

Bainswood House Rest Home Limited

CURRENT STATUS: 11-Jul-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

Bainswood House Rest Home is a family owned and run facility in Rangiora providing care for up to 46 residents. This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board contract. The home has recently increased its capacity for studio residents assessed as requiring rest home level care. There are 14 studio units with the capacity for 17 residents as - three are double units. The facility has an implemented quality and risk management system that is effective and known by staff.

There are six areas for improvement identified from this audit which relate to: documentation in care plans; GP signature identification; calibration of medical equipment and the need for the restraint minimisation policy to be reviewed.

AUDIT SUMMARY AS AT 11-JUL-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 |

| Indicator | Description | Definition |
|-----------|--|--|
| | 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 11-Jul-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 11-Jul-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. | | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity |

| Continuum of Service Delivery | Day of Audit 11-Jul-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. | | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity |

| Safe and Appropriate Environment | Day of Audit 11-Jul-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. | | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity |

| Restraint Minimisation and Safe Practice | Day of Audit 11-Jul-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 11-Jul-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 11-JUL-12

Consumer Rights

Services are provided in a manner that respects consumers rights, allows informed choice, and acknowledges cultural and individual values and beliefs. Consumers and family members interviewed report that they are informed of their rights and there is adequate time for discussion relating to the Code of Health and Disability Services Consumers' Rights (the Code) to take place. There is visual evidence that the Code information is readily displayed along with complaint forms, in prominent and public areas in the facility. A welcome package ensures consumers are advised on entry to the facility of the complaint processes. Consumers and family members interviewed demonstrate a good understanding of these processes. The service has systems in place to manage any complaints and a register is maintained.

Organisational Management

Bainswood House Rest Home has established systems and processes in place which are maintained by the owner/ manager and the senior nursing team. There is a defined scope, direction and goals for the facility and monitoring and reporting processes against these. The facility is managed by a suitably qualified and experienced owner/general manager (GM or manager). The manager and her husband have owned and managed Bainswood for eight years.

Bainswood has an established, documented, and maintained quality and risk management system. Health and safety and infection control meetings are held monthly which report on all quality and risk issues. This is attended by the manager, senior nursing team, cleaners, cook and caregivers. An internal audit programme for Bainswood is implemented. There are regular residents' meetings that are chaired by the diversional therapist.

The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. An open disclosure policy is implemented, including informing residents and/or family of any adverse events.

The human resources management system provides for the implementation of processes both at the commencement of employment and on an ongoing basis in relation to training. There are regular in-service education training sessions on site. Staff said that these are informative.

Bainswood has a clearly documented rationale for determining staff levels and skill mixes in order to provide safe service delivery. There are two staff on duty 24 hours a day with on-call support from the nurse manager and manager. There is a registered nurse at the home two days a week but this can be increased if required. Staff report that there is very good support from the manager.

Consumer records are secure, and those reviewed are integrated, legible and current. Obsolete files of past consumers are retained and easily accessed according to legislation. There is one area identified requiring improvement relating to the initial signatures of general practitioners (GP) being recorded and designation of enrolled nurses identified in consumer records.

Continuum of Service Delivery

Consumer information packs detail the need for residents to be assessed prior to admission and that the level of care is rest home. The internet and needs assessment and co-ordination agencies (NASC) have information to inform prospective consumers of the services available.

Consumer care plans guide care staff in service provision and are individualised and easy to follow. These are altered to reflect the consumers' changing needs, are regularly evaluated, and interventions reflect the consumer's desired outcomes. Progress notes written by care staff verify that staff are able to follow care plans and interventions. There is evidence in consumers files of referral to other health services and the choices of consumers and their families being respected. A general practitioner (GP) was interviewed during the audit and verifies that staff provide care of an appropriate standard and that he is available and is notified in a timely manner when an issue arises. Staff were observed carrying out service delivery in a dignified and respectful manner. There are two areas identified for improvement relating to the requirement for a registered nurse (RN) to complete an assessment and the initial care plan.

Activities are planned and provided by a diversional therapist and are age appropriate and varied for the residents in the facility.

Medicines management was observed on the day of audit. A blister pack system is in place for enrolled nurses (ENs) or care staff who have been assessed as competent to administer medications following the GP's prescription record. ENs and care staff competency assessments are current to perform the task. Storage and reconciliation of medications meets legislation requirements.

Safe and Appropriate Environment

Bainswood House Rest Home has had a major refurbishment in the last 18 months which is now complete. This includes a new commercial kitchen, laundry, and extension of the dining room. No additional bedrooms have been added but ten bedrooms have been reconfigured and refurbished. There is a new nurses station, diversional therapists office and library. New living and dining room furniture has been purchased. The studio units are in the same building and part of the rest home facility.

The facility has a current building warrant of fitness and is well maintained both inside and out. There is comfortable furniture for the residents and adequate equipment. Residents are in single bedrooms, except for one double studio unit and one double bedroom, which both have married couples in them. Residents rooms and hallways are spacious and easily accessible and residents have unrestricted access to a large lounge area in the centre of the facility.

Chemicals are stored in locked cupboards and the containers are labelled appropriately. Personal protective equipment is available and used by staff. Regular cleaning audits are undertaken and resident feedback is sought regarding laundry services. Staff are trained in emergency management and the service has sufficient supplies in case of emergency. The service has an approved fire evacuation plan. There is sufficient heating and all residents' rooms have at least one external window. All electrical equipment is tested every two years. An area of improvement is required around medical equipment being regularly calibrated.

Restraint Minimisation and Safe Practice

Bainswood House Rest Home is restraint free. The facility's commitment to restraint minimisation and safe practice is communicated to all, through policies and procedures, staff orientation programme and in-service education. Policies and procedures on restraint and enabler use need to be reviewed to reflect the Restraint Minimisation and Safe Practice Standards. The service has had no reported restraint or enabler use in recent years.

Infection Prevention and Control

The Infection Prevention and Control (IC) Programme includes policies and procedures for the prevention and minimisation of infection and cross infection, and contains all requirements in the standard, with policies and procedures to guide staff in all areas of infection control practice. New employees are provided with training in IC practices and there is annual on-going education available for all staff. Evaluation ensures IC knowledge remains current.

The IC team consists of the RN the EN who report monthly data, surveillance, trends and recommendations to the health and safety meeting. The facility's IC RN and EN gain advice from the Christchurch microbiologist and infection control nurse specialists as required. Individual GPs are also consulted regarding the infections for individual consumers. There is evidence in consumers files that consultation has occurred.

Surveillance for consumers who develop infection is occurring. Information is collated monthly. There is evidence of communication between the facility and the consumer and

family regarding any consumers with an infection or flu symptoms, and this is documented in the progress notes.