

## Carter Society Incorporated

**CURRENT STATUS: 13-May-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

Carter Society Incorporated is a charitable trust which delivers aged residential care services through its facility – Carter Court. Carter Court is a 41 bed facility. On the day of the audit there were 34 residents.

There is a focus on providing a high quality service to residents and the organisation's quality management system supports this and is implemented throughout the facility. There are no areas requiring improvement identified through the audit. Two areas of particular strength are identified related to the activities programme and the food service. Carter Court has a clear focus on resident involvement in the delivery of services and through these two areas there is formal involvement of residents in the review and evaluation of these activities.

### AUDIT SUMMARY AS AT 13-MAY-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 13-May-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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit 13-May-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.		<b>Standards applicable to this service fully attained</b>

Continuum of Service Delivery	Day of Audit 13-May-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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Safe and Appropriate Environment	Day of Audit 13-May-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.		<b>Standards applicable to this service fully attained</b>

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

Infection Prevention and Control	Day of Audit 13-May-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.		<b>Standards applicable to this service fully attained</b>

## AUDIT RESULTS AS AT 13-MAY-13

### Consumer Rights

Staff demonstrate knowledge and understanding of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Residents and their families are informed of their rights at admission and throughout their stay. Relevant information is provided prior to, during, and following admission, and time is set aside for discussion, to ensure residents and family/whanau understand their rights and the admission agreement. The admission agreement details inclusions and exclusions of service and is able to be taken away prior to signing for legal advice to be sought if required. Copies of the Code of Rights posters and information relating to the Nationwide Health and Disability Advocacy Service, among other services, are displayed at the entrance to the facility.

Open disclosure principles are demonstrated. Incident reports, progress notes and family communication records verify that family are notified when appropriate. Communication methods include formal and informal family/whanau meetings, an 'open door policy' by management and regular residents' meetings. Informed consent policy and processes are explained to residents and families/whanau and are implemented by the service.

The residents' ethnic, cultural and spiritual values are assessed at admission to ensure residents receive services that respect their individual values and beliefs. Staff demonstrate an awareness of the need to provide a service that is responsive to these needs. Residents and families receive clinical services that have regard for their dignity, privacy and independence. Consumers are kept free from discrimination, harassment and abuse within an environment that supports evidence-based practice. Residents have access to visitors of their choice and are supported to access community services.

There is a concerns and complaints process which is made available to all residents and families/whanau. Staff receive training in this process at orientation and there is a related annual internal audit of the process. The current complaints register is monitored by the management group at their weekly meetings. At the time of audit there are no complaints with the Health and Disability Commissioner and all complaints in the register have been managed within the time frames required by the Code.

## **Organisational Management**

The Carter Society Incorporated is run by an executive committee made up of representatives from the local district council (three), the combined churches (three) and six elected members of the society. Members are drawn from the local Carterton and Wairarapa community. There is a chairperson and deputy chairperson of the society and the facility manager holds the position of secretary to the executive committee. Carter Court rest home is managed by a small group of senior staff who report to the executive committee regularly. Executive committee members often visit the rest home sometimes in their capacity as committee members or as private citizens visiting relatives or friends.

The management group is made up of the facility manager, the nurse manager, the quality, business and administration coordinator and two team leaders. They meet weekly and report monthly to the executive committee, via the manager's reports. As the facility manager is a member of the executive committee and attends the executive's monthly meetings, he is able to discuss all aspects of the operational reports, as well as work with the executive committee on strategic planning.

There is a well-developed quality management system which includes a quality plan and risk management plan. These two documents are implemented in the organisation and are aligned with the annual strategic plan approved by the executive committee. The quality coordinator maintains the document management system, with input from the management team. All staff are involved in the review and development of policies and procedures which are current. There is effective incident/accident reporting with events being managed and collated data reported to the management group, all staff and the executive committee. Any trends or systemic issues are addressed immediately. There is regular monitoring of all aspects of service delivery throughout the year. The health and safety committee reviews the results of relevant monitoring activities and is responsible for ensuring that identified corrective actions are implemented.

There is an effective system for human resources management and staff are recruited, selected and appointed following these procedures. Performance appraisals are conducted annually and are up to date. Professional registration and practising certificates for health professionals who work at Carter Court Rest Home are monitored and all are current.

Staffing rosters meet the contractual requirements for registered nurse hours and home assistants (carers) are appropriately trained in the support of older people.

All residents have a complete file of information relating to their personal health and wellbeing. These files are organised, current and include regular progress notes and recordings throughout each shift.

