

INFORMATION PACK



METHVEN HOUSE

24-28 MORGAN STREET

METHVEN

03 302 8528

Email: nursemanager@methvenhouse.co.nz or officeadmin@methvenhouse.co.nz

Website: www.methvenhouse.co.nz

MISSION STATEMENT

To provide a home for the aged, embracing the needs of all, irrespective of culture, race or creed.

PHILOSOPHY

We at Methven House will endeavour through education and commitment, to provide a safe, warm, caring and compassionate environment for our residents and all in our community.

We will encourage them to maintain independence, and involvement with family/whanau, friends, church and other relevant groups.

We promote awareness of individual cultural, spiritual and health needs.

This is a residential care facility. The facility is converted for the care of the elderly and is certified by the Ministry of Health to accommodate residents who need this specific level of care.

This facility is licensed and staffed to provide care to the residents assessed as needing this level of care.

In the case of an illness, we will seek assistance and advice from a Doctor. If that illness is beyond our capabilities and facilities then we will discuss with you and your relatives about making alternative arrangements appropriate to your needs. It is your responsibility to inform Management fully regarding relevant medical history and current health status. You are encouraged to care for your own health and wellbeing as much as possible

We strive for this to be a safe facility in which residents can feel secure.

HISTORY

In 1968, when Methven Cottage Hospital was closed by the Ashburton Hospital Board, a group of enthusiastic locals saw an opportunity to establish a Rest Home for the elderly on the disused site. A very well attended public meeting saw the election of a committee led by Gordon Lill and Dolce Watson. After many meetings with the Ashburton Hospital Board and the Ministry of Health and a vigorous fund-raising project, the Methven Aged Person's Welfare Association Inc. (MAPWAI) was formed. The Constitution of the Association was prepared and adopted in 1974, and the site became the property of the residents of Methven and surrounding districts as the constitution confirms. The purchase of the building and site on the corner of Morgan and Alington Sts was possible due to a generous donation from Jean Wightman who farmed at Highbank. Other fundraising from throughout the district raised the funds for the conversion to a rest home. The official opening of Methven House took place on 3 April 1977.

Methven House is unique in Mid-Canterbury as it is operated by Methven Aged Person's Welfare Association Inc. (a registered charity) on behalf of the people of the surrounding area. The association and Methven House are administered by Management Committee made up of appointed and elected members. Day to day management is carried out by Elisabeth Heybrook – Nurse Manager. The staff of ? is made up of registered and enrolled nurses, caregivers, domestic staff, an activities co-ordinator and an office administrator.

Today Methven House is a home with character, large airy rooms and spacious grounds where residents are encouraged to put their personal touch on their rooms to really make it 'home' for them.

Community input into Methven House is substantial with various groups visiting regularly and residents are encouraged to continue their interests they were involved with prior to entering the home as well as participate in activities organised by staff.

The Rest Home caters for twelve residents, either private paying or subsidised care. The adjoining four flats, are occupied on 'rental only' basis or as a serviced unit with all care and meals provided.

Methven House also run Meals on Wheels for the wider community with help from volunteers.

With its quiet country atmosphere and small size, Methven House is an ideal place for those who desire privacy and individual care of a very high standard.

METHVEN HOUSE STRUCTURE

Management Committee			
Chairperson	Colin Lill	Committee Members:	Derek Glass
Secretary &			Sue Bell
Treasurer	Cathie Connew		Morris Molloy
Vice Chairperson	Sue Jackson		Joan McKay
Furnishing Convenor	Shirley Lucas		Myles Connew
Grounds Convenor	Richard Lilley		
Nurse Manager	Elisabeth Heybrook		

Strategic Planning Committee
Morris Molloy
Cathie Connew
Colin Lill
Derek Glass
Elisabeth Heybrook

Human Resources Sub Committee
Cathie Connew
Colin Lill
Sue Bell

Nurse Manager Support Group
Sue Jackson
Sue Bell

Staff:			
Nurse Manager:	Elisabeth Heybrook - Registered Nurse		
Care Givers:	Jenny Gilchrist - Registered Nurse		
	Shirley Frost - Enrolled Nurse		
	Heather Shearer		
	Janis Tate		
	Helena Edy	On Call Nurses:	Mary McGettigan
	Anne Goodwin		Hilary Turnbull
	Barbara Stowell		
	Sara Manning		
Domestic Carers:	Teresa Cavill	Grounds:	Huntley Gray
	Lynda Auld		
Night Shift:	Melva Middleton	On Maternity Leave:	Barbara Pomana
	Eveline Muldoon		
Activities:	Susan Lumsden		
Office Administrator:	Judy Dixon - Reports to Treasurer		

WHO ARE ELIGIBLE FOR ADMISSION

All prospective residents need to be assessed prior to admission by the Clinical Assessment & Service Coordination team.

