

St John's Parish (Roslyn) Friends of the Aged and Needy Society

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	St John's Parish (Roslyn) Friends of the Aged and Needy Society
Premises audited:	Leslie Groves Home Leslie Groves Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 June 2015 End date: 11 June 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	101

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Leslie Groves home and hospital is operated by the St John's Parish (Roslyn) Friends of the Aged and Needy Society and cares for up to 71 residents requiring hospital level, psychogeriatric and dementia level care on one site and 34 residents requiring rest home level care at a second site. On the day of the audit there were 67 residents in the units at the hospital site and 34 residents at the rest home.

The audit was conducted against the relevant Health and Disability standards and the contract with the District Health Board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management. The principle nurse manager is well experienced and qualified for the role and is supported by clinical nurse specialist, a rest home manager, a manager in the psychogeriatric unit and a quality manager (registered nurse).

This audit has identified areas for improvement around informed consent, admission agreements, first aid training, conducting neurological observations, staff training, monthly weighs, medication documentation, and care plan evaluations.

Consumer rights

The staff at Leslie Groves 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 (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is discussed with residents (where able) and relatives and documented. Staff interviewed were familiar with processes to ensure informed consent. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

Leslie Groves has a documented quality and risk management system. There is evidence of benchmarking outcomes with other similar aged care facilities. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Leslie Groves has attained ACC Tertiary Work Safety Management Practice certification.

Incidents and accidents are reported. There is a comprehensive orientation programme that provides new staff with relevant and specific information for safe work practice. The in-service education programme includes more than eight hours of training annually. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

Continuum of service delivery

There is information available for residents and relatives prior to entry to the service. Residents are assessed prior to entry to the service. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. Activities are provided that are meaningful and ensure that the resident maintains involvement in the community. Medication management policies and procedures meet current guidelines.

All staff who administer medications have completed annual competencies for medication administration. There are three monthly GP medication reviews. Food services are contracted to a food service company who work from the Leslie Groves hospital site kitchen and transport meals to the rest home. The menu is designed by a dietitian with summer and winter menus. Dietary requirements are provided where special needs are required.

Safe and appropriate environment

Leslie Grove Rest Home and Hospital have a current building warrant of fitness at each site. Reactive and preventative maintenance is carried out. Medical equipment and electrical appliances have been calibrated. There is a designated laundry at the hospital site which includes the safe storage of cleaning and laundry chemicals. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the rest home and hospital areas that include lounge and dining areas, and smaller seating areas. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

Restraint minimisation and safe practice

There is a restraint policy that includes the provision of a non-restraint environment. A register is maintained with all residents with enablers. There were 13 residents documented as using enablers. Staff are trained in restraint minimisation.

Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel.