

**M F & B K Coombes**

**CURRENT STATUS: 01-Aug-11**

**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**

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards. Avon provides residential care for up to 18 consumers at rest home level care. Occupancy on the day of the audit was at 12, plus four boarders. Of the 12 residents, there are four residents with continuing care requirements under 65 years of age. The facility is operated by Bruce Coombes. There have been no major changes to buildings, plant and equipment since the last audit although there have been renovations in the laundry and kitchen area.

Improvements were noted since the previous audit in relation to: documentation and implementation of an open disclosure policy; maintenance of a complaints register; increase in registered nursing hours; review of policies; documentation of corrective action plans; implementation of the training plan; the kitchen meets food safety standards; and, review of infections. Residents and family interviewed could not praise staff enough for the support provided in an atmosphere that was fun to be in, where care was of good quality and staff were perceived as being passionate about their jobs, caring and skilled.

There are some areas for improvement required and these relate to: documenting a Maori health plan; documentation of policies and sign-off by staff to indicate that policies have been read and understood; regularity of staff meetings; documentation of corrective action plans, incident forms and family notification of incidents; staff documentation relating to signing of employment agreements and first aid certificates; consumer documentation relating to care planning, consent forms, assessments, activities and admission agreements; medication system relating to the general practitioner signing for each medication and the documentation, management and storage of medicines; and, monitoring the temperatures of cooked food.

## AUDIT SUMMARY AS AT 01-AUG-11

Standards have been assessed and summarised below:

### Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 01-Aug-11	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		<b>A number of shortfalls that require specific action to address</b>

Organisational Management	Day of Audit 01-Aug-11	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		<b>A number of shortfalls that require specific action to address</b>

<b>Continuum of Service Delivery</b>	Day of Audit 01-Aug-11	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 01-Aug-11	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 01-Aug-11	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>• Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>• Consumers requiring restraint receive services in a safe manner</li> <li>• Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 01-Aug-11	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> <li>• 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.</li> <li>• There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>• 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</li> </ul>		<b>A number of shortfalls that require specific action to address</b>

<p>practical, safe and appropriate/suitable for the type of service provided.</p> <ul style="list-style-type: none"> <li>• The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>• Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>• 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.</li> </ul>		
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## AUDIT RESULTS AS AT 01-AUG-11

### Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumer and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health & Disability Commissioner (HDC) Code of Health & Disability Consumers' Rights (the Code) information is readily displayed along with complaint forms.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and/or family/whanau interviewed demonstrate a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained. There have been no complaint investigations by the Health and Disability Commissioner, police, Accident Compensation Corporation (ACC) or coroner since the previous audit at this facility. Improvements required are for the service to document a Maori health plan, document policies around coercion, discrimination and receiving of gifts.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided. Improvements required are for the service to provide confirmation that all residents have signed consent forms.

### Organisational Management

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a suitably experienced Manager who has been with the service for 22 years and who is supported by registered nurses in the service.

Avon uses external policy documents and has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Staff meetings have been held four times this year and all aspects of the quality and risk programme are reviewed and discussed at each meeting. The facility manager provides a verbal report to the owner at regular intervals and there are resident meetings monthly that allow all consumers to have input into the planning and service delivery. There is a training calendar and an internal audit programme is implemented.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to training and performance coaching. A sampling of five staff records evidences human resource processes are followed. Annual practising certificates are current for all staff. New staff receive an orientation/induction programme prior to their commencement of care to providers. The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery.

Improvements required are for staff to sign indicating that they have read and understood reviewed and new policies, that staff meetings are held regularly, that corrective action plans continue to be documented, that incident forms show that family have been contacted and there has been clinical oversight, employment contracts are signed and that CareerForce training is implemented as planned.

### **Continuum of Service Delivery**

There are appropriate documented and implemented systems for managing the pre entry and admission processes. There is a required improvement in relation to all residents having a signed admission agreement.

A sampling of the clinical files validates the service delivery to the consumers. The consumers' needs, outcomes and/or goals are identified and these are reviewed with the consumer and/or family member's input. There are improvements required around the lack of up to date care plans and evaluations, wound management and the review of assessments.

Planned activities are appropriate to the group setting. Consumers interviewed confirm their satisfaction with the programme. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis. There are improvements required around ensuring that care plans include the activities plan and assessments are up to date.

An appropriate medicine management system is implemented. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files sighted evidenced documentation of consumers' allergies/sensitivities and 3 monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who are self-medicating. A visual inspection of the medication systems evidence compliance with respective legislation, regulations and guidelines except for controlled drugs where there are improvements required to ensure all controlled drugs are stored correctly and that all controlled drugs are counted by the staff signing for the balance. There is a further improvement required for the GP to sign for each medication charted.

Food services policies and procedures are appropriate to the service setting with current review by the dietician of the menu. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidences compliance with current legislation and guidelines. An opportunity for improvement required is to take temperatures of cooked food particularly pork and chicken.

### **Safe and Appropriate Environment**

Documented processes for the management of waste and hazardous substances are in place. Any incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and files evidence current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place. A required improvement is to ensure that staff have first aid training.

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

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. The service has a no restraint ethos which is reported by all staff and there are currently no restraint or enablers in use. Staff have received training in the management of restraint and challenging behaviours.

### **Infection Prevention and Control**

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Service provider's documentation evidences that relevant infection control education is provided to all service providers, support staff and consumers. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events, indicators or outcomes.

Required areas for improvement are to ensure that residents who have infections or who are medically fragile have plans documented in their files, that surveillance data is documented and analysed monthly as per the policy and that meetings are held regularly to ensure that staff have current knowledge of management of infections.