

## Maungaturoto Residential Care Limited

**CURRENT STATUS: 14-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

Maungaturoto Rest Home is a sixteen bed rest home located in Maungaturoto. At audit there are seven residents living in the rest home, including one resident who is receiving short term (respite) care.

At this audit there are fifteen areas identified as requiring improvement. These relate to: advanced directives/written consents; ensuring admission information and pain assessments are current; documentation in clinical records to meet accepted standards (including related to incidents); short term care planning; management of medications; and ensuring staff are competent in medication administration. Ensuring document control processes are implemented; use of enablers is clearly detailed in policy; analysis and communication of quality improvement data; reporting quality and risk information to the board and; monitoring of contracted health professionals' annual practising certificates (APC's) and relevant staff drivers licences are also areas for improvement. Ensuring the lifting hoists are regularly serviced and providing evidence that the fire evacuation plan has been approved by the New Zealand Fire Service are the remaining areas requiring improvement.

The four residents, one family member and the general practitioner interviewed identify that care is provided in a timely manner and communications processes between staff, the GP, residents and family is both effective and timely.

### AUDIT SUMMARY AS AT 14-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 14-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>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

Organisational Management	Day of Audit 14-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>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

Continuum of Service Delivery	Day of Audit 14-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>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 14-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>Some standards applicable to this service partially attained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 14-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>Some standards applicable to this service partially attained and of low risk</b>

<b>Infection Prevention and Control</b>	Day of Audit 14-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 14-MAY-13**

### **Consumer Rights**

Documented procedures, interviews with four residents, one family member and staff, together with observation, confirm that residents' rights are understood and met in everyday practice. Communication channels are clearly defined and communication is effective. Information on rights and services is provided in an appropriate manner. Residents are free from discrimination and have access to advocacy services. The nurse manager has an 'open-door' policy.

Residents and staff member interviews confirm choice is given and consent is gained on a day to day basis for daily activities and tasks. There is a formal process for documenting consents, and consent requirements are clearly defined, however the provider is required to review the process for completing advance directives to ensure their validity.

Residents' cultural and spiritual needs are considered and links with community resources are supported and facilitated. Visitors are free to come and go as requested by the resident.

Resident interviews confirm understanding of their right to make complaints if necessary. The complaints process is easily accessible. There has been one complaint made to the Health and Disability Commissioner since the last audit which remains open. A complaints register is maintained. Open disclosure is seen to be occurring.

## **Organisational Management**

Maungaturoto Rest Home is managed by a nurse manager who is an experienced registered nurse with a current practising certificate. The nurse manager has been employed at Maungaturoto Rest Home for three years, including two and a half years as nurse manager. The nurse manager works weekdays and is also on call. The nurse manager participates in ongoing education as required to meet the provider's contract with the DHB. In the nurse manager's absence one of three senior caregivers has oversight of service provision; this is identified on the roster.

The organisation has a business plan and quality and risk plan with details the vision, mission, philosophy and objectives for care. These plans include quality indicators. The internal audit programme is used to monitor the progress towards achieving the quality indicators and the goals/objectives. While internal audits are being undertaken, not all are dated when the audit is completed and the corresponding documentation on the quality indicator summary sheet does not include dates. This is an area requiring improvement.

Policies and procedures are developed and reviewed by an external contractor and localised to reflect the needs of Maungaturoto Rest Home. Not all policies have details of version numbers or details of when the policy is last reviewed and this requires improvement.

There are processes implemented for the reporting of hazards and monitoring of organisational risk. While the nurse manager advises quality and risk issues are discussed at the board meetings, minutes do not consistently include discussions, and this is an area for improvement.

There are processes implemented related to the reporting of incidents/adverse events. Appropriate events are being reported by staff and communicated to residents and the family, however these are not always documented in the residents' clinical records. While the nurse manager analyses and summarises the number and types of reported events on a monthly basis, information related only to falls and medication events is routinely communicated to staff at the monthly staff meetings. These are areas for improvement.

There is a very stable workforce with no new staff hired since the nurse manager's appointment. Policies and procedures provide the framework for recruitment and orientation of staff for when this is required. Staff are required to have an annual performance appraisal and these are current in all staff files reviewed. An area requiring improvement is identified relating to monitoring contracted health professionals annual practising certificates and applicable staffs drivers licence. Staff participate in relevant ongoing education. Five staff have completed an industry approved qualification.

