

## Auckland Healthcare Group Limited

**CURRENT STATUS: 24-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 Palms Rest Home and Hospital is a well maintained facility, set in a residential area. The service provides rest home and hospital levels of care. The home has 42 bedrooms, 10 at rest home level of care and 32 beds which can be used as either rest home or hospital rooms, as the needs of the current residents requires. On the day of the audit there were 26 residents. The owners have been in the aged care industry for some years, owning this facility for two years. They employ clinical staff at senior level to provide hands on care for the residents.

The service has policies and procedures relevant to the provision of aged related care. The staff and facilities are appropriate for providing these services and meeting the needs of the residents. The Palms continues to implement their quality and risk management system. The major change this year has been the introduction of a new, revised set of policies and procedures, which are now in place. There is active staff involvement through staff meetings. Relatives interviewed spoke positively about the support provided by staff and this is reflected through positive feedback from families and a small number of complaints.

There are improvements required in the following areas: the complaints require a register; all files to contain initial nursing assessments; care planning improvements; authorising and monitoring enablers according to policy.

### AUDIT SUMMARY AS AT 24-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

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

Organisational Management	Day of Audit 24-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>No short falls</b>

Continuum of Service Delivery	Day of Audit 24-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 24-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 24-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 24-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 24-AUG-12**

### **Consumer Rights**

Residents receive a high standard of service that meets the requirements of the Health and Disability Services Consumers Code of Rights (the code). Policies are implemented to support residents rights, choice, independence and privacy. Residents and families are informed verbally, through written information and through web site information about their rights. It was evident that open transparent communication is maintained between residents, staff and families. Cultural policies support service provision so that individual resident needs are met. Residents and families were very satisfied with the care provided. Though each individual complaint has a summary sheet that includes details relating to the complaint and action taken there was no evidence of an overall complaint register, that documents all complaints, which is an improvement that is required.

## **Organisational Management**

The husband and wife owners have owned the facility for two years also own two other aged care facilities. The audits of all three facilities have been carried out at the same time, taking advantage of common policies and management and to align the dates for the three sites. The facility is set up with ten rest home beds and 32 other beds that can be used as rest home beds or hospital beds. On the day of the audit there were 26 residents in the facility, 20 long term care hospital residents, five long term care rest home residents and one respite resident. A comprehensive quality and risk management programme that links into the monthly integrated meeting is in place. Adverse events are recorded in the resident files and interventions are in place to manage risks. Resident meetings are held two monthly. There is a comprehensive orientation programme that includes the aged care education. Twenty four hour registered nurse cover is provided and the roster provides sufficient and appropriate cover and meets contract requirements. Clinical records are clear, complete, integrated and maintained up to date.

## **Continuum of Service Delivery**

The facility information pack includes all relevant aspects related to the service and this is provided to residents and family prior to entry. A registered nurse completes an assessment on admission and these are reviewed six monthly following admission. There is sufficient information gained through the initial care plan and the long term care plan to guide staff in the safe delivery of care to residents. Care plans are individualised and goals are clearly identified. Communication with family is well documented. Planned activities are appropriate to the resident group, activities are planned monthly. Family members interviewed confirm their satisfaction with the programme.

An appropriate medicine management system is implemented with policies and procedures detailing service provider's responsibilities. Resident allergies and medication requirements are documented. Registered nurses and caregivers have current medication competencies. A dietitian has developed the menu plan and residents and families interviewed all confirmed satisfaction with food services including provision of special dietary requirements.

Improvements are required in two areas of care planning. In two of the files reviewed there is no initial nursing assessment on file. In the other situation some plans have limited detail of what the needs are or interventions required for the residents.

## **Safe and Appropriate Environment**

There is a current building warrant of fitness and an approved fire evacuation plan in place. The facility is purpose built and set up and furnished to provide a safe environment for both rest home and hospital residents. There are different sized bedrooms available. All bedrooms include a hand basin in them with some rooms having shared ensuites. A call bell system is in place. Outdoor gardens and a covered deck area are provided. A designated smoking area is in place for residents use. All laundry is done on site. The facility is clean and well maintained.

## **Restraint Minimisation and Safe Practice**

The restraint minimisation and safe practice policy includes procedures and guidelines to assist staff to promote a restraint free environment. The clinical registered nurse acts as the restraint coordinator. Restraint education was provided and 15 staff have completed this. Staff are able to demonstrate an awareness of restraint or enablers and confirmed there is no use of restraint within the facility. There was no use of restraint or enablers observed on the day. Four residents have bed rails as an option in their care plans. Some improvement is required to align the policy with current practice, around the approval of the use of enablers, the alternatives that have been considered and the monitoring of residents who have bedrails up.

## **Infection Prevention and Control**

An effective infection control programme is implemented. Policies and procedures are implemented. The clinical nurse manager is the infection control coordinator. Education is provided and 11 staff have completed an infection control module. Each month infection control surveillance data is recorded on the organisation's quality indicators data sheet. The information is collated, graphed and reported through the monthly integrated meetings and fed back to staff through the staff meetings so areas for improvement can be identified and acted on. An annual review of the programme has been completed.