We are contracted to admit rest home level of care. Higher levels of care require hospital care or specialised dementia care which Methven House is not able to provide.

We accept private paying residents and have a contract with the Ministry of Health for subsidised residents. We also have a contract for Respite and Carer Support Services.

If the applicant meets the above criteria, (subject to availability) arrangements can be made for their admission to our facility.

Refusing entry

If at any time the nurse manager/registered nurse feels that an applicant or existing resident is not suitable, family and referral agency will be officially informed with reasons stated and we will do our best to offer an alternative.

Reasons for refusal can be if:

- we can not cater for the care level that the applicant is assessed for.
- the applicant has serious psychiatric problems.
- the applicant requires 24 hour registered nursing care.
- the applicant requires the aid of 2 nursing staff at all times to meet daily needs.
- the applicant shows behaviour that could disrupt the other residents.

LEVEL OF CARE

The rest home is certified and staffed appropriately as per legislation and good practice guidelines as a Home for people suffering from aged related problems and is not a hospital.

In the case of acute illness while living here, we seek advice and consult our General Practitioners. If the illness is beyond our capabilities and facilities then we will discuss with the resident, family and GP about making alternative arrangements for care. If at all possible when an illness is terminal and the resident and their family/whanau wish for their family member to remain at Methven House, we will endeavor to keep them with us. This may require a higher staffing level for a short period but we will at all times endeavor to reach a high level of care and reach a compromise with families regarding the care.

THE RESIDENT'S REPRESENTATIVE

We care for people who sometimes are not capable of organising their own affairs and require another person to do this on their behalf. In respect of the Resident's financial affairs, this person may be a Property Manager or Enduring Power of Attorney holder. If the Resident does not have a Property Manager or Enduring Power of Attorney we require that an application appointing a Property Manager for the Resident be made as a matter of urgency.

If the resident does not have an agent or relatives to appoint one, management in conjunction with

the social worker, will help and advise the resident to appoint an agent either from Aged Concern, Public Trust, solicitor, local minister etc. as soon as possible after admission. If money is necessary before an agent is found invoices will be kept to hand over after agent is appointed.

MEDICAL SERVICES

We have a number of external health professionals that visit either regularly or as required. The key providers for this facility are:

- **General Practitioners:**

General Practitioners from the Methven Medical Centre are Dr John McGettigan, Dr Gayle O'Duffy and Dr Steve Bannister.

Our General Practitioner visits regularly and, if the GP approves, you will be seen at least every three months but more often when required, these costs are included in the fee.

Should urgent medical attention be required at night or during the weekend, then the on call doctor from House Call Services will attend.

If relatives wish to discuss regarding the care of their family member please arrange an appointment through the registered nurse or manager.

Residents may continue care with their existing GP, however this would be at their own expense.

- **Physiotherapy:**

Contact Physiotherapy operates from the Methven Medical Centre building in The Square. Transport can be provided for prescribed physiotherapy. Treatment will be a resident's expense. Kirsten Gunn 308 3004

- **Podiatrist:**

Is available at the Medical Centre on the last Friday of the month, approx. \$60. Contact Adele Bradley 3084834 for an appointment.

- **Dentist:**

Private arrangements must be made with dentists in Methven or Ashburton

- **Dietitian:**

We have a contracted Registered Dietitian to assist our needs via Ashburton Hospital

- **Optician:**

Arrangements can be made through the Nurse Manager

- **Assessment, Treatment & Rehabilitation Services (AT&R):**

Available through the GP and Ashburton Hospital

Community Resources:

The following Community support groups are available and may be of interest to you. Please contact them yourselves or see the staff if you would like help to be put in touch with any of them.

