

## **Papatoetoe Residential Care Limited**

**CURRENT STATUS: 20-Mar-12**

**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**

Papatoetoe Residential Care offers hospital level care to 31 residents. On the day of audit 28 beds are occupied. The facility is privately owned by a husband and wife team who purchased it ten months ago. One of the owners, the Executive Director, works in the facility several days per week and is responsible at governance level.

The day-to-day operations are undertaken by a Nurse Manager who has worked at the facility for over 26 years and has been in a management role for 14 of these years. She is a registered nurse (RN) with many years' experience in the aged care industry. She is supported by a Clinical Nurse Leader who is also a RN with responsibility of all clinical oversight. All shifts are covered by a team of six RNs.

One area is identified requiring improvement; this relates to updating policies to be reflective of the new stand-alone facility.

One area has been assessed as 'continuous improvement' (i.e., over and above the normally expected requirements). This relates to organisational performance being aligned with, and regularly monitored against, identified values, scope, strategic direction and goals through the use of 'balanced score cards'. This information is presented to staff in a manner they clearly understand.

### **AUDIT SUMMARY AS AT 20-MAR-12**

Standards have been assessed and summarised below:

#### **Key**

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	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

<b>Consumer Rights</b>	<b>Day of Audit 20-Mar-12</b>	<b>Assessment</b>
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>No short falls</b>

<b>Organisational Management</b>	<b>Day of Audit 20-Mar-12</b>	<b>Assessment</b>
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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Continuum of Service Delivery</b>	<b>Day of Audit 20-Mar-12</b>	<b>Assessment</b>
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>No short falls</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 20-Mar-12	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>No short falls</b>
<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 20-Mar-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>
<b>Infection Prevention and Control</b>	Day of Audit 20-Mar-12	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		<b>No short falls</b>

## AUDIT RESULTS AS AT 20-MAR-12

### Consumer Rights

Papatoetoe Residential Care provides relevant information and allows time for discussion as part of the admission process to ensure residents and family/whanau understand their rights and contractual requirements. Residents and family/whanau members are able to raise concerns and access support services as required. The service has a commitment to open disclosure and transparency in service provision. Residents' cultural and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs.

Policies and procedure implemented by the service are provided by TerraNova and part of the purchase agreement. Policies sighted reflect evidence based practice and meet legislative and Health and Disability Service Standards. The organisation is updating the policies on the due dates to reflect private ownership and a stand-alone facility. This process is not yet completed as some policies are reflective of management structure which do not

now exist within the organisation. This is an area identified for improvement. The service implements the complaints policy. There are no outstanding complaints at the time of audit. Informed consent policy and processes are implemented by the service to meet contractual requirements. Staff demonstrate awareness of ensuring residents are informed and have choices related to the cares they receive.

### **Organisational Management**

Organisational structures and processes are implemented by the service to ensure service delivery is planned, co-ordinated, and appropriate to the needs of the consumers. Service performance is aligned with, and regularly monitored against, organisational philosophy and goals as identified in the business plan. Results are discussed and shared with staff at all levels of the organisation in a meaningful way which demonstrated continuous quality improvement. All quality improvements are documented. Service deficits are documented as corrective actions and followed-up and reported on by the Nurse Manager at governance and staff level. Key components of service delivery are explicitly linked to the quality management system and are monitored to measure achievement. There is an up-to-date risk register which outlines controls that are in place to minimise known and potential risks. Incidents, accidents and untoward events are reported and recorded.

The service implements safe staffing levels and skill mixes that are clearly set out in policy. Human resources management processes in place meet legislative requirements. Staff are fully supported by the organisation to maintain and improve their knowledge and skills through on-going education which is appropriate to their role.

The Nurse Manager and Executive Director are suitably qualified and experienced, with delegated authority, accountability and responsibility for the provision of service.

Residents' information is accurately recorded, securely stored and clinical records areas are not accessible to the public.

