Thornton Park Retirement Lodge Limited

CURRENT STATUS: 05-May-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

Thornton Park Retirement Lodge is certified to provide rest home and hospital care for 40 residents and occupancy was 34 on the day of the audit. Thornton Park has made substantial improvements and has addressed many of the actions required from the previous audit including addressing environmental hazards. Thornton Park has undertaken an extensive policy and clinical document review with an external consultant and has also introduced numerous changes in their practice such as; introducing clinical practice guidelines, review of job descriptions, updating skill mix policy, and updated infection control manual. This audit identified improvements are required around document review, short term care planning, ongoing nursing assessments, safe medication management and training. In addition, some previous improvements required still need to be addressed including developing respite policies, registered nurse cover and hot water temperatures.

AUDIT SUMMARY AS AT 05-MAY-11

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 attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 05-May-11	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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Organisational Management	Day of Audit 05-May-11	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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Day of Audit 05-May-11	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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Day of Audit 05-May-11	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.		**A number of shortfalls that require specific action to address**

Restraint Minimisation and Safe Practice	Day of Audit 05-May-11	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**A number of shortfalls that require specific action to address**

Infection Prevention and Control	Day of Audit 05-May-11	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**A number of shortfalls that require specific action to address**

Thornton Park Retirement Lodge Limited

Date of audit: 08-Nov-10

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

Thornton Park Retirement Lodge Ltd is certified to provide rest home and hospital care with 39 residents on the day of the audit. The service has recently taken on new staff with a management team that has been formed to include the site/quality manager, finance manager and clinical nurse manager.

The service has made some improvements to the quality programme following the previous audit and there continues to be an emphasis on review of policies and procedures. The service received positive feedback from the GP and the residents/relatives interviewed. However, this audit has identified an increase in the number of findings since the previous audit including, shortfalls in service delivery and meeting contractual requirements. There are two standards 'not met' related to not evaluating care plans and registered nurse cover.

There were also a number of high risk findings in particular around management of medication and chemicals, monitoring of hot water temperatures and maintenance. Other areas identified in this audit for improvement include (but not limited to), a) privacy, b) ongoing training, c) updating of policies to new standards, d) admission agreement, e) documentation of advanced directives, f) documentation of complaints and incidents, g) job descriptions, h) care planning documentation including assessments/interventions/reviews, i) civil defence, and j) restraint and infection control documentation/management.

SUMMARY

Standards have been assessed and summarised below:

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Organisational Management	Indicator	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.		**Major shortfalls, significant action is needed to achieve the required levels of performance**

Continuum of Service Delivery	Indicator	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.		**Major shortfalls, significant action is needed to achieve the required levels of performance**

Safe and Appropriate Environment	Indicator	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.		**A number of shortfalls that require specific action to address**

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Infection Prevention and Control	Indicator	Assessment
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AUDIT RESULTS

Consumer Rights

Discussions with staff across each area (hospital and rest home) identified their familiarity with the code of rights. A review of care plans (and other documentation) and discussion with residents and relatives confirms that the service functions in a way that complies with the Code of Rights. Information is fully available to residents and family about services provided and the Code of Rights. There are implemented polices to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of the rights of residents and their ability to make choices. Care planning accommodates individual choices of clients and/or their family/whānau and the special needs of residents requiring hospital care is considered. Currently there are no locks or ways of alerting people to engaged areas for bathrooms/toilets. The policy around advanced directives should be reviewed.

Organisational Management

There is an overall quality and risk management programme that includes an implemented audit schedule and an implemented health and safety programme. Plans, aims and ambitions for the year are monitored monthly and the managers meet daily to review progress. The service has put in a lot of effort to address quality issues identified in the previous audit with review of policies occurring, a well implemented document control process, evidence of quality improvement and when incidents are documented on appropriate templates, evidence of resolution and analysis of data. All incidents and complaints should be recorded on appropriate templates. There are adequate clinical policies to support staff. The current quality / risk system is implemented supported by the annual staff training plan. The annual training plan covers a wide range of subjects and exceeds eight hours annually. The service has on call