

Archer Care Facility Limited

CURRENT STATUS: 10-Jul-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the 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

Archer Care provides rest home level care for 55 residents and the occupancy on the day of audit was 52 residents. Archer Trust is a charitable trust under the charities commission. The Trust includes a board of five trustees and the General Manager completes a documented report to the board monthly.

The mission statement is 'Archer exists to provide professional quality care for older men and women in a loving Christian residential environment'. Archer has established, documented and implemented a Quality Management System that is maintained and continually improved through the use of the quality policy, quality objectives, audit results, analysis of data, corrective action plans and management review.

The general manager has been in the role for over 10 years. He is supported by a nurse coordinator (RN), operations manager, quality manager and a stable staff.

There are improvements required by the service around incident reports, aspects of assessment and care planning and medication documentation.

AUDIT SUMMARY AS AT 10-JUL-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

Indicator	Description	Definition
	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 10-Jul-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 10-Jul-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 10-Jul-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 low risk

Safe and Appropriate Environment	Day of Audit 10-Jul-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 10-Jul-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 10-Jul-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 10-JUL-13

Consumer Rights

Archer Care endeavours to provide care in a way that focuses on the individual residents' quality of life. Archer's loving life vision is incorporated into the Eden philosophy which challenges the traditional approach to residential care. There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. 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. Policies are implemented to support residents' rights. 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. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent is obtained.

Organisational Management

Archer Care 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 meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility utilises an external benchmarking organisation. Benchmarking and audit data demonstrate that they have achieved good standards of care and service. There is an improvement required around incident forms. Quality actions have resulted in a number of

quality improvements for both residents and staff. There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an 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 and external training is well supported. The staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and resident input into rostering.

Continuum of Service Delivery

Archer Care has documented entry criteria, which is communicated to residents, family and referral agencies. Systems are implemented that evidence each stage of service provision (assessment, planning, provision, evaluation, review and exit) has been developed with resident and/or family input and is coordinated to promote continuity of service delivery. Improvements are required relating to aspects of assessments and long term care planning. Resident and family interviews confirm their input into care planning, care evaluations and access to a typical range of life experiences and choices. Documentation and observations made of the provision of services and/or interventions demonstrate that consultation and liaison is occurring with other services and residents interviewed confirm that interventions noted in their care plans are consistent with meeting their needs. Evaluations of care plans are within stated timeframes and reviewed more frequently if a resident's condition changes and this is noted on a short term care plan. Planned activities are appropriate to the group setting. Residents and family interviewed confirm satisfaction with the activities programme. An appropriate medicine management system is implemented. An improvement is required around medication documentation. Policies and procedures record service provider responsibilities. Staff responsible for medicine administration are trained and have current medication competencies. Food service is provided on site by qualified staff who have completed food safety training. Residents' individual needs are identified, documented and reviewed on a regular basis and there is evidence of dietitian input into menu planning.

Safe and Appropriate Environment

Archer Care facility is well designed, and bed rooms are spacious. The majority of rest home rooms have full ensuite. There are sufficient communal toilets and showers available. Rooms are personalized. There is adequate room for residents to move freely about the facility using mobility aids. Communal areas are spacious and well utilized for group and individual activity. There are outdoor areas that are safe and accessible. There are documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Chemical safety training is provided to staff. There is a current building warrant of fitness. The maintenance role entails checks for safety of the facility and implementing requests from the maintenance book. The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with current first aid certificates. The residents have access to communal areas for entertainment, recreation and dining. Residents are being provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting. General living areas and resident rooms are appropriately heated and ventilated.

Restraint Minimisation and Safe Practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service remains restraint-free. Staff are trained in restraint minimisation and challenging behaviour.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator is responsible for coordinating/providing education and training for staff. Infection control training is provided regularly for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection 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 with an external benchmarking organisation.