

## Wyndham and Districts Community Rest Home Incorporated

**CURRENT STATUS: 20-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

Wyndham Rest Home is a rural aged care facility providing rest home level care for up to 23 residents, with 20 residents at the time of the audit. There is a high level of community support and involvement through the board members, community support and friends of the organisation. Residents and relatives interviewed expressed a high level of support and satisfaction with the level of care provided. Consumer rights as documented are in line with the Code of Health and Disability Services Consumers' Rights. These are implemented by trained staff, with information available to residents prior to entry, through the entry process and while resident. The organisation through its incorporated society has documented a quality and risk management programme. It is implemented, including monitoring and reporting systems. There are records of complaints and adverse events. These are followed up promptly and corrective action is taken and recorded. The open disclosure policy sets out how the organisation will respond to events that may affect residents.

The management team is clinically focussed, maintaining their skills through ongoing professional development to provide care based on best practice guidelines. Residents have their own large rooms, which are furnished with their possessions. The physical environment provided is in good condition, is well maintained and meets infection control requirements. The infection control programme is managed by a trained person. There is monitoring undertaken and results are fed back into the management process. The facility operates as a no-restraint facility, according to its policies and procedures and as evidenced in the files and interviews with staff and residents.

Six areas require improvement relating to the following: the development of a risk management plan for the organisation; the documentation of the monthly evaluation of activities; stating who is updating progress notes; the full integration of individual clinical notes; the renewal of medication competencies (which has been a problem at previous audits); and allergies have not been identified in the medication charts.

### AUDIT SUMMARY AS AT 20-JUL-12

Standards have been assessed and summarised below:

#### Key

Indicator	Description	Definition
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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	Assessment
	20-Jul-12	
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	Assessment
	20-Jul-12	
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>	Day of Audit 20-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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 20-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 20-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.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 20-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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 20-JUL-12**

### **Consumer Rights**

Consumer rights education is provided and staff demonstrated an understanding of consumer rights. Regular staff meetings are held. Information on consumer rights is displayed and available. Residents and relatives interviewed confirmed their wishes are met and their cultural values and beliefs are taken into consideration. There is an open disclosure policy in place with confirmation from residents and relatives they are kept fully informed. The manager is freely available for discussions.

The facility operates a "friends of the home" group which provides local support to the home. Information on the complaints process is provided and forms for completion are freely available. No formal complaints have been recorded in the previous three years.

### **Organisational Management**

The home is operated as an incorporated society with board members from the local community. The manager is a registered nurse with substantial clinical experience. There is a quality plan in place, but no formal risk management plan is documented, which requires improvement. Residents are involved and consulted through regular satisfaction surveys and meetings. All adverse events are recorded and data is collated and analysed monthly and included in board reports. Corrective actions are identified and implemented. Residents and relatives interviewed confirm they are kept informed of any adverse events.

Orientation is completed for new employees and there is an annual education plan in place. Position descriptions are in place and annual performance reviews are completed. Minimum staffing levels are specified and can be altered dependent on resident acuity. Clinical files contain sufficient accurate information to provide appropriate care to the residents. Current and past records are securely stored. Staff designations are not recorded in progress notes, which requires improvement.

### **Continuum of Service Delivery**

The service operates 24 hours a day, seven days per week. Information about the service is available on the internet through Eldernet and in hard copy format. All clinical care is overseen by the nurse manager or a registered nurse in her absence. Staff are experienced and have established rapport with residents. Both residents and relatives interviewed express satisfaction with the care delivered, the communication from the team and this is supported by the resident/relative audit returns.

The facility has an active staff orientation, formal aged care association education (ACE) on site programme and on-going monthly in-service training programme in place. Resident clinical files reviewed showed that the assessment, planning, care delivery, evaluation and reviews are completed to standard and in a timely manner. The activities program is varied, includes individual residents choice and meets with the residents satisfaction. The formal resident activity progress reporting is an area that requires improvement. The nurse manager commented that there is a very good relationship with referral agencies and the local community. There is an active and comprehensive internal audit and reporting system in place.

Medication management meets the standards criteria except for the completion of staff competency in expected time frames and allergy status recordings, both of which require improvement.

The facility has achieved external food safety certification. When required, residents with weight loss are referred to a dietitian. The menu is reviewed by a registered dietitian. Residents and relatives confirmed they are very happy with the meals provided.

## **Safe and Appropriate Environment**

Routine maintenance is undertaken and the environment provided is safe for the residents. Outdoor areas are provided for residents and a vegetable garden provides for the home. A van is used for resident outings.

The majority of single rooms share an ensuite between two rooms with the ability to provide for privacy. Hand washing facilities and hand sanitisers are provided throughout the facility. Two lounges and a separate dining area are provided which are readily accessible with mobility aids.

All laundry is done on site by care staff. Emergency planning is in place and regular drills and education are provided. A staff member with a first aid certificate is on duty at all times. Equipment and supplies have been provided for emergency situations.

## **Restraint Minimisation and Safe Practice**

There is no use of restraint at the time of the audit. There are policies and procedures in place for restraint minimisation and safe practice that comply with the standard. Staff receive restraint training at orientation and through the on-going education programme.

## **Infection Prevention and Control**

The nurse manager is the infection control co-ordinator and the committee structure is appropriate for the organisation. The infection control policies and surveillance programme are reviewed annually. The staff orientation and annual education program includes relevant infection control topics. The appropriate infections are included in surveillance and results are collated monthly. The surveillance program is appropriate for the organisation and the home has low infection rates. Communication on infection treatment between staff, general practitioners, residents and families is effective.