- Methven Aged Persons Welfare Association owners of Methven House – see the office administrator for information.
- Friends of Methven House – Mrs Pat Inch 302 8509
- Friendship Club – Mrs Dolce Lyttle 302 8574
- Senior Net – Mrs Colleen Gorman 302 8988 or Mrs Anne Ridge
- Alzheimer's Society
- Aged Concern
- Clergy – David Vaughan Presbyterian 302 8151

Mike Keith Anglican 302 8254
Father Pat Kennedy Catholic 302 8258
Mark & Lydia Taylor Elim 302 9698

Specialist Appointments

On occasion it may be necessary for the Resident to attend specialist, x-ray, medical centre, dentist, hospital and other appointments.

We encourage families to continue to take their relatives to these appointments as it is important that your loved one has company while waiting for their appointment. However, if Methven House can undertake this at additional cost.

Nurses

The nursing care is overseen by our Registered Nurses who are qualified and have extensive experience. They co ordinate the holistic care of the resident between all parties.

Medication

It is our policy at Methven House that we dispense all medication to our clients and follow in-house procedures for this. Medication is packed in blister packs. Self-medication maybe possible after assessment by an RN and discussion.

Usual medications times are:

0700, 1200, 1730 and 2100hrs.

Access to Assessment and Rehabilitation

With referral from the General Practitioner you may be referred to the CASC for reassessment or the AT & R unit for rehabilitation and intense physiotherapy at any time. Please discuss this issue with the Nurse Manager and she will arrange this.

Social Workers

Should any resident require the services of a social worker, this can be arranged.

GENERAL INFORMATION

Settling in Period

New residents can have a one month assessment period to ensure suitable placement. If in our opinion the Resident is not happy or suitably placed, then we will discuss alternative arrangements with the Resident's and their representative.

Visiting hours

We encourage family and friends to visit as often as possible and we have no set visiting hours but ask visitors to be aware of other residents when visiting. If possible, refrain from visiting during the early morning hours (before 10) to allow staff to provide personal cares, or late at night which can disturb other residents.

Under normal circumstances we advise visiting between 10.00 am and 19.30 pm if possible. Dinner is served at 12 noon and tea is served at 5.15pm.

Additional Services (see later in this information for more specific details.)

From time to time we arrange additional services for the Resident, such as hair dressing, podiatry and outings. Where the cost of these additional services is not included in the fee it shall be met by the Resident directly. An indemnity will need to be signed for the Resident to participate in outings.

Resident Meetings

We encourage all residents to participate in these meetings and have their say regarding facility matters. The meetings will be announced and minutes of these meetings displayed on the residents information board.

Quality Assurance

We have an on going Quality Assurance Programme to ensure we maintain the highest standard of care possible. If you have any suggestion or comments you wish to make about our service, please let us know

Management

This facility is owned by Methven Aged Persons Welfare Association

Nurse Manager is Elisabeth Heybrook

Office Administrator is Judy Dixon

Committee Chairperson is Colin Lill

Secretary & Treasurer is Cathie Connew

Telephones

Residents may receive phone calls on our Methven House number and be connected via a portable phone. If you wish to make a phone call we can assist with this connection. Most rooms have telephone points and clients are welcome to bring their own phones and retain their own number. In this situation, all telephone accounts will be the resident's responsibility.

Television

There is a television for general use in the lounge and dining room. Lounge television has freeview which enables extra channels.

TV points are available in bedrooms and again clients are welcome to bring in their own TV's. Freeview will be fitted into rooms if necessary by Methven House.

Staffing

We provide for 24 hour staffing and there is a Registered Nurse on call for emergencies at all times. 24 hour medical care is also provided as required.

Caregivers have been chosen not only for their professionalism and clinical expertise but also their approach to the residents. All caregivers are educated in-house with the Aged Care Education programme and regular In-service education is given using suitable speakers and external programmes.

Mail

Your mail will be delivered to you each day. Posting of mail can be done for you by leaving it in the Nurse Managers office. Incoming post is to: 'residents name', 24-28 Morgan Street, Methven 7730.

Cultural Support Options

We are able to provide information about cultural support groups should you require it. Please let the Manager know if written or spoken English is difficult for you so we can accommodate this when providing you with information. We may be able to bring in an interpreter or translator if a family member or friend is unavailable to assist.

Spiritual Needs

We will assist residents who wish to attend Church services. Bi-weekly church services are held In-house with all local denominations involved. Members of the Catholic Church will bring communion on a weekly basis when asked and the Priest will visit monthly.