A policy provides the framework for staffing and skill mix. There is at least one caregiver with a current first aid certificate on duty at all times.

Residents' files are stored securely. There are frequent entries made in individual residents' files. An improvement is required relating to ensuring residents' records are identifiable and the date and time of documentation is consistently recorded.

### **Continuum of Service Delivery**

There is clearly documented process for entry to the facility. Admissions are managed in an equitable and timely manner. Adequate information about the rest home is made available in appropriate formats. The admission/welcome pack includes eligibility criteria, however an amendment is required to ensure that information given to residents on enquiry and entry accurately reflects the services currently being provided.

Daily care and support is provided by a range of health professionals. This includes the nurse manager, trained caregivers, general practitioner and visiting allied health professionals. Clear time frames for service provision are defined and monitored and residents state they are involved in setting goals.

A range of appropriate assessments are completed on entry, however an improvement is required to ensure that assessments are reviewed and updated in an ongoing manner. Long term care plans are fully documented and interventions are consistent with good practice and desired outcomes are documented. Care plans are reviewed every six months, or as required. An additional improvement is required to ensure that short term care plans are developed for acute conditions.

Residents maintain access to a range of health services. Referrals and transfers are managed in a timely and appropriate manner. Records of referrals and transfers are maintained and there is evidence that family are involved.

Individual activities are planned to meet the needs of the resident. The weekly activities plan is displayed and there is a dedicated activities person for three hours per week. Activity assessment is completed on entry and ensures the provision of relevant and appropriate activities for each resident. Previous interests, hobbies, culture and ability is considered. Sufficient activities and outings are provided for the six residents.

The required medicines are provided. All medications are stored securely and efficacy is monitored by the general practitioner. Required improvements to the medicine management system include returning discontinued medication to the pharmacy, maintaining medication information in a manner that aligns with best practice and legislation and ensuring evidence of completed medication training for staff is maintained.

Food and nutritional needs of residents are assessed and the menu is reviewed by a dietitian. Special needs are catered for and monitored. Food preparation and storage meets food safety requirements.

### **Safe and Appropriate Environment**

The building has a current warrant of fitness. Ongoing checks to maintain the building warrant of fitness are being undertaken. Clinical equipment is checked and calibrated with

the exception of the two lifting hoists. Ensuring hoists are checked and maintained and that suitable scales available to weight residents who cannot use standing scales are identified as areas for improvement. Electrical equipment has current labels verifying test and tagging is occurring in a timely manner.

There are three share twin occupancy bedrooms with full ensuites. These are currently being used as single occupancy rooms. The remaining ten rooms are single occupancy rooms. There are sufficient toilets and showers for residents' use. There is a separate lounge, dining room, sun room, as well as an area near the main entrance which residents and family members/visitors can use. The facility is appropriately heated and ventilated. The residents and family members interviewed confirm the facility is clean, warm, well ventilated and residents' laundry is washed and returned clean in a timely manner.

Security processes are implemented appropriate to the service setting. Call bells are present in all bathrooms and bedrooms.

While fire evacuation drills are occurring, the organisation is unable to provide the documentation that the fire evacuation plan has been approved by the New Zealand Fire Service. This is an area identified as requiring improvement. There are appropriate supplies available for use in emergencies/natural disasters.

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

There are currently no restraints in use at the facility. There are three residents who have an enabler in place. The use of enablers is voluntary and the required assessments, consents, monitoring and reviews are completed. The provider is required to review the documented policy on restraint/enablers to ensure it is consistent with current practice.

### **Infection Prevention and Control**

There is an infection control programme which is reviewed on an annual basis. The nurse manager is responsible for facilitating implementation of the infection control programme. Caregivers interviewed are aware of their responsibilities, including reporting residents suspected of having an infection to the nurse manager in a timely manner.

Infection prevention and control policies and procedures are developed by an external consultant and are aligned with current accepted practice.

The nurse manager is responsible for education on infection prevention and control topics. The nurse manager has attended a number of relevant in-service education sessions in recent years.

Surveillance is occurring for residents who develop infections. The surveillance is appropriate to the service setting. The general practitioner and caregivers confirm they are informed of residents with infections in a timely manner. Overall infection rates and trends are discussed every three months at staff meetings.