

## Scovan Healthcare Limited - Alexander House

**CURRENT STATUS: 14-Dec-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

Alexander House is a purpose built facility that provides residential care for up to 21 residents at rest home level care. Occupancy on the day of the audit was full with 21.

The facility is managed by the owner who is a registered nurse and an experienced aged care manager. The manager is supported by a registered nurse and a stable workforce.

The owner has developed a business plan that includes goals, key objectives, strategic direction, quality improvement and risk management and the mechanism for monitoring progress. The plan is being implemented.

All residents and relatives interviewed spoke very highly about the care and support provided by staff and management

The service is commended for achieving two continued improvement ratings around the business plan framework that aligns with the quality programme and the falls prevention programme. There is one improvement required around infection control documentation.

### AUDIT SUMMARY AS AT 14-DEC-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 14-Dec-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 14-Dec-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>Includes commendable elements above the required levels of performance</b>

Continuum of Service Delivery	Day of Audit 14-Dec-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>No short falls</b>

Safe and Appropriate Environment	Day of Audit 14-Dec-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 14-Dec-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 14-Dec-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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

## **AUDIT RESULTS AS AT 14-DEC-12**

### **Consumer Rights**

Alexander House provides care that focuses on the individual residents. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights ('the code') is visible within the facility and additional information about the code is readily available. Policies are being implemented to support residents' rights and assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. There is a Maori health plan to support practice and individual values are considered during care planning. Complaints processes are implemented and there is a complaints register. Residents and family members interviewed verify ongoing involvement with community groups and confirm visiting can occur at any time.

### **Organisational Management**

Alexander House has a 2012-2014 business plan and a quality assurance and risk management programme that outlines objectives for the next two years. The quality framework being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. There is a continuous improvement around the business plan development that aligns with service delivery and quality initiatives.

Quality information is reported to staff two monthly and quality three monthly meetings. There are continuous improvements around the falls prevention programme.

Residents and relatives are provided the opportunity to feedback on service delivery issues at monthly meetings and via annual satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to the staff and quality meetings. Alexander House has job descriptions for all positions that

include the role and responsibilities of the position. There is an annual in-service programme that has been implemented for the year and staff are supported to undertake external training. There is an annual performance appraisal process in place. The service has a documented rationale for determining staffing and caregivers report staffing levels is sufficient to meet resident needs.

### **Continuum of Service Delivery**

The service has a comprehensive admission policy. Service information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

The sample of residents' records reviewed provides evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. Care plans demonstrate service integration and guide all staff in cares. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals.

Medicines are managed safely and appropriately and meet all legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted.

The activities programme is facilitated by a recreation officer. The activities programme provides varied options and activities are enjoyed by the residents. Community activities are encouraged, van outings are arranged on a regular basis.

All food is cooked on site by the in house cook. All residents' nutritional needs are identified, documented and choices available and provided. Meals are well presented, homely and the menu plans have been audited.

### **Safe and Appropriate Environment**

There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and stored appropriately and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness and holds a current approved evacuation scheme.

The service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences buildings, plant and equipment comply with legislation, with documented evidence available to indicate that hot water temperatures are being monitored and recorded on a regular basis. Internal and external areas are safe for consumers. Consumers interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

Documented systems are in place for essential, emergency and security services. Staff interviews and files evidence current training in relevant areas. Visual inspection evidences

alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

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

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and a register for enablers. There are no residents requiring restraint and no residents use enablers. Staff are trained in restraint minimisation and challenging behaviour.

### **Infection Prevention and Control**

The infection control nurse is the registered nurse. She is supported by the registered nurse/manager/owner. The service has infection control policies and an infection control manual to guide practice. There is an infection control programme that is reviewed annually. Infection control education is provided annually for staff and infection control practice is monitored through the internal audit programme. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Infection information is collated monthly and reported through to the quality and staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.