Security of Personal Possessions

The management recommends that money is not left with residents. While we do not wish to take away the individuals independence and ability to deal with their money, we will not be responsible for any money that may go missing.

People with dementia or some level of memory loss often hide money in a "safe" place. If they forget where they put it then accusations of others of stealing this money can occur. The best way to avoid this is for residents not to have money.

Articles of value, such as jewellery should not be left with residents who may not be able to look after such items. We will not be responsible for any articles of value that go missing.

Articles of value should be kept by family/whanau or the clients advocate.

The facility and its staff shall not be liable for any theft, loss or damage to the Resident's property. All items should be clearly labelled and all personal property must be insured by the resident.

Insurance

Whilst the provider will take care to protect your personal belongings, you need to discuss with your family/whanau or Enduring Power of Attorney whether you need to take out your own personal insurance particularly for items of significant value. There is no cover for personal belongings under the Methven House insurance policies.

Privacy Protocol

We are committed to ensuring that your privacy and dignity is maintained at all times whilst you are

in our care. We keep information about you on file but this is confidential only to the people responsible for your care.

Voting and Jury Service

You have the right to vote and participate in jury service should you be required. Our staff will assist you at these times to ensure you make informed choices.

Residents Incidents and Accidents

Residents and their families need to understand that ALL accidents and incidents involving them (including abuse) need to be documented so management can ensure that solutions are found and the situation does not arise again. Please use the Complaints Procedure available or feel free to talk about the issue with the Nurse Manager or a staff member you trust. Alternatively please contact either the Chairperson or the Secretary of the Management Committee.

Laundry

Methven House we launder all of our residents clothing on site as required. Whilst we take all due care and responsibility when laundering, you need to be aware that we cannot be held financially liable should clothing loss or damage occur. We ask that all clothing be clearly labeled with your name. If you have a family member who would be willing to hand wash woollen clothing we would be grateful. We ask that you arrange your own dry cleaning but staff are always there to assist if necessary.

Recreational Activities Programme

We believe that by keeping the mind and body active, a better quality of life is maintained. Entertainment, recreation and activities based on ability are facilitated for that purpose. A wide range of activities are provided.

Our Activities Coordinator works on average 8 (eight) hours per week and we have numerous volunteer groups who come in to entertain

Weather permitting, outings are organised to local shops, parks and attractions and small additional charge is involved for the hire of the minibus. For many residents we provide the opportunity to pick up on interests long forgotten but still enjoyable.

It is the choice of the client whether or not they participate in the activities.

Some of the activities:

Bus trips	Make up and nails
Carpet bowls	Reading
Housie	Music and motion
Community group visits involving children and music	

DIETARY REQUIREMENTS

The times given are approximate times and there is a level of flexibility to suit the resident's needs.

Breakfast: 7.00am to 8.15am - usually served in their bedroom.

Breakfast is continental style to resident's choice.

Morning tea: 10.00 am- 10.30am - In the lounge room

Hot drink and fresh baking.

Dinner: 12.00 midday - In the dining room.

This is the main meal of the day. It includes a main, dessert and drink.

Afternoon tea: 3.00pm - In the lounge room

Hot drink and fresh baking.

Tea: 5.15pm - In the dining room.

A light meal consisting of a savoury dish or sandwiches with soup, fresh fruit, drink of choice.

Supper: 7.30pm

Tea or coffee or Milo, which is served in their bedroom as desired.

Additional Drinks served at 11am and 4pm – cranberry juice or cordial.

Diabetic, weight reduction, low salt and high calcium diets are provided if required. Supplements are provided when prescribed by GP. Over the counter supplements are at the residents own expense.

A dietician's professional opinion and input is sought were the need for special diets are identified.

We try very hard to cater for all likes and dislikes.

We encourage residents to have input into menu choices and document likes and dislikes. For this reason and because we wish to optimise your health, we need to know if you have any particular dietary requirements. We will endeavour that choices reflect cultural values. If the food is not too your liking please communicate this to the staff in a respectful manner.

If you have been assessed as requiring special feeding equipment such as modified cutlery or drinking cups, please inform us as to what equipment you like to use.

THE FACILITY

This facility set in a large garden which enables people to wander freely at their leisure. Residents who are capable to go out are encouraged to do so with family and friends.

There is large lounge for the residents.

