

Logan Samuel Limited - Anne Maree Gardens

CURRENT STATUS: 19-Mar-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

Anne Maree Gardens is one of two facilities privately owned by the company Samuel Logan Limited. It has 42 beds. Twelve beds are rest home care only and the other 30 beds can be used for either rest home or hospital level of care. On the days of audit the bed occupancy is 41 residents, consisting of 14 hospital and 27 rest home level care residents. The service has five residents who are under 65 years of age who are under a Younger People with Disabilities (YPD) contract with the Ministry of Health. Two of these residents were interviewed and confirm satisfaction with the services provided and that their needs are met. Access to day activity programmes for people under 65 is facilitated in the community and support to attend these is observed on day of audit.

There were no areas for improvement to follow up from the previous audit. No improvements required as a result of this audit and three areas identified as exceeding the normal level of achievement relating to communication with residents and management of quality and risk.

AUDIT SUMMARY AS AT 19-MAR-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 19-Mar-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.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 19-Mar-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.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 19-Mar-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.		Standards applicable to this service fully attained

Safe and Appropriate Environment	Day of Audit 19-Mar-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 19-Mar-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 19-Mar-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 19-MAR-13

Consumer Rights

The residents at Anne Maree Gardens are very aware of their rights and during interview express a high satisfaction with the manner in which the service respects their rights, treats them with dignity and ensures their needs are met. Information related to residents' rights and advocacy services is provided as part of the admission process and is displayed throughout the facility. Staff interviewed confirm their understanding regarding residents' rights and observation on the days of audit demonstrate how staff incorporate residents' rights into practice.

There is a multi-cultural mix of residents and staff at the facility. Interviews with residents and family/whanau confirm that the service meets all their cultural and religious needs. Residents, who identify as Maori, have their individual culture and beliefs acknowledged and respected by staff.

Staff actions are governed by evidence-based policies which promotes and encourages current good practice. The service works very closely with the community mental health team.

The service demonstrates that residents, family/whanau, staff, management and other health care providers are informed of issues, corrective actions and outcomes in an appropriate, honest and open manner. Interventions put in place result in service improvements and satisfaction for consumers. This is a particular strength of the services, and has resulted in a 'continuous improvement' rating. Interpreter services are accessed as required.

Written consent is obtained as appropriate. Staff interviewed acknowledge the resident's right to make choices based on information presented to them and the right to withdraw consent and/or refuse treatment at any time. Advance directives related to resuscitation are acted upon where valid.

The complaints management system is supported by an up-to date complaints register that includes all complaints, dates and actions taken. Residents and families have relevant information and are aware of how to make a complaint.

Organisational Management

Service performance at facility level is directly aligned with organisational performance and monitored against the business plan at governance level. The manager is suitably qualified, with delegated authority, accountability and responsibility for the provision of service. Temporary absences are covered by the director, a registered nurse (RN) with 17 years of experience in the aged care sector.

A comprehensive audit plan is implemented with all service deficits documented as corrective actions and followed-up and reported at staff and governance level as appropriate. The process demonstrates that all key components of service delivery are explicitly linked to the quality management system and this is achieved to a level beyond that normally expected and is a further area rated as 'continuous improvement'. A further strength of the facility is the system in place for adverse event reporting. Residents' files identify that family/whanau are kept well informed of all adverse events.

The service implements safe staffing levels and skill mixes that are identified as being best practice by the organisation. Human resources management processes in place meet legislative requirements. There is a system to identify, plan and facilitate on-going education for staff at all levels and staff are fully supported to maintain and improve their knowledge and skills through on-going education.

Residents' information is accurately recorded; securely stored and clinical records areas are not accessible to the public.

Continuum of Service Delivery

Anne Maree Gardens implement processes as identified in policy to manage the entry, transfer and exit to and from the service in a safe manner. Residents and family/whanau interviewed express a high regard for the care and services provided at Anne Maree Gardens. Assessment, planning, review and evaluation policies and procedures are implemented to ensure residents' needs are met. Services are provided by suitably qualified and trained staff. Residents have an initial and on-going nursing assessment and care plan developed by a registered nurse (RN). The service meets the contractual times frames for the development, review and evaluation of care plans. Residents are reviewed by a general practitioner (GP) on admission to the service and monthly to three monthly based on the resident's assessed needs.

A team approach to care is provided to ensure the continuity of services. For many residents at Anne Maree Gardens mental health services are involved in the care planning

process. Referrals to other health and disability services are planned and co-ordinated as required, based on the individual needs of the resident.

The planned activities programme meets the recreational needs of both older and younger residents. The programme is planned by an activities co-ordinator and it covers seven days a week. Residents maintain links with family/whanau and community groups and services. This is confirmed during resident and family/whanau interviews, which have input into the planning of activities.

A safe and timely medicine management system that complies with legislation and guidelines is observed to be implemented. RNs and senior caregivers are responsible for medicine management. The service has documented evidence that staff responsible for medicine management are competent to perform the role.

Residents' nutritional requirements are met by the service. As confirmed during interviews with residents and family/whanau, likes, dislikes and special diets are catered for. The service has a four week, summer/winter rotating menu which has been approved by a registered dietitian.

Safe and Appropriate Environment

Anne Maree Gardens is located in spacious grounds with a substantial vegetable garden area and a range of outside areas that residents use. The building has an up to date building warrant of fitness and an approved fire evacuation procedure. Heating is with individual heaters that are thermostatically controlled.

The facility offers a clean, well maintained, secure, safe, age and needs appropriate facility within a home like environment. Residents' rooms are all well ventilated with natural light and pleasant outlooks onto gardens, some with individual balconies or decks. Residents have access to a number of communal areas with cleaning, laundry and kitchen services provided on site. The call bell system is effective with no reported concerns around response times.

All chemicals are securely stored and appropriate training for their safe use is regularly provided. Adequate emergency supplies are located on site.

Restraint Minimisation and Safe Practice

Policies are in place for minimisation and safe use of restraints and enablers, however the facility reports there is currently no use of either.

Although the facility gate is locked to ensure safety for all residents from outside visitors, the rationale for the few residents who do not have access to the code to exit the facility, is documented as being for the safety of the resident. Some residents are either under the Protection of Personal Property and Rights Act (PPPR Act) and it is not clinically recommended that they have free entry and exit to the facility, as they are at risk from traffic harm or the community, or they have a mental health diagnosis indicating they are not safe to be in the community unaccompanied. Any decision made to not give a resident the access code is by way of a consent form signed by the Enduring Power of Attorney (EPOA) and discussed with the resident.

Infection Prevention and Control

The service has policies, procedures and an appropriate infection prevention and control programme which is implemented by all staff. They reflect current accepted good practice and meet legislative requirements. There is a designated infection control officer who understands the requirements of the role. The infection control programme (Bug Control) provides a reduced risk of infections to staff, residents and visitors and is reviewed monthly at management and staff meeting levels. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded, analysed, and where trends are identified. Corrective actions are implemented to reduce infections as required.