Albany Rest Home 2004 Limited

CURRENT STATUS: 03-Apr-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

Albany House provides rest home level care for up to 25 residents. On the day of the audit there were 20 residents. The manager/co-owner is an experienced registered nurse and is supported by another co-owner and a registered nurse. The manager stated that staff turnover remains low. Family and residents interviewed all spoke very positively about the care and support provided.

The service has addressed five of the seven previous shortfalls around communication with family, staff appraisals, records, wound documentation, activity plans. There continues to be improvements required around medication documentation and management.

This audit has also identified improvements required around following through on meeting minutes, incident documentation, and aspects of care planning documentation.

AUDIT SUMMARY AS AT 03-APR-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
	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

Indicator	Description	Definition
	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 03-Apr-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.		**Standards applicable to this service fully attained**

Organisational Management	Day of Audit 03-Apr-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 03-Apr-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 03-Apr-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 03-Apr-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 03-Apr-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**

Albany Rest Home 2004 Limited

CURRENT STATUS: 19-Jul-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

Albany House is certified to provide rest home level care for up to 25 residents. On the day of the audit there were 23 residents. The manager/co-owner is an experienced registered nurse and is supported by another co-owner and a registered nurse. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke very positively about the care and support provided. This audit identified the following improvements required by the service including; documentation of open disclosure, completion of staff performance appraisals, resident records, care plan documentation, short term care plan evaluations, reviewing activity plans, and medication management.

AUDIT SUMMARY AS AT 19-JUL-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 19-Jul-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.		**No short falls**

Organisational Management	Day of Audit 19-Jul-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 19-Jul-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 19-Jul-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 19-Jul-11	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 19-Jul-11	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 19-JUL-11

Consumer Rights

Albany House 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 Albany House. 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.

Organisational Management

Albany House has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. Key components of the quality management system link to the two monthly staff quality meetings. The service is active in analysing data. Corrective actions are identified and implemented. Resident/family satisfaction surveys are completed and regular resident meetings are held.

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 around documenting that families are informed of incidents/accidents. 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. 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. An improvement is required whereby staff have annual performance appraisals. Consumer information is relevant and appropriate. However, an improvement is required whereby entries in resident records include a specific time and staff designation.

Continuum of Service Delivery

There is a needs assessment completed prior to entry to Albany House. The information pack includes all relevant aspects of service and this is provided to residents and/or family. Service delivery plans are individualised, up-to-date and reflect current service delivery requirements for each resident. Service delivery plans are goal oriented and are reviewed at least six monthly. Short term care plans are utilised for changes in health status such as infections. Referral to other health and disability services occurs when appropriate. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care including input from all providers involved. Residents are assessed within set timeframes and receive well planned and co-ordinated services. Improvements are required whereby registered nurses sign and date all care plans, care plans detail the management of medical conditions and short term care plans document when they are reviewed. There is an activities programme which offers activities that are varied, age appropriate and include local community and entertainment events. Activity plans include goals and interventions to achieve the goals.

The medication management system is appropriate and safely implemented. Staff responsible for medication administration are trained and have been assessed as competent. Resident medications are reviewed at least three monthly. Improvements are required around documentation on medication charts, labelling of medications and transcribing. Residents have had a dietary profile developed on admission and likes, dislikes and allergies are communicated to the kitchen staff. These are reviewed six monthly. The

menu is designed and reviewed by a registered dietitian. All staff have completed appropriate food safety training.

Safe and Appropriate Environment

Residents, staff and visitors are protected from harm as a result of exposure to waste, infectious or hazardous substances. The cleaning and laundry services are provided by staff dedicated to these duties and care giving staff. Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. There are adequate numbers of toilets and showers for all residents. All bedrooms, bathrooms and communal areas have a call bell system. There is current building warrant of fitness and approved evacuation scheme. Fire evacuations are conducted six monthly. There is a preventative and reactive maintenance programme.

Restraint Minimisation and Safe Practice

There is a restraint policy that is applicable to the service. There are no residents that require restraint or enablers. Staff are trained in restraint minimisation as part of the annual in-service training programme.

Infection Prevention and Control

Infection control policies and procedures are documented and reflect best practice. The infection control co-ordinator is responsible for implementing the infection control programme. Staff quality meetings are conducted two monthly where discussions are recorded on all areas of the facility's environment including infection prevention and control issues. Regular infection control audits are completed to monitor infection prevention and control practices. Infection surveillance is conducted to identify trends including participation in an external benchmarking programme. The results are communicated to staff at meetings. Staff receive training in infection control at orientation and as part of the on-going education programme.