There is good access to the garden and surrounding area. There are no steps to contend with at the main entrance and there is plenty of car parking space for visitors.

The Building

Toilets and showers are near to all the bedrooms.

The management strives to ensure the building is appropriately maintained to keep it in a safe, clean and pleasant state. However if you have concerns about any aspects of the building please notify the Nurse Manager or Office Administrator. Issues affecting health and safety will be addressed promptly, however due to funding constraints cosmetic issues will need to be added to the maintenance schedule in the next planning round.

Bedrooms

The rooms are either shared or single with heaters, call bells, wardrobes, bedside lighting, pleasant furniture and hand basins (2 shared rooms do not have handbasins). We encourage residents to personalise their rooms with pictures, ornaments and furniture as space permits.

Items that people have had for a long time often help people recognise their own room e.g. wedding photos, arm chairs, pictures.

All client rooms have heaters in them so there is no need for clients to bring their own.

THE FLATS

We have 4 self-contained flats attached to Methven House. These are connected by emergency call bell system to the house, and staff will attend 24 hours a day if these call bells are activated.

Flats may be rented out in two different ways:

1. Rental only accommodation - the client will pay \$145 per week, and will be responsible for own power and telephone accounts.
Insurance on the flat is our responsibility but the clients will insure contents.
Residents may be entitled to Meals on Wheels or other support services provided by the DHB however these are not authorised by Methven House. Please contact GP for more information.
2. Serviced unit rental - here the client will pay rent \$ 140 plus the costs of the extra services.
The price will set at the time of admission.
All domestic chores will be done by staff and as much personal assistance as assessed as necessary by the nurse manager will be put in place.
Three meals a day can be provided.
The client will be responsible for own power and telephone accounts. The client will be responsible for contents insurance.

If residents are able to do the garden they are encouraged to do so, but there are garden services available at no cost. All lawns are mowed by the management.

All repairs and maintenance are carried out at the expense of Methven House except those which are required due to intentional or negligent actions.

Refurbishment is carried out at the Committee's discretion and at their expense. Usually this is undertaken between tenancies unless there is an urgent need.

SAFETY

There is easy access from the inside to outside areas therefore the likelihood of falls and accidents are greatly reduced. Showers, toilets and bathrooms all have handrails to assist clients and to make them feel secure. It is impossible however to totally prevent falls or accidents and still live with our philosophy of maintaining independence.

We comply with the Health and Safety Act and have identified hazards in and around the facility that could occur. (please ask copy if you like to know which hazards we have identified) We have procedures in place to minimise or eliminate any risks.

Our staff is well trained in the use of all equipment in relationship to persons with disabilities. Staff are given on going training in all aspects of dealing with the elderly client to provide a safe and secure environment,

All electric equipment **MUST** be tested prior to being used in the facility. This can be arranged at the residents expense.

Fire Safety

We have an evacuation plan, which has been approved by the Fire Service. Fire drills are organised at least every 6 months.

We have sprinklers and smoke detectors installed.

We have a current building Warrant of Fitness as required by the Building Act 1991. This indicates that all fire safety and monitoring systems, fighting equipment and all facilities with disabilities met the requirements of the 1991 Act.

Smoking

For the health and safety of both residents and staff, we have a **NO SMOKING** policy within the grounds and building. However, if residents wish to smoke there is a shelter in the garden.

Security

At night all external doors are locked as required for staff and residents safety.

In case of resident's wandering we will assess the need for a safe tracking device.

FINANCIAL ARRANGEMENTS

We have a current contract and are certified by the Ministry of Health and if your relative meets the criteria for a Subsidy then the majority of the expenses will be met. Their superannuation will be diverted to assist in paying for their care.

Subsidy

At this facility there are those residents who are receiving subsidy and those who are privately paying. These matters are confidential. All residents are treated the same.

If a non-Subsidised Resident wishes to become a Subsidised Resident, he or she must satisfy the Eligible Person criteria, which includes an assessment by a CASC and a financial means assessment under section 69F of the Social Security Act 1964.

Assessments may require some time to arrange, and the conclusion of such assessments may be that the Non-Subsidised Resident is not an Eligible Person.

Residents are covered under the contractual requirements.

All accepted applicants are expected to sign an admission agreement.

