

Executive Summary of Audit

1.1 *Consumer Rights*

Residents and staff interviewed were glowing in the service provided, felt safe and comfortable in the facility. They also said they were informed and involved at all levels of service delivery. Residents and family were aware of their right to complain in any manner they wish. Complaints were resolved in a timely manner. A complaints register would identify any trends in complaints logged.

1.2 *Organisational Management*

The organisation is managed by a Registered Nurse (RN) who is experienced and has a current practising certificate. 9 other RNs are employed in various capacities by the facility including training, infection control and quality management. Staffing is appropriate to the level of acuity of the residents and altered daily for each wing as required. Quality and risk management is managed within the flow of reports between Residents' meetings, Residents Care/RN meetings and three times per year Management Committee meeting. Information is fed back in this organisation of reporting. A continued strength and commitment by the Management is staff training, this is evident in the quality of training and the high attendance at training sessions by staff.

1.3 *Continuum of Service Delivery*

Assessments are timely, comprehensive and appropriate to the complexity of the residents. Family and residents clearly have input into the care planning including activity plans. Care plans are reviewed at least monthly or more frequently as the resident's condition dictates. Family are informed on a regular basis and by letter after GPs 3 month visit, of any change in resident's status. Family confirmed they feel involved and informed at all times. Nutrition is varied and preferences catered for. Medication is managed with a close relationship with the pharmacy. The service is attempting to have all doctors individually sign for medications as is best practice however there were two doctors who chose to bracket their signatures when prescribing multiple medications for a resident.

1.4 *Safe and Appropriate Environment*

The rest home upstairs section is being refurbished on a rotational basis, worn carpet and older carpet is being replaced on Tuesday 15th December. The facility is clean comfortable and spacious with many alcoves areas and lounges to cater for all needs. There have been no building alterations since the last certification audit and the building warrant of fitness for facility and lift is current and valid into 2010.

2. *Restraint Minimisation and Safe Practice*

There is a restraint policy that covers furniture enablers as voluntary for residents. Resident documentation confirms compliance with policy. There is a clear distinction between the use of restraints and enablers.

3. *Infection Control*

Infection Control is robust and discussed at the Management committee meeting to identify in patterns or trends. Recommendations are implemented with the aim to reduce infections. A process ensures this occurs. Monthly data tracking as a graph reports makes this easy visually for reporting and evaluating the effectiveness of treatment.