

Wilding International Limited

CURRENT STATUS: 15-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

Armourdene Rest Home provides care for up to 28 residents. On the day of the audit 17 residents were in the home. The building is an older style facility but is small and home like. The home is well maintained. The owners and registered nurses manage another rest home just around the corner. During the audit it was evident that staff and residents get on well together and communicate effectively. Both residents and relatives were interviewed during the audit and all express a high degree of satisfaction with the services provided. This audit identifies four areas for improvement. These include orientation, training records, first aid certificates, having integrated clinical notes and follow up of corrective actions.

AUDIT SUMMARY AS AT 15-MAR-12

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 15-Mar-12	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.		No short falls

Organisational Management	Day of Audit 15-Mar-12	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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Day of Audit 15-Mar-12	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.		No short falls

Safe and Appropriate Environment	Day of Audit 15-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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 15-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.		No short falls

Infection Prevention and Control	Day of Audit 15-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.		No short falls

AUDIT RESULTS AS AT 15-MAR-12

Consumer Rights

The organisation's philosophy is to provide medical, clinical and daily care and accommodation regardless of ethnicity, gender, marital status with the right to freedom of choice and open disclosure. This is supported by policies and procedures that define how the residents rights are to be protected at every part of the care process. There is pre entry information that includes their rights to services of an appropriate standard. The organisations' values, philosophy and purpose is to provide best practices and staff are trained to deliver current good practices appropriate to the service type. Policies and procedures are in place for complaints management. Residents and family are knowledgeable about how to make a complaint and complaints forms are available.

Organisational Management

The organisation is led by the owner who has experience in areas requiring a safe environment. There is a quality management system and risk management plan that meets the requirements of the Standard. There is regular reporting at all function levels of the business and data is collected regularly to confirm the effectiveness of the quality management system. Staff receive orientation and in-service education and residents receive appropriate level of service.

Continuum of Service Delivery

There is information about the service in an information brochure and on the Eldernet Website. Prospective residents and relatives are able to visit the facility prior to entry and have their questions answered. Other prospective residents know the facility well as they have stayed for respite care previously.

On admission each resident is seen by a registered nurse who conducts a comprehensive assessment. A detailed assessment is undertaken over the first seven days with all staff contributing. In the first three weeks following admission a long term care plan is developed which is directly based on the assessed needs and preferences of the resident. Care plans are evaluated on a six monthly basis and whenever there are changes in the needs of residents. Annual multi disciplinary reviews are held and family members are invited to attend.

Medical care is provided by a medical practitioner who has been attending the facility for a long period of time. When needed referrals are made to other healthcare providers and access to them is facilitated by staff at Armourdene Rest Home. There is an activities coordinator employed to provide activities which are based on the needs and interests of the resident population. Activity sessions were seen to be well attended during the audit.

All aspects of medicine management are safe and comply with the requirements. Medicines are stored securely and staff are required to demonstrate their competency prior to being able to administer. Prescription and administration records comply with the requirements. The organisation is moving to pharmacy generated prescription forms.

Safe and Appropriate Environment

There is a current building warrant of fitness, issued by Bay Building Compliance Management and is valid until 1 December 2012. The emergency evacuation plan has been approved by the Hamilton Fire District (Fire Safety) on 2 June 2004. There are copies of both documents held on file. The owner is responsible for maintaining the rest home. The amenities, furniture and equipment are in good repair and there is no evidence of broken equipment or delayed building maintenance. There are sufficient toilets and bathrooms for the residents. The bedrooms had at least on window sufficient space for the use of a mobility aid. There is a segregated laundry room and chemicals are secured in locked cupboards.

Restraint Minimisation and Safe Practice

There is no use of restraint within the organisation but policies and procedures are in place. Staff are trained on a regular basis in the policies and procedures and in the management of challenging behaviour. The use of enablers is voluntary and only to assist residents to maintain their independence and safety.

Infection Prevention and Control

There are policies and procedures for infection prevention and control which are in accordance with current practice in aged care. The registered nurses oversee implementation of the programme and ensure that staff follow the policies and procedures. External advice and support is available from the DHB and the general practitioner. The governing body has approved the programme.

Surveillance is undertaken on a range of infections that are common in aged care facilities. Results are collected and collated monthly and both management and staff are informed of the results.