Golden Age Rest Home Limited - Camellia, Golden Age, Albarosa

CURRENT STATUS: 08-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

Golden Healthcare (GHC) Golden Age retirement village provides rest home and dementia level care for up to 135 residents accommodated in the Golden Age rest home unit (up to 54) and two secure dementia units - Camellia Court (up to 41 residents) and Albarosa (up to 40 residents). On the day of the audit there were 115 residents - 51 in the rest home unit, 27 in Camellia Court dementia unit and 37 in the Albarosa dementia unit.

There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service including residents that require rest home and dementia level care.

There is an overall general manager across the Golden Healthcare Group and an experienced manager at each unit. The mangers are supported by registered nurses in each unit, a Golden Health Care Group Quality Manager and Clinical Coordinator.

The service provides regular training sessions and competencies are completed by staff. All staff in the dementia units have completed or are in the process of completing dementia qualifications. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

This audit identified improvements are required around aspects of care planning and medication management.

AUDIT SUMMARY AS AT 08-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

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

Organisational Management	Day of Audit 08-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.		**Standards applicable to this service fully attained**

Continuum of Service Delivery	Day of Audit 08-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.		**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 08-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.		**Standards applicable to this service fully attained**

Restraint Minimisation and Safe Practice	Day of Audit 08-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.		**Standards applicable to this service fully attained**

Infection Prevention and Control	Day of Audit 08-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.		**Standards applicable to this service fully attained**

AUDIT RESULTS AS AT 08-MAY-13

Consumer Rights

Golden Health Care rest home and dementia unit staff endeavour to provide quality of life care where the individual is valued. Residents and relatives spoke positively about care provided at the facility. There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. 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 readily available to residents and families. Annual staff training supports staff understanding of residents rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community.

Organisational Management

Golden Healthcare group, including Golden Age rest home, Camellia Court dementia unit and Albarosa dementia unit, has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to a number of meetings including quality and risk meetings. An annual resident and family satisfaction survey is completed and there are regular resident and relatives meetings. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Benchmarking groups across the organisation are established for facilities that provide similar service levels. Benchmarking and audit data demonstrate that they have achieved good standards of care and service. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of Service Delivery

Residents receive an informative information pack that describes the facility and provision of service including dementia specific information. Service delivery plans demonstrate service integration. Assessments and care plans are completed by the registered nurses. Short term care plans are utilised for changes in health status, such as infections and wounds, however this audit identified there is an improvement required around aspects of care planning documentation and the use of short term care plans. Care plans are goal oriented and reviewed at least six monthly. Residents and family interviewed described being involved in the care planning process and they were informed of any changes in health care status. Referral to other health and disability services is evident in a sample group of resident files. Activities are varied, meaningful and include inclusion at local community and entertainment events. There are garden areas with seating and shade for residents to use. Activity plans contain goals and interventions to assist resident reach the desired outcome. The diversional therapists in the dementia units provide a structured and individualised plan for the residents across 24 hours. The Golden age rest home programme is also comprehensive and involves the wider community. There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Competencies are completed. Medication profiles are reviewed by the general practitioner three monthly or earlier if necessary. There is an improvement required around aspects of medication management. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. There are food service policies and procedures and a link to a dietitian. All food is cooked on site and residents interviewed were very complimentary of the variety and choice of food available on the menu.

Safe and Appropriate Environment

Chemicals are stored securely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Rooms are individualised and uncluttered. Resident rooms are spacious. External areas are safe and well maintained. The facility hires a van for transportation of residents. Those transporting

residents hold a current first aid certificate. There are spacious lounge's within each area. There are adequate toilets and showers for the client group. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. All key staff hold a current first aid certificate.

Restraint Minimisation and Safe Practice

There is a restraint minimisation policy that is applicable to the service. There are no residents that require the use if an enabler. There are no residents requiring the use of a restraint. Restraint training is included in the in-service education programme. Restraint competencies are completed annually. Review of restraint use across the group is discussed at the restraint approval group. Restraint is also reviewed through the quality committee and at staff meetings.

Infection Prevention and Control

The infection prevention & control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention & control co-ordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection prevention & control co-ordinator has attended external training. Infection prevention & control training is provided each year for staff. The infection prevention & control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection prevention & control co-ordinator uses the information obtained through surveillance to determine infection prevention & control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking against other similar sites within its organisation. Staff receive on-going training in infection prevention & control.