The services provided by us: (What is included in the fees)

- 24-hour nursing care
- activity programmes
- all meals
- all personal laundry (but not dry-cleaning)
- support for relatives and friends
- Registered Nurse input and supervision + 24 hour on call.
- 1-3 monthly and when clinically indicated doctor's visits.
- 24 hour doctor on call. Extra visits requested by residents/relatives.*
- Access to religious personnel
- Supervision and transport to local appointments as necessary
- Personal shopping for those whose family are unable.
- Dressings and supplies used in treatments. These will be of an appropriate standard.
- Continence management products that are of an appropriate standard to meet the assessed needs of each Resident, as set out in the Care Plan.

Activities offered include:

- Activity co-ordinator
- Handcrafts, games, music, supervised walk/outings
- Magazines, Books and photo albums
- Visiting singer/entertainers
- Concerts*
- Celebrations, i.e. Birthdays, Christmas etc.
- Bus trips*
- Church and other community facilities.
- Listening to music
- Watching TV and videos

*At resident's cost

The following services are not covered by the fees:

- Specialised assessment and rehabilitation services – including specialist assessment for, and advice on, rehabilitation and specialised assessment (by accredited assessors) for individual customised equipment via ACC or Ministry funded Environmental Support Services provider.
- Customised equipment, accessed through services funded by the relevant DHB or through specialised accredited assessors, such as wheelchairs modified for an individual's use, seating systems for postural support, specialised communication equipment and other customised and personal care and mobility equipment.
- The provision of equipment, aids, medical supplies or services that relate to conditions covered by separate funding from us, another DHB, or the Ministry except where these have been specified in Section D or Section E as forming part of the Services.
- Services such as those provided by dentists, opticians, audiologists, chaplains, hairdressers, dry cleaners, and solicitors.
- Clothing and personal toiletries (soap, shampoo, toothpaste, deodorant, tissues), other than ordinary household supplies.
- Charges for personal toll calls made by the Subsidised Residents.
- Insurance of the Subsidised Resident's personal belongings.
- Alternative medicines
- Interpreter services
- Incontinent supplies - additional product than meets the identified needs.
- Any other items listed in the contract.

THE HELP WE NEED FROM YOU**CLOTHING**

- Supply and upkeep of appropriate, machine-washable clothing, remembering that incontinence increases the number of changes of clothing needed each day.
- Marking of all clothes (preferably with sewn-in labels) as this is essential to prevent loss and confusion.

You can expect to be contacted when it is noticed that a resident's wardrobe no longer meets requirements or when repairs are needed. It is important to realise, too, that requirements do change – for example, through a resident's change in weight or an alteration in his or her functioning.

Here are some suggestions on what to provide:

- The style of clothing that your loved ones have worn for the past 40 years. If they are used to leather shoes don't buy sneakers.
- comfortable easy care clothing
- dresses that button or zip down the front or back are preferable for ease of dressing and undressing
- half-slips, camisoles and singlets. Nighties with elastic necklines or several buttons (so that they can be slipped down rather than lifted over the head)
- shoes with flat soles
- at least one good outfit to be worn on outings and special occasions
- clothes made from knit or interlock so that fabrics wash and wear well without ironing

- socks that do not have a tight binding at the top which restricts circulation
- electric razor

TOILETRIES

Basic toiletries are available for purchase, but you can add to them if you wish i.e:

- toilet bag
- moisturiser for the face etc
- perfume/after shave
- make-up
- hair spray

GLASSES AND DENTURES

It is helpful if these are named in a permanent way.

MISCELLANEOUS

- At the time of a resident's admission, residents or if appropriate their relatives will be asked to sign an admission agreement, consent forms and resuscitation form.
- When a resident is distressed or agitated, sometimes a phone call to a loved one can be a great comfort. Staff may request your permission to arrange this.
- Relatives and friends are of course very welcome to take the resident out for day trips or for weekends, by arrangement with staff.
- We also welcome family and friends to take a cup of tea with residents.

YOUR INVOLVEMENT

How much you involve yourself with the facility and your relative is entirely up to you, and indeed what is desirable varies from one situation to another. For some people it is entirely appropriate to continue with a high level of involvement, and we very much welcome you as a major contributor to the caring team. For others it might seem more appropriate not to visit too often. Some who have become exhausted in the struggle to maintain their loved one at home might feel the need of a rest or holiday before becoming very much involved again. You may like to discuss with the Nurse Manager how much you would like to be involved, but we do appreciate that circumstances change and you might wish to change the level of involvement (to either more or less) as time goes by.

