

## St Albans Retirement Home Limited

**CURRENT STATUS: 17-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

St Albans Retirement Village is a family owned aged care facility situated in Christchurch and provides rest home and hospital level care for up to 72 residents. On the day of audit there were 54 residents. Occupancy included 21 hospital residents and 33 rest home residents (including 23 rest home residents in the serviced apartments and one hospital resident).

The service is managed by a village manager with support from a general manager, clinical manager and registered nursing staff.

There is an established quality and risk programme. Family and residents interviewed all spoke very positively about the care and support provided.

This audit has identified that improvements required relating to: identifying quality improvements following consumer survey, residents with weight loss issues are monitored, aspects of care planning, residents who self-medicate are monitored, food temperatures are monitored and recorded, chemicals in the kitchen are stored securely, and the infection control programme is reviewed annually.

### AUDIT SUMMARY AS AT 17-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

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	Assessment
	17-Jun-13	
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	Assessment
	17-Jun-13	
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	Assessment
	17-Jun-13	
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	Assessment
	17-Jun-13	
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 17-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>

<b>Infection Prevention and Control</b>	Day of Audit 17-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>Some standards applicable to this service partially attained and of low risk</b>

## **AUDIT RESULTS AS AT 17-JUN-13**

### **Consumer Rights**

St Albans retirement village strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of 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. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent is obtained. 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 and concerns are actively managed and well documented.

### **Organisational Management**

St Albans Retirement Village is a family owned and operated aged care facility. The village manager is supported by the owners and registered nursing staff. There is an established quality and risk programme that involves the resident on admission to the service and includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and meetings. Key components of the quality management system link to monthly quality management meetings and staff meetings. Health and safety policies, systems and processes are implemented to manage risk. There is an improvement required around developing a corrective action following the satisfaction survey.

Discussions with families identified that they are fully informed of changes in health status. 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. Resident information is appropriately stored and managed.

### **Continuum of Service Delivery**

The service has a policy for admission and entry for rest home and hospital level units. A service information pack is made available prior to entry or on admission to the resident and family/whanau. Residents/relatives confirmed the admission process and that the admission agreement is discussed with them. The registered nurse is responsible for each stage of service provision. The assessments and care plans are developed in consultation with the resident/family/whanau and implemented within the required timeframes to ensure there is safe, timely and appropriate delivery of care.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified in the long term care plans and these are reviewed at least six monthly or earlier if there is a change to health status. There is evidence in the resident files that there is resident and/or family/whanau and multidisciplinary team input into the six monthly reviews. There is an improvement required around providing comprehensive information in short term care plans for acute episodes or short term needs. Resident files are integrated and include notes by the GP and allied health professionals.

The activity programme is varied and promotes resident independence, involvement, emotional well-being and social interaction appropriate to the level of physical and cognitive abilities of the resident group. Spiritual and cultural preferences and needs are being met.

Education and medicines competencies are completed by all staff responsible for administration of medicines. All medication is reconciled on delivery and stored safely. The medicines records reviewed include photo identification, documentation of allergies and sensitivities and special instructions for administration. There are improvements required relating to monitoring for a self-medicating resident. Prescribing of medications meet legislative requirements.

Food services and all meals are provided on site. Residents individual food preferences, dislikes and dietary requirements are met. There is dietitian review and audit of the menus. All staff are trained in food safety and hygiene. There is a requirement to monitor hot food temperatures.

### **Safe and Appropriate Environment**

St Albans provides rest home and hospital level of care on the ground level and has serviced apartments on the first level. The wing of 11 rest home rooms were verified at this audit as suitable for providing either hospital or rest home level care.

The building has a current building warrant of fitness. An improvement is required around the safe storage of chemicals in the kitchen area. The facility has a smoke free policy. All rooms are single and have an ensuite. Bedrooms are spacious and personalised. There is adequate room for residents to move freely about the home using mobility aids. The environment is warm and comfortable. Communal areas are spacious and well utilized for group and individual activity. The dining and lounge seating placement encourages social interaction. There are communal and private areas to meet the individual needs. There are outdoor areas that are safe and accessible with suitable outdoor seating and shaded areas. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. The laundry operates throughout the day. The cleaning service maintain a tidy, clean environment. The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with a current first aid certificate.

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

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There were two hospital residents requiring bed rail enablers and no residents with restraint use at the facility on the days of audit.

### **Infection Prevention and Control**

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Annual review of the infection control programme has not been conducted - improvement is required in this area. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.