

Executive Summary of Audit

General Overview

Rannerdale War Veterans Home provides rest home and hospital level care within a large building set within attractive grounds. The traditional look of the building belies the progressive, client-centred and well run organisation within. Strategic planning by the general manager includes ensuring best practice is the expected standard. There are well documented systems in place for all areas of the organisation which lead to effective monitoring and improvement. This is a very sophisticated process and demonstrates the way that quality improvement is embedded in the organisation. A stable staff provide a high level of clinical care. The unique character of Rannerdale and its role for veterans is maintained. Residents, some of whom have very active lives not just within Rannerdale but in the community at large, express a high level of satisfaction. Careful planning has gone into a refurbishment programme which is currently under way, and which will ultimately result in 18 further hospital level beds. All compliance requirements have been met in this process. The disruptions associated with this are being managed very successfully, with a high standard of infection and noise control being sustained.

1.1 Consumer Rights

There is a complaints register incorporating detailed information about complaints received. These are managed effectively through the quality management system. Complaints relating to potential breaches of residents' rights are treated very seriously, and there is evidence where this has resulted in an organisation-wide response to heighten staff awareness.

Information on consumers rights is available on entry to the facility and during service delivery. Residents and family members interviewed confirm their rights are upheld at all phases of service delivery. Training on the Health and Disability Code of Rights occurs annually. Records sighted supported that training occurs at staff induction and ongoing annually, with a high staff participation rate. Residents' notes demonstrate informed consent occurs, and best practice principles are sought from the in house G.P, and a microbiologist if required. Ongoing communication with family and residents is evident in the residents' progress notes and at resident interviews. With a high male population one of the two lady residents interviewed confirmed there was no evidence of discrimination. This was also confirmed by the family member of the Pacific Island resident, who also emphasised that specific cultural needs are sought by staff and met by the facility. Single rooms that are personalised to the residents' own preferences, ensure personal privacy and dignity is respected. Opportunities to maintain independent are encouraged. There were no findings in this standard with one criterion achieving continuous improvement relating to cultural needs.

1.2 Organisational Management

The governance structure of Rannerdale is clearly defined and consistently demonstrates commitment to adhering to the organisation's values by implementing regular strategic planning. They have just been approved by the NZ Nursing Council to provide a Competence Assessment

Programme CAP for overseas registered nurses seeking NZ registration and NZ nurses wishing to return to the nursing workforce.

Registered nurses are on duty 24 hours a day. Rannerdale has its own GP who holds clinics twice a week on site. There is an occupational therapist on site, and regular visits by a physiotherapist, podiatrist and hairdresser, and by other relevant professional specialists as required. Care offered is long term geriatric care, palliative care, rehabilitation, respite care and day care. There are 65 beds, 35 of which are single rest home beds and 30 hospital beds. It has a unique character being a veterans' facility. The majority of the residents are men. The level of care is exemplary.

There is a strong ethos of care for the residents and of sustaining a high level of integrity within the staff. This is reflected in a stable workforce.

The most pivotal part of the Rannerdale system is its well developed quality management system. All levels of service provision and management are interlinked. Data are collected relating to adverse events; corrective actions, health and safety, complaints, etc. These are recorded and reported via the quality management meeting. There are many examples where quality improvements are rapidly integrated into the organisation in response to particular events or staff observations. There is a strong ethos of supporting enquiry and responsiveness, which includes an openness to evaluation and monitoring. The way in which data are consistently collated, analysed and used to make improvements to the organisation particularly in terms of service provision, is an example of continuous improvement.

Staff are recognised as an important resource. Care is taken in initial appointments, and there is a thorough induction process. Nurses and health care assistants (HCAs) are well supported by a buddying system when they are first appointed. Significant improvements have been made in recent years in the nursing staffing system so that they virtually always use their own regular or casual staff, and only seldom do they require bureau staff. HCAs are supported to undertake the ACE training programme and are very proud of their achievements. There is a nursing quality and education coordinator and as a result there is a good programme of in house training. There are high expectations that staff will participate in training. Similarly, staff often demonstrate willingness to contribute beyond specific requirements. An example is seen in the number of off duty staff who participate in ANZAC Day events.

Resident safety and entitlement to the best possible clinical care are demonstrably continuous drivers for the way the service operates. There is an appropriately implemented process ensuring sufficient service providers are in place to ensure safe service delivery, but this is only partially documented.

1.3 Continuum of Service Delivery

A waiting list exists based on the preadmission application form. All residents are assessed prior to admission.

A detailed information pack is provided prior to admission. The Clinical Nurse Manager oversees admissions and ensures appropriate placement occurs in consultation and liaison with the NASC (Needs Assessment and Service Co-ordination) team.

Assessment occurs prior to admission and as indicated throughout by an RN.

A short term care plan is developed initially before the comprehensive, detailed and individualised care plan is developed within the three week timeframe. Care planning is a real strength of the organisation. A primary care nurse (RN) is assigned to each resident with responsibility to develop and evaluate the care plan.

