

## Logan Samuel Limited - Anne Maree Court

**CURRENT STATUS: 23-Apr-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

Anne Maree Court is a 56 bed rest home and hospital located in Northcote, Auckland. Thirty of the beds are 'swing beds' and can be used for either rest home or hospital level care. During the audit, 44 residents were living at the facility. One resident is under the age of 65.

The facility is owned by a registered nurse who has 17 years of experience in the aged care sector. The manager is also a registered nurse. Five registered nurses are employed to ensure the facility has a registered nurse on duty seven days a week, twenty-four hours a day. There have been no changes to the facility or service since their last audit.

Three opportunities for improvements have been identified. Written consent is required for photographs and outings as outlines in the facility policy; information of a private or confidential matter must be held in a secure location; and care plan evaluations are completed within a minimum of six months. Initial assessments and care plans are 48 hours, and are 21 days for long term care plan.

### AUDIT SUMMARY AS AT 23-APR-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

Indicator	Description	Definition
	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 23-Apr-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Organisational Management	Day of Audit 23-Apr-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Continuum of Service Delivery	Day of Audit 23-Apr-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 23-Apr-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 23-Apr-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 23-Apr-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 23-APR-12**

### **Consumer Rights**

Residents receive services in accordance with consumer rights legislation. A comprehensive consumer rights education and training programme is in place. Residents are informed of their rights, beginning during the pre-admission process and continuing throughout the residents' stay. Residents are treated with respect and receive services in a manner that respects their dignity, privacy and independence.

During this audit there was one resident who identifies with his Maori culture. He reports his cultural needs are being met. Links are established with the Waitemata District Health Board's cultural unit.

The service provides an environment that encourages good practice. A registered nurse is on site 24 hours a day, seven days a week. A general practitioner is available once a week and is on-call 24 hours a day. Two gerontology nurse specialists from the Waitemata District Health Board visit the facility regularly and assist with staff education and training. Policies and procedures are linked to best practice guidelines.

Residents and their family/whanau are provided with the information they need to make informed choices and decisions. Information is available verbally and in written formats. The right of the resident and/or family to make a complaint is understood, respected and upheld by the service. The service needs to ensure written consent is obtained from the resident and/or family as per the service's policy and procedures; this is identified as an area for improvement.

### **Organisational Management**

Services are planned, coordinated and are appropriate to the needs of the residents. The service is led by two experienced registered nurses. Day to day operations of the service are managed efficiently, effectively and appropriately. There is the provision of timely, appropriate and safe services to the residents.

Quality and risk management processes are documented and maintained, reflecting the principals of continuous quality improvement. Adverse, unplanned and untoward events are recorded in a systematic way. Events are disclosed in an open manner.

Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. The education and training programme for staff is comprehensive. Aged care education is required for all caregivers.

Resident information is uniquely identifiable, accurately recorded, current, and accessible. Resident records are stored in a secure location. One shortfall was identified in relation to privacy of resident information; weekly newsletters that are printed for staff contain confidential information (eg, residents' names).

### **Continuum of Service Delivery**

Residents and family expressed high satisfaction with the service delivery. Each resident, and when appropriate their family/whanau, are involved with all aspects of assessment, planning and reviewing of service delivery. The individual resident's care plan follows a standard format and includes information sheets, a resident profile, a risk management plan, support needs/skill list, three monthly review, medical information, long term goals, achieved goals, progress notes and a weekly planner. Care is co-ordinated and examples of continuity of care and team work are demonstrated. Evaluation of care is conducted regularly to ensure the residents' needs are met. Where there are changes in the resident's condition, the service delivery plan is updated or changed to reflect to resident's needs. Areas for improvement identified on the day of audit include ensuring the initial assessments are fully completed and the long term care plan is consistently developed within three weeks of admission.

Activities are planned and incorporate the interests and levels of ability of the residents.

All aspects of the nutritional needs of each resident are met. There is evidence of dietitian input and expert staff care to ensure residents' needs are safely managed.

Policies and procedures are developed and disseminated to care staff to ensure a safe medicines management system is in place. The medicine management system complies with legislation and best practice guidelines.

## **Safe and Appropriate Environment**

Buildings and grounds are well maintained. There is a current Building Warrant of Fitness and approved Evacuation Plan. Rest home and hospital care is physically separated. Both areas are spacious and suitably furnished. All bedrooms have natural light and an opening window to ensure adequate ventilation. All bedrooms in use show personal belongings and a home like atmosphere. There is suitable and effective heating and ventilation. Outside areas are safe and well maintained. Fire evacuations and education sessions are held six monthly. All fire equipment maintenance is current.

Laundry and cleaning services are delivered safely with good results. The previous areas for improvement regarding safe storage and labelling of cleaning products and chemicals have been resolved.

The facility has appropriate civil defence equipment and supplies. The previous area for improvement regarding enough stored water for emergencies has also been resolved.

## **Restraint Minimisation and Safe Practice**

The use of restraint is actively minimised. Restraint is regarded as the last intervention when no appropriate clinical interventions, such as de-escalation techniques, have been successful. The process for using an enabler at this facility meets NZS 8134.2:2008 requirements for restraint use. No residents were using an enabler or a restraint during this audit. Environmental restraint is in place with appropriate processes in place to ensure it meets Ministry of Health guidelines.

## **Infection Prevention and Control**

The infection prevention and control policies and procedures implemented by the service reflect accepted good practice and infection prevention and control principles in care delivery. There are adequate resources to allow for a managed environment which minimises the risk of infection to residents, staff and visitors. The programme is relevant to the size and scope of the service and is monitored by the infection control co-ordinator. The infection control co-ordinator ensures the surveillance methods are adhered to and monthly infection surveillance data is recorded, collated, analysed and reported to management.