

## Henrikwest Management Limited - The Beachfront

**CURRENT STATUS: 21-Aug-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

The Beachfront Rest Home offers rest home care to 41 residents. On the day of audit 37 beds are occupied. The facility is one of three facilities that are owned by a private company who operate as Henrikwest Management Limited. The owner, who purchased the facility in November 2011, works at the facility up to five days a week. The day to day operations are undertaken by a registered nurse who is assisted by an office assistant and a quality assurance assistant. Management and medical staff are available on call 24 hours, seven days a week.

Fourteen shortfalls were identified during the previous provisional audit in November 2011. Following this certification audit, the majority of shortfalls have been addressed. There are five shortfalls required for improvement: incident and accident forms need to be completed to identify if family/whanau have been informed; assessments when using enablers need to meet policy requirements; two areas relate to resident evaluations needing to be documented six monthly to indicate the degree of achievement towards goals; and GP medicine reviews need to be conducted at regular three monthly intervals.

### AUDIT SUMMARY AS AT 21-AUG-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 21-Aug-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>No short falls</b>

Organisational Management	Day of Audit 21-Aug-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 21-Aug-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 21-Aug-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 21-Aug-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Infection Prevention and Control</b>	Day of Audit 21-Aug-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 21-AUG-12**

### **Consumer Rights**

The Beachfront Rest Home 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 Jelica Limited and reflect current good practice and are reflective of evidence based practice to meet legislative and Health and Disability Service Standards.

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 goals as identified in the business plan. Quality and risk management systems are documented and implemented by the service. They reflect continuous quality improvement principles. Service deficits are documented as corrective actions and followed-up appropriately. Key components of service delivery are explicitly linked to the quality risk management plans and are monitored to measure achievement. Adverse event reporting is undertaken using incident and accident forms. The forms are not always completed by staff to indicate that family/whanau have been informed. This is an area identified for improvement.

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 management team consists of suitably qualified and experienced staff who have 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**

Staff are trained and qualified to perform their roles and deliver all aspects of rest home level of care. Staff provide an integrated and multidisciplinary approach to service delivery. A registered nurse develops reviews and updates the care plans for the residents at least six monthly, or more frequently as the needs of the resident changes. The care plans are individualised and personalised to ensure the needs of the resident are met. Residents and families are satisfied with the quality of care provided by staff. An improvement is required to ensure evaluation of care occurs at least six monthly, which detail the resident's progress towards meeting their goals.

The activities programme supports the interests, needs and strengths of residents.

Food services policies and procedures are appropriate to the service setting with a current review by a dietitian of the winter and summer menus. Residents individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the food service evidences compliance with current legislation and guidelines.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. An area for improvement is to ensure the GP reviews of the residents' medicines consistently occur at three monthly intervals.

### **Safe and Appropriate Environment**

Beachfront Rest Home is a converted motel, which is two stories and has a lift at each end of the building. All residents have ensuites that contain toilets and hand basins. All but one resident's room has a shower in the ensuite. Communal bathrooms are clearly identified. There is adequate space for residents to mobilise within their room and communal spaces, including if using a mobility device. There are call bells in the residents' bedrooms and ensuites. Most residents' rooms have an external courtyard or balcony. Portable ramps are used where required to assist residents in accessing external areas. There are a number of external rest areas including one at the beachfront with direct access to the beach.

The building has a current building warrant of fitness and approved evacuation plan. Staff receive training on managing emergencies, including fire. Fixtures and fittings are appropriate for the service. There are adequate supplies including food and access to utilities for use in emergency. The organisation has a civil defence disaster box which contains a number of essential items. There are documented procedures in place for cleaning, laundry services, waste and hazardous substance monitoring and on-going maintenance of the building. Appropriate personal protective equipment is available for staff.

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

The service has no restraint in use. There are four bedside loops which do not restrict resident movement in any manner and they are documented as enablers. The service does not meet policy requirements related to the use of a specific assessment for the use of enablers. This is an area identified for improvement. There are appropriate procedures and assessments in place should restraint be required. Staff education is conducted to meet Health and Disability Sector Standard requirements.

### **Infection Prevention and Control**

The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. Policies and procedures are aligned with currently accepted good practice. There are adequate resources to allow for a managed environment, which minimises the risk of infection to residents, staff and visitors. The programme is of relevant size and scope and is implemented by the infection control co-ordinator who is a registered nurse (RN). Monthly infection surveillance data is recorded, collated and reported to the manager through the staff meetings. Analysis and evaluation of data is used to develop any corrective actions required, which are monitored in a timely manner.