Pembrey Investments Limited

CURRENT STATUS: 13-Feb-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Brooklands Retirement Village is owned by Pembrey Investments Ltd. The rest home facility is part of the retirement village complex and is managed by an experienced manager. She is supported by the owner, retirement village secretary, a registered nurse and care staff. The rest home is able to care for up to 36 residents with full occupancy on the day of audit. A registered nurse provides clinical care to the rest home residents. Brooklands Retirement Village provides health care services to residents based on the services mission and philosophy of care. The care services are holistic and promote the residents' individuality and independence. Residents interviewed all spoke very positively about the care and support provided.

The service has addressed seven of 12 shortfalls identified at the previous audit including aspects of clarifying responsibilities of the manager and registered nurse, recording reference checks for new staff, practising certificates, maintaining orientation records for new staff, completing initial assessments, wound assessment forms to record type of wound, date of completion of activity plans.

However, improvements continue to be required around complaints management, aligning policies with assessment tools, completing audit summaries and aspects of medication management.

This audit identified a further improvement required around use of clinical assessment tools for identified issues.

AUDIT SUMMARY AS AT 13-FEB-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 fully attained with some standards exceeded

Indicator	Description	Definition
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 13-Feb-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.		**Some standards applicable to this service partially attained and of low risk**

Organisational Management	Day of Audit 13-Feb-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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk**

Continuum of Service Delivery	Day of Audit 13-Feb-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.		**Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk**

Safe and Appropriate Environment	Day of Audit 13-Feb-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.		**Standards applicable to this service fully attained**

Restraint Minimisation and Safe Practice	Day of Audit 13-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**Standards applicable to this service fully attained**

Infection Prevention and Control	Day of Audit 13-Feb-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.		**Standards applicable to this service fully attained**

Pembrey Investments Limited

CURRENT STATUS: 10-Jun-11

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

Brooklands Retirement Village is certified to provide rest home level care. The service has a capacity of 36 beds. On the day of the audit, there were 34 residents. The service is managed by a suitably qualified person and she is supported by a registered nurse. They have significant experience in aged care. There are well developed systems, processes, policies and procedures that are structured to provide appropriate, safe quality care for

people who use the service. Implementation is supported through a quality and risk management programme. There is comprehensive orientation training and an in-service training programme that provide staff with appropriate knowledge and skills to deliver care and support. The staff and facilities are appropriate for providing services and meeting the needs of the residents.

This audit identified improvements required relating to: complaints outcome documentation, linking policies with assessment tools/forms, documenting corrective actions, human resource management, pressure area management implementation of activity plans, documentation in the controlled drug register, general practitioners recording the route of administration of medications and signing all prescribed medications.

AUDIT SUMMARY AS AT 10-JUN-11

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
	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 10-Jun-11	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Organisational Management	Day of Audit 10-Jun-11	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 10-Jun-11	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 10-Jun-11	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 10-Jun-11	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Day of Audit 10-Jun-11	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**No short falls**

AUDIT RESULTS AS AT 10-JUN-11

Consumer Rights

Brooklands strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Residents and relatives spoke very positively about care provided at Brooklands. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their

ability to make choices. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented. However, an improvement is required whereby complainants are advised of the options available to them if they remain dissatisfied.

Organisational Management

Brooklands has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. An improvement is required around linking policies with assessment tools/forms. Family satisfaction surveys are completed and regular resident meetings are held. Key components of the quality management system link to the two monthly quality assurance meetings and quarterly staff meetings. The service is active in analysing data. Corrective actions are identified and implemented. However, an improvement is required in documenting corrective actions. Issues are communicated to staff through discussions at relevant meetings. Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status. An improvement is required whereby pressure areas are reported. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Improvements are required around; maintaining records of practising certificates, references, signed job descriptions; clarification of the clinical responsibilities of the manager and registered nurse. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. An improvement is required whereby orientation records are maintained. Staffing levels are appropriate and staff turnover is low.

Continuum of Service Delivery

A needs assessment is completed prior to entry. There is a well-developed information pack that is provided to residents/family/whanau at entry.

A registered nurse is responsible for each stage of service provision. Residents and relatives are involved in planning and evaluating care and communication with family is documented. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. However, an improvement is required around documenting initial admission assessments and wound care documentation.

Short term care plans are utilised for changes in health status. Care plans are holistic and goal oriented. They are reviewed at least six monthly or more frequently when clinically indicated. There is an activities co-ordinator who provides an age appropriate varied programme. Activity plans include goals and interventions to assist residents to reach desired outcomes. However, an improvement is required in terms of documenting the date of completion of activity plans. A medication management system is implemented safely in line with accepted guidelines. There are comprehensive medication management policies. These direct staff in terms of their responsibilities for each stage of medication management. Competencies are completed. Improvements are required around documentation in the controlled drug register and general practitioners recording the route of administration of

medications and signing all prescribed medications. Meals are prepared on site by in-house staff. There are food service policies and procedures and the menu is designed and reviewed by a registered dietician. A dietary profile of residents is developed on admission and food preferences are identified.

Safe and Appropriate Environment

There are policies and procedures in place for the safe disposal of waste and hazardous substances. Chemicals are stored securely. Staff has access to personal protective clothing and equipment. The service has two vans available for transporting residents. The physical environment and fixtures and fittings are well maintained, appropriate and safe. The facility is spacious and provides sufficient space to enable the use of mobility equipment. There are appropriate numbers of toilets and bathrooms. There are comprehensive cleaning and laundry policies and procedures. The facility is secured at night. There are policies and procedures for civil defence and other emergencies. A civil defence kit is in place and there are emergency supplies to last for at least three days. Regular fire drills are completed and there is annual training in emergency procedures. There is a call bell system in all areas. General living areas and resident rooms are appropriately heated and ventilated and have good lighting.

Restraint Minimisation and Safe Practice

There is a restraint minimisation policy that is applicable to the service. There are no residents that require restraint or enablers. The care plans are up to date and provide the basis of factual information to assess the safety risks and need for restraint. On-going consultation with the resident and family/whanau is identified. Staff are trained in restraint minimisation as part of the annual in-service training programme.

Infection Prevention and Control

The content and detail of the infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is implemented and is linked to the risk management system. The infection control programme is well established and external advice is available. The infection control officer is a registered nurse who has attended external training. Infection control training is provided for new and existing staff. Brooklands has implemented infection control surveillance ensuring that there is analysis of trends. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes infection control audits of the facility.