied activities programme for residents to participate in if they wish, and residents are supported in maintaining their own interests and community links.

Food, nutritional and laundry services are provided to meet the needs of the older person. Dietician menu reviews are conducted.

Implementation and management of the quality and risk management and adverse reporting systems is limited, with basic analysis, monitoring and follow up of corrective actions and recommendations.

Fire, civil defence, emergency management and security systems are implemented and staff training conducted. Infection control processes are implemented to reduce and manage the risks of infections to residents, relatives and staff. Analysis of data shows a low level of infections.

Restraint policies and processes are implemented and restraint is only used as a safety precaution and as clinically indicated. Restraint used includes bedrails and lap belts.

Although resident's meetings and satisfaction surveys have been sporadic, residents and relatives interviewed stated they were happy with the care and services provided. They confirmed that staff are respectful of their privacy, dignity and rights and that they are consulted on their care. There is an open visitor's policy and relatives confirmed they are able to visit at times suitable to them.

There were twenty areas for improvement identified during the audit. The majority of these related to the implementation and monitoring of the quality, risk management and adverse reporting processes, and documentation of consultation with staff, residents and relatives. Other areas included: process for the signing of advanced directives, conduction of staff reference checks and appraisals, formal education for staff on the review and update of service policies, update of the restraint policy and a review of restraint practice, update of first aid qualifications for care givers, monitoring of cleaning methods, and safety maintenance checks of some equipment.

Standards have been assessed and summarised below:

Key

Four point scale	Description
Standards applicable to this service attained with some criteria exceeded	Includes commendable elements above the required levels of performance
Standards applicable to this service attained with all criteria achieved	No short falls
Standards applicable to this service attained with some criteria partially achieved or unachieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without

	extensive extra activity
Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance

Consumer Rights	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.	**Standards applicable to this service attained with some criteria partially achieved**

Organisational Management	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.	**Standards applicable to this service attained with some criteria partially achieved**

Continuum of Service Delivery	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.	**Standards applicable to this service attained with all criteria achieved**

Safe and Appropriate Environment	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.	**Standards applicable to this service attained with some criteria partially achieved**

Restraint Minimisation and Safe Practice	Assessment
Includes 3 standards with outcomes where: - Consumers receive and experience services in the least restrictive manner through restraint minimisation - Consumers requiring restraint receive services in a safe manner - Consumers requiring seclusion receive services in the least restrictive manner	**Standards applicable to this service attained with some criteria partially achieved**

Infection Prevention and Control	Assessment

Includes 6 standards which require: - There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. - There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. - Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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. - The organisation provides relevant education on infection control to all service providers, support staff and consumers. - Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. - Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.	**Standards applicable to this service attained with all criteria achieved**

AUDIT RESULTS

Consumer Rights

Fraser Manor Rest Home has an open and transparent operation across all levels of care. Management operate an open door policy. Family/whanau are informed of any untoward or adverse events in a timely manner. The complaints process is clearly outlined in policy and the service implements policy to ensure timelines are met.

Organisational Management

The service has a management team consisting of two registered nurses one is the facility manager and the other is the clinical manager, the office manager and the owner/manager. Services are put in place to meet resident needs reflect good practice standards. Family/whanau and residents are informed of any adverse, unplanned or untoward events in a manner that reflects open disclosure principles.

The quality and risk management plan covers all aspects of service delivery and has a focus on continuous quality improvement through identifying service gaps. The plan is reviewed annually and all staff demonstrate awareness and have input to quality initiatives. The service implements good human resource processes and ensures staffing levels meet all contractual requirements for rest home level care. The documented staffing skill mix ensures residents needs are met. An improvement is required to ensure the facility manager and the office manager have documented role descriptions.

Continuum of Service Delivery

Care delivery is planned to ensure appropriate and timely provision of care for residents assessed as requiring rest home level of care. Care and activities assessments are conducted on admission with the resident and their family/whanau. The assessments are used to develop individual care plans that identify the residents' needs, goals, treatments and interventions. There is a varied activities programme that supports the residents' interests and links with the community. The nutrition and food service complies with legislation and good practice. A corrective action is required to ensure that the three monthly medicine reviews by the general practitioner (GP) are recorded on the medicine chart and that the medicine storage fridge temperature is monitored and recorded.

Safe and Appropriate Environment

Fraser Manor Rest Home has a current building warrant of fitness and approved evacuation scheme. No alterations have occurred to the building since the last certification audit. Previous corrective action requests were required for the maintaining of equipment, and monitoring the effectiveness of cleaning and laundry services, this is now addressed. A previous corrective action request was made to ensure there is at least one staff member on duty with a current first aid qualification, this also is now addressed.

Restraint Minimisation and Safe Practice

Restraint practices and procedures have been implemented to ensure restraint is only used as a precaution as clinically indicated. Use of enablers is voluntary and the least restrictive option is used. Current policies and procedure meet the required standards and a formal review has been conducted on the organisation's restraint practices which meet all requirements.

Infection Prevention and Control

Infection prevention and control surveillance data is collated and reported to management. The evaluation of the surveillance data requires further actions, and a corrective action is required accordingly.