### **Continuum of Service Delivery**

Service delivery policies and procedures are developed and implemented. Service delivery care plans are developed by the RNs taking into account the comprehensive needs assessment service co-ordinators (NASC) assessment completed prior to each resident being admitted to the facility. The care plans are implemented, integrated, evaluated and reviewed. Reviews, both medical and nursing, meet the required timeframes and should any significant changes occur the family/whanau are contacted. Continuity of care is promoted and a team approach to service provisions is evident. The multidisciplinary reviews involve input from the resident, family/whanau, general practitioner, physiotherapist, activities co-ordinator, dietitian and nursing staff.

The activities programme provides varied options, is voluntary to attend and activities are enjoyed by the residents. Goals on the activities plans are age appropriate and preferences of residents and past interests are taken into consideration when developing the programme.

The dietitian visits as required to perform assessments required and is currently reviewing the menu plans which are four weekly and meet the 'Otago nutritional guidelines' and the needs of the elderly.

A comprehensive medication policy is available and medication management is safely implemented and is appropriate for the size and nature of this service. A visual inspection of the medication system provides evidence of compliance with respective legislation, regulations and guidelines. The robotic system is utilised. General practitioners are responsible for all medication prescribing and regular reviews occur. The Clinical Nurse Leader has a system in place for ensuring the doctors visits and three monthly reviews occur in a timely manner and as frequently as required. An after hours service is available. The medical practitioner was not available to be interviewed for this audit.

### **Safe and Appropriate Environment**

Service provider documentation provides evidence that appropriate systems are implemented to ensure the residents' physical environment and the facility is maintained at a high standard. Visual inspection evidences the building, plant and equipment complies with legislation and that both the internal and external areas are safe for residents.

Residents/family/whanau interviewed stated their room and equipment is well maintained and they are able to move freely around their bedrooms and the facility. The laundry service is contracted off site of the facility and the cleaning services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of this service. Kitchen staff are responsible for the cleanliness of the kitchen and high cleaning is performed by maintenance personal. Systems are in place for essential, emergency and security services and visual inspection evidenced alternative energy and utility sources are maintained. Staff interviews and files provides evidence that current training in relevant areas occurs.

The environment is homely and maintained at a comfortable temperature. Applicable building regulations and requirements are met. There are external enclosed verandahs with appropriate seating for the elderly and an undercover entrance way to the facility with a ramp for transportation and ambulance access. All health and safety obligations have been met.

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

The service has no restraint in use but four enablers which consist of three bedside rails and one lap belt (these involve three residents). The service has not used restraint over the last three years but writes all enablers up as if they are restraint. Policies and procedures implemented meet the required Health and Disability Service Standards. Staff education is appropriate and is offered during orientation and annually as part of the in-service education programme. The service maintains a process to determine approval of all types of restraint, including enablers. There is a rigorous assessment process undertaken and three monthly reviews and evaluations of each resident who has restraint/enabler use.

Assessment processes fully inform specifically designed restraint/enabler care plans including risk factors. Restraint/enablers are only used for safety reasons and this is fully understood by clinical staff. Restraint/enabler use and an analysis of numbers in use are reported at all levels of the organisation. Each episode of restraint is appropriately monitored and evaluated through the restraint approval group and management to ensure safe restraint use. All restraint use is trended and benchmarked and service providers are kept fully informed.

## **Infection Prevention and Control**

The service has a sound infection prevention and control programme which has been approved and signed off annually. Documented policies and procedures are developed and implemented to guide staff. The Clinical Nurse Leader who is a very experienced RN is the Infection Control Co-ordinator. Infection control education is provided for all staff at orientation/induction to the service and this is ongoing and relevant to this hospital level service. Infection control practices comply with good practice and are consistently maintained. Surveillance and benchmarking with three other organisations is beneficial and particularly relevant to the services provided. Infection control consultancy expert advice is provided directly from a contracted service specialising in infection prevention and control this is also an asset to this service.