

## Ellora Enterprises Limited

**CURRENT STATUS: 05-Jun-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

Sheaff's Rest Home has been under the same ownership and management for 22 years and is certified to provide rest home level care for up to 30 residents. On the day of the audit there were 28 residents at rest home level care including one who is under 65 years. The manager has significant experience in aged care. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke positively about the care and support provided. The service has continued to implement a robust quality and risk management system and identify and improve shortfalls.

This audit identified improvements required by the service in the following areas; performance appraisals and GP reviews.

### AUDIT SUMMARY AS AT 05-JUN-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 05-Jun-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 05-Jun-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 low risk</b>

Continuum of Service Delivery	Day of Audit 05-Jun-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 low risk</b>

Safe and Appropriate Environment	Day of Audit 05-Jun-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 05-Jun-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 05-Jun-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 05-JUN-13

### Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and family interviewed spoke very positively about care provided at Sheaffs. Complaints processes are implemented and complaints and concerns are managed. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices.

### Organisational Management

The manager (owner) provides oversight of the service and the registered nurse has over five years' experience in the industry. She works a minimum of 10 hours a week and is supported by an enrolled nurse.

Sheaffs has a quality and risk management system in place that is being implemented with improvements made to the programme in 2013. This includes a set agenda for the staff meetings that ensures that all aspects of the quality improvement system is reviewed, discussed and corrective actions signed off. Key components of the quality management system including management of complaints, implementation of an internal audit schedule, incidents and accidents, review of infections through the surveillance programme, review of risk and monitoring of health and safety including hazards and maintenance (planned and reactive) to the building and grounds. There are meetings held regularly to ensure that all aspects of the quality and risk management programme are discussed with relevant staff including bi-monthly staff meetings and quarterly infection control, restraint, quality and health and safety/OSH meetings. There are kitchen meetings as required. There are also resident/family meetings facilitated by the activities coordinator held six weekly.

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 and residents, family, staff and the doctor state that there are sufficient staff on duty at all times.

There is an implemented orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually for all staff. This covers relevant aspects of care and support.

An improvement is required around performance appraisals.

### **Continuum of Service Delivery**

The service has assessment process and consumer's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed or signed off by the registered nurse. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. A diversional therapist works 35 hours per week is responsible for activities and there are programmes running that are meaningful and reflect ordinary patterns of life. There are also visits to and from community groups. There is an improvement required around ensuring residents are seen at least three monthly by the GP.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. All staff have been assessed as competent to administer medicines.

Food services policies and procedures are appropriate to the service setting. Consumer's individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen shows evidence of compliance with current legislation and guidelines. Residents and family members interviewed were very complimentary of the food service provided and report their individual preferences are well catered. Additional snacks are available if the kitchen is closed.

### **Safe and Appropriate Environment**

There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff

Staff documentation provides evidence there are appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose.

Documented policies and procedures for the cleaning and laundry services are implemented. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are emergency plans in place and emergency drills have been held annually. There is a civil defence kit and evidence of supplies in the event of an emergency in line with Civil Defence guidelines.

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

There are restraint and enabler policies that include comprehensive restraint procedures. There is a documented definition of restraint and enablers that reflects the definitions in the standard.

The service does not have any residents assessed as requiring restraint or using enablers and the service works on the philosophy that restraint is only used when absolutely needed. If restraint is used, it is only in the form of bedside rails or lap belts.

There is a restraint/enablers register that notes that the last bed rails identified were used in 2012.

Staff are trained in restraint minimisation and in management of enablers and behaviours.

### **Infection Prevention and Control**

The infection control policies and procedures are documented. Staff meetings are conducted bi-monthly with infection control noted as a regular agenda item. Infection control meetings are also held quarterly and there is an annual infection control summary completed with any areas for improvement noted and implemented.

Regular infection control audits, hazard documentation and incident monitoring of infection prevention and control practices are performed and the results are communicated to staff at meetings and through the quarterly infection control meetings.

Staff receive training in infection control at orientation and as part of the on-going education programme. The infection control programme is reviewed annually and the infection control coordinator takes overall responsibility for ensuring that the surveillance programme is well implemented with review trends and implementation of any recommendations.

All surveillance activities are the responsibility of the infection control coordinator who is the enrolled nurse with support from the registered nurse. The infection control coordinator and registered nurse also receive support from Whakatane hospital when required. There is an infection register in which all infections are documented monthly and trends graphed and reviewed bi-monthly/annually. The service has a low rate of infections.