

Eastern Services Limited

CURRENT STATUS: 16-Jan-13

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

Gulf Views Rest Home continues to provide services for 45 rest home level care residents. On the day of audit 42 beds are occupied.

The day-to-day operation of the facility is undertaken by a nurse manager who is a registered nurse and has been in the role for 19 years. The nurse manager is suitably qualified for her role and is supported by a business manager, a quality consultant, a registered nurse (RN) and the owner.

Four areas are identified as requiring improvement. They relate to residents' archived files, three monthly medical reviews and two areas related to medicine management processes.

The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 16-JAN-13

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 16-Jan-13	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 16-Jan-13	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 16-Jan-13	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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 16-Jan-13	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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 16-Jan-13	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 16-Jan-13	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 16-JAN-13

Consumer Rights

The residents express high satisfaction with the manner in which the service respects their rights and report that they are treated with respect and dignity at all times. As observed at the onsite audit, residents receive services that uphold their rights. Information is provided at admission and displayed throughout the facility regarding consumer rights, access to advocacy services and how to make a complaint. Staff demonstrate understanding of their obligations regarding residents' rights and how to incorporate that knowledge into their day-to-day practices and interactions with residents and family/whānau.

The service meets the cultural and religious needs of the residents. Residents who identify as Maori, have their individual culture and beliefs acknowledged and respected by staff.

Complaints are managed to meet policy requirements. At the time of audit there are no outstanding complaints.

Organisational Management

Organisational structures and process are monitored, reported to the owner, and quality improvements are put in place and followed up accordingly. Services are provided to meet residents' and community needs as identified during interviews with staff, residents and family/whānau. The process is documented in the business and quality plan. Key performance indicators are used to measure outcomes against objectives.

All incidents, accidents and untoward events are recorded, evaluated and reported at staff and management level meetings. Documentation, including residents' clinical files, and resident and family/whānau interviews, confirm there is good sharing of information in an open and honest manner.

Safe staffing levels and skill mixes are maintained by Gulf Views Rest Home. Every shift is covered by at least one staff member who holds a first aid certificate. Human resources management processes implemented meet legislative requirements. There is a system in place to identify, plan and facilitate on-going staff education.

Residents' information is accurately recorded upon entry, securely stored and clinical records areas are not accessible to the public. There is a required improvement in relation to archive file management.

Continuum of Service Delivery

The residents and family/whānau express a high level of satisfaction with the quality of care and services provided at Gulf Views Rest Home. The service provides rest home level of care, which is clearly and accurately identified in pre-admission information. The service has policies and processes related to entry into the service.

Services are provided by suitably qualified and trained staff to meet the needs of residents. The service has robust systems in place to assess, plan, review and evaluate the care needs of each resident. Residents have an initial nursing assessment and care plan developed by the RN on admission to the service. The service meets the contractual time frames for the development, review and evaluation of the care plan. Residents are reviewed by a general practitioner (GP) on admission to the service and at least three monthly, or more frequently, to respond to any changing needs of the resident. There is one required improvement to ensure there is documentation in the resident's file stating that the resident is medically stable and suitable for three monthly medical reviews, when there is applicable

The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services is planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community. The residents express high satisfaction with the group and individual activities offered at the service.

A safe and timely medicine management system is observed at the time of audit. The RN and senior caregivers are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are assessed as competent. The competency assessments do not include evidence of a competency assessment for the administration of insulin, as a number of residents at the service require diabetic management; this requires an improvement. Other required improvements in relation to medicine management are to ensure the medicine fridge temperature is monitored at least weekly and to ensure the standing orders for medicines comply with current legislation.

Residents' nutritional requirements are met by the service. As confirmed during interviews with residents and family/whānau, likes, dislikes and special diets are well catered for. The service has a four week, summer/winter rotating menu which has been approved by a registered dietitian.

Safe and Appropriate Environment

The facility is on two levels with easy access to all areas for residents. The facility is well maintained and furnished to provide an appropriate, accessible physical environment. All bedrooms are single occupancy with an accessible balcony via a ranch slider. Dining, lounge and recreational areas meet residents' needs as confirmed by resident and family/whānau interviews.

Emergency education and training and security responses are well documented and understood by staff, including management of waste and hazardous substances. Six monthly fire evacuations are maintained. There are adequate food, water and emergency supplies, should they be required.

The building has a current warrant of fitness and the service has an approved fire evacuation plan. There is an appropriate system in place for reactive maintenance and a documented long term maintenance plan. The facility is kept at an even temperature by an electric thermostatically controlled heating system and opening of doors and windows. There are well kept outdoor areas that have seating and sheltered areas for residents' use. The facility and the grounds are smoke free.

The service has an effective cleaning and laundry service. The personal laundry is done onsite, with the linen service provided by a contacted provider.

Restraint Minimisation and Safe Practice

The service operates a no-restraint policy. Policies and procedures are available to all staff should restraint be required. Staff education is undertaken as part of orientation and as part of regular on-going in-service education. Staff are able to demonstrate their understanding of the restraint minimisation policy and procedures and the definition of an enabler. The service has no restraints or enablers in use at the time of audit.

Infection Prevention and Control

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. The infection control programme is reviewed annually. The organisation's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded, analysed, and where trends are identified, actions are implemented to reduce infections.