Interventions are developed that are consistent with the goals of the resident, they are altered as required during the review process. Links with other agencies are established and maintained.

A detailed activities plan is developed for each resident. Residents and family state activities are varied and age appropriate.

Referral to other health and disability services occurs through the timely facilitation with the NASC team, and / or the residents Primary care nurse, G.P. and family.

Medication management ensures safe prescribing, dispensing, administration, storage, review and disposal of medicines in line with legislation and policy. A blister pack system is used throughout the facility. A locked trolley holds all medication and utensils for each area, rest home and hospital. A RN administers on hospital wing and a health care assistant with training and annual competency assessment on rest home wing.

The food provision system works well. Individual residents' needs and preferences are accommodated. A cook-chill system has been instituted, and Rannerdale have changed to having the main meal at night, in response to identified resident need. There are clear mutual expectations between Rannerdale and Medirest who hold the food contract. The kitchen area is old and some parts are in need of repainting to bring it up to the standard of the servery. The age of the kitchen presents challenges in terms of managing it, but nevertheless the standard of cleanliness is not optimal.

1.4 Safe and Appropriate Environment

Rannerdale has been refurbishing some areas over the past few months, and is at stage 2 of 3 which will ultimately mean that 18 beds have been upgraded. As a result of the need to attain certificates of public use for the new areas, the newly refurbished wing has been thoroughly assessed by a range of different contractors. Good care has been taken to ensure that the temporary accommodation set up in the interim is warm, light, private and safe. Some other parts of the rest home area are tired-looking in comparison, but well resourced to meet residents' requirements. Residents report a high level of satisfaction in their living areas. Residents have open access to expansive outdoor areas. There are adequate toilet and shower facilities for all residents. All residents normally have their own room although some are currently sharing as part of temporary accommodation during the renovations. These have curtains for visual privacy.

There is a variety of communal areas well equipped to allow choice of entertainment and recreation. These range from the very large main lounge to smaller intimate spaces such as the conservatory, and the small recess where there is a computer for resident use. Residents are supported in using these areas by use of walker frames, wheel chairs, corridor mobility rails, or assistance as required. The falls rate has decreased due to a mobility programme.

There are good records that staff are well trained in emergency and security, starting at orientation, and including fire evacuation trials held every 6 months. First Aid certificates are required of RNs. There is an excellent call system which readily identifies where the call is from and the nature of the need. Systems need to be developed to manage a potential loss of main utility supplies in the case of an emergency. All residents' bedrooms have external natural light, opening windows. All have heating, even the temporary accommodation for 5 residents. There are heat pumps throughout the building. There are individual ceiling heaters in all bedrooms, and residents can control the temperature of their own rooms.

Safe waste management practices are followed.

The laundry service follows a thorough cleaning process, which is audited for effectiveness. Overall the facility is cleaned methodically with good practice in place. The exception to this is and the one finding in this standard was poor quality of cleanliness of the kitchen floor, and lack of clarity among the kitchen staff about the responsibility for this.

2 Restraint Minimisation and Safe Practice

Consistent with the quality of other documentation and processes at Rannerdale, there are comprehensive policies and procedures concerning restraint which comply with the requirements of the standard. Restraints are not used as a form of behavioural management but only in the interests of residents' safety. Approved restraints here are fallout chairs; lap belts on wheel chairs; and bed rails. Documentation around the initiation and ongoing use of these restraints is fully compliant with requirements. There is good evidence that the resident, families and the GP participate meaningfully in decisions to institute restraint. As with other areas of clinical practice (e.g. falls), they benchmark restraint usage with another local Not For Profit aged care facility. Data are collated by the Rannerdale Operations Manager and shared between the two organisations, with frequent face to face meetings to review these. This joint venture won the CDHB Quality and Innovation award 2006. There is full participation in decisions concerning restraint by the resident, their family and the GP, as well as by the multidisciplinary meeting. There is an organisational culture of openness and participation in decision making. Full assessment information is available concerning the use of restraint for each resident, and indicates participation by the appropriate people. Alternatives to restraint are enthusiastically sought as part of residents' care to maximise independence. There is good evidence that the amount of time that residents are restrained is minimised by alternative practices. When restraint is first instituted, it is carefully monitored and recorded every two hours. When it is established that it is being well managed, then the Clinical Charge Nurse makes the decision to discontinue monitoring. This monitoring includes evaluation of the restraint. Restraint use is reviewed six monthly in conjunction with a training session for the RNs.

3. Infection Prevention and Control

A documented Infection Control programme is followed, with detail that reflects the size of the facility. Two criteria in relation to the current alterations were raised as findings - There was no policy or procedure to reduce the risk of airborne infection during the building process and there is no clear process as to when or how the Infection control committee are advised of proposed alterations. Monthly audits show trends in infection rates. Consultation with experts - Microbiologist and Medlab Infection Control RN plus the GP - on the Infection Control Committee indicates the commitment of the facility to best practice principles. Training is provided at least annually and is also initiated through audits. This has been identified as a continuous improvement process.