## **Continuum of Service Delivery**

Residents participate in and receive services that are timely, planned, co-ordinated and appropriate, while being consistent with current legislative and best practice guidelines. Residents who enter Carter Court Rest Home are assessed prior to entry by the Needs

Assessment and Co-ordination Service (NASC) as requiring the services provided by Carter Court.

On admission residents are assessed by a registered nurse (RN), using a range of assessment tools, and an initial plan of care is developed that directs the care residents require. Over the next two weeks, a more detailed comprehensive assessment occurs, including assessments by allied health professionals, with a focus on the residents' needs and goals. A detailed comprehensive and holistic care plan is developed that also incorporates the resident's and family/whanau input. Plans fully describes the required support and interventions needed to achieve the desired goals. These are reviewed and evaluated six monthly, or as needed, with the resident and/or family/whanau input, and changes in care needs are documented. A general practitioner (GP) visits Carter Court every week, or as required, and medical reviews are occurring as required. Clinical notes are integrated with input from all care providers documented.

The activities programme is undertaken by a qualified diversional therapist and an assistant, with the support of up to four volunteers. The activities programme is resident driven and offers a variety of resident initiated activities. The planning, monitoring and review of the activities provided is identified as a particular strength of the facility. Community involvement is an integral part of the programme. Outings are arranged on a regular basis and family/whanau are welcome to join in with these activities.

Medicines are managed safely and appropriately and meet all legislative requirements. Education and medicine competencies are completed by all staff responsible for the administration of medicines. The medication records reviewed include documentation of allergies and sensitivities. Some residents self-administer medicines and evidence is seen of the correct paperwork around this.

Residents' nutritional needs are provided in line with guidelines for older persons' nutritional needs, as assessed by a dietitian, and the preferences and requests of the residents. The food service policies and procedures are appropriate and comply with current legislation and guidelines. Meals are well presented, nutritious, have resident input and are homely. The cook and all kitchen staff have appropriate food safety qualifications. The planning, monitoring and review of menus and meals is particularly well done and identified as another strength of the facility.

### **Safe and Appropriate Environment**

The rest home building and the surrounding grounds are all on one large site in central Carterton. There are attractive grounds and gardens, including a sensory garden, orchard and vegetable garden.

All cleaning, laundry and other chemicals are safely stored and staff have access to guidelines for their use. The building is well maintained, has a current building warrant of fitness and all plant, systems and equipment are operational and monitored by appropriate external agencies. All bedrooms have large external windows, which can be opened, and look out onto gardens. Heating is provided in each room, and there is a large gas fire in a hearth in the central living room.

The bedrooms in the newest wing and one in each of the other two wings, have ensuite bathrooms. There are two large additional bathrooms for residents' use and sufficient toilets and hand washing facilities, in addition to those available for staff and visitors.

The facility is constructed to be a safe and accessible environment for residents. There are hand rails in all corridors, which are wide and spacious.

All laundry and cleaning is provided by Carter Court staff. There is one large laundry for the rest home and a second small domestic laundry which is used by residents of the rental units and some from the rest home. All cleaning and laundry staff have appropriate training in managing chemicals and waste and hazardous substances.

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

Carter Court Rest Home has appropriate policies and procedures for the use of restraints and enablers. This includes assessment of need and exploring all other options to support residents, rather than the use of restraints. The facility has a clear philosophy of no restraint use and this is evident at audit. There have been no restraints in use since 2011. There is a restraint coordinator and all staff are trained in the policy and procedures on restraint and use of enablers, de-escalation techniques and positive behaviour management.

### **Infection Prevention and Control**

The service is able to demonstrate it provides a managed environment, which minimises the risk of infection to residents, service providers and visitors. Reporting lines are clearly defined, with the infection control co-ordinators reporting directly to the facility manager who reports to the Board. There is a clearly documented infection control programme. Processes involve monitoring, reporting and analysing data, education and training, cleaning and housekeeping, waste disposal and laundry operations; the goal being to minimise the risk of infection.

The infection control practices at Carter Court are guided by an infection control manual supplied by an externally contracted specialist service and assistance from the local Wairarapa District Health Board where needed. It is the responsibility of all staff to adhere to the procedures and guidelines in the infection control manual when carrying out all work practices. The nurse manager has responsibility for notification of any notifiable disease to the appropriate agencies. The infection control co-ordinators participate in relevant on-going infection prevention and control education. Relevant education is also provided to staff. The infection prevention and control programme is reviewed annually.