

Summerset Care Limited - Summerset At Aotea

CURRENT STATUS: 10-Jul-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

Summerset Aotea is certified to provide rest home level care for up to 46 residents who live in apartments. On the day of the audit there were 13 residents receiving rest home level care. The village manager has experience in aged care and health management roles and has been in the position for three years. She is supported by an experienced nurse manager. The facility is owned by the Summerset Group. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. Family and residents interviewed all spoke positively about the care and support provided.

This audit identified improvements required in the following areas; timeliness of initial general practitioner reviews, dating of continence assessments, progress notes, evaluations, fridge temperatures and meeting minutes.

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
	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 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

Summerset Aotea's philosophy is 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. Policies are implemented to support rights such as privacy, dignity, abuse and 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.

Organisational Management

Summerset Aotea has an established quality and risk management system and business plan that supports the provision of clinical care and support. Key components of the quality management system link to quality meetings. There is an improvement required around caregiver meeting minutes. An annual resident/relative satisfaction survey is completed and there are regular resident meetings. Benchmarking groups across the organisation are established for facilities that provide similar service levels. Benchmarking and audit data demonstrate that Aotea has achieved good standards of care and service. There are human resources policies including recruitment, selection, orientation, 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. Staffing levels are monitored closely.

Continuum of Service Delivery

The service has assessment process and residents 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 by the nurse manager. 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. There are improvements required around initial general practitioner assessments, dating of continence assessments, registered nurse review of progress notes and evaluations. There is a recreation officer dedicated to the rest home level residents and programmes running that are meaningful and reflect ordinary patterns of life. Residents are also able to join in village activities. There are regular outings into the community and significant input from community groups.

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.

Food services policies and procedures are appropriate to the service setting. Resident's individual dietary needs are identified, documented and reviewed on a regular basis. There is evidence of compliance with current legislation and guidelines. Residents and family members interviewed were very complimentary of the food service provided and report that individual preferences are well catered. Additional snacks are available if the kitchen is closed. There is an improvement required around the temperature of the fridge in one of the serveries.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There is compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff.

All residents live in their own apartments in the main apartment block. 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 with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. There are safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and review of files provides evidence of current training in relevant areas. There are alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

There are policies around restraint, enablers and the management of challenging behaviours. The service does not currently use restraint or enablers. Policy dictates that enablers should be voluntary and the least restrictive option possible and the five caregivers and the clinical nurse leader are familiar with this.

Staff received training around restraint minimisation and the management in challenging behaviour in December 2012. This was attended by nine staff. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint or enabler use should this be required.

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 officer (nurse manager) is responsible for coordinating/providing education and training for staff. The infection control officer has attended external training. Infection control training is provided yearly 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 officer 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 other Summerset facilities. Staff receive on-going training in infection control.