If you are the primary carer or next-of-kin, please also indicate how much you wish to be informed on minor changes that occur in the resident and changes in medication and routine.

You, of course, have the right to be involved in decisions about medication and to know what is going on.

COUNSELLING FOR CARERS

We also recognise that most people experience some very difficult emotions when they first place their loved one in a facility. Some feel guilty because they have had to give up the unequal struggle of continuing to manage at home. Others have a feeling of relief – but then feel guilty that they feel relieved. Others again feel a great sense of loss. All these feelings are quite normal, but sometimes it is helpful to talk about them. Please feel free to do so if you wish, and contact the Registered Nurse or the Nurse Manager.

PRIVACY

We abide with all aspects of the Privacy Act 1993 and the Health Information Code 1994.

Residents have the right to access their medical and nursing notes at any time. Residents representatives are given a copy of the Code of Rights and Responsibilities on admission to the facility.

The staff respects the privacy of all Residents with regard to their physical privacy and privacy of information

All information regarding medical history, health status, personal information, etc. are collected by management and are stored for the period as prescribed by respective regulation.

You or your representative has the right to access the information. All such information is kept in a secure place.

You or your representative will be expected to sign consent forms for various requirements as per regulation.

SUGGESTIONS AND COMPLAINTS, FEEDBACK

We aim to provide a superior service in a warm and caring environment, but nobody is perfect, so we are always looking for suggestions to improve conditions for our residents. Suggestions for improvements could be given to the Nurse Manager or the Registered Nurse. All feedback will be welcomed and passed on to staff.

The Committee undertake annual satisfaction surveys from the residents and families but they can also be contacted at any other time regarding your suggestions, feedback or complaints. These should be addressed to: The Committee, PO Box 59, Methven 7745.

Likewise, although we hope there will not be serious complaints, it is important that you should feel free to air them either to us or to an appropriate body. You could discuss them or put them in writing on our Complaint Form. Complaints forms are easily accessible in the facility.

Your complaints will be thoroughly investigated and results reported back to you within 14 days of receiving the form.

You may make an anonymous complaint if you prefer to:
Health and Disability Commissioner (09) 3733556

We will ask your feedback from time to time through a satisfaction survey and will appreciate your comments.

Please don't hesitate to contact the nurse manager or RN should you require more information or if you like to discuss anything in more depth.



COMPLAINTS & COMPLIMENTS FORM

COMPLAINTS PROCEDURE

1. This form to be used to document complaints. If the complainant does not wish to document the complaint, the senior staff member shall document the complaint for management recognising the complainant's right to confidentiality. A short explanation of the complaint will be included also.
2. Reportable complaints may include:
 - Unsafe acts or service
 - Unexpected, harmful incidents to residents
 - A service not up to standard
 - A service which is late or forgotten
 - Any other resident or relative complaint
 - Staff member complaint
 - Visiting health professional complaint
3. A complaint form is completed by the staff member, resident or relative who:
 - is involved in the complaint
 - witnesses the complaint, or
 - to whom the complaint was reported to
4. The complaint form is completed as soon as practicable after the complaint occurs, but before the staff member goes off duty. Residents and relatives will have access to complaint form for completion in privacy and at their convenience.
5. The complaint form is given to the Manager, who considers the complaint and instigates any immediate action necessary. Follow up or feedback shall be provided to the complainant as soon as reasonably possible, but not longer than **five working** days. The complainant shall be contacted in writing with an explanation that substantially addresses the complaint within **10 working days** of receipt of the complaint.
6. Staff and resident's confidentiality will be maintained throughout the procedure.
7. If the complainant is not satisfied with the outcome of the complaint investigation and subsequent action taken by management, they should be informed of their right to access an independent advocate, who can be provided through the Advocacy service. **0800 555 050**
8. The complainant is also to be informed of their right to forward the complaint to the Ministry of Health if they are not satisfied with the outcome of the complaint procedure.

Please complete the reverse side of this form.

Please complete this form with as many details as possible. Thank you.

This is a complaint:

This is a compliment:

DETAILS:

Was a particular staff member involved?

Was a particular point of our service or care enhanced or neglected?

How would you like your comment used?

What is your relationship to the facility? _____

Name: (optional) _____

Signature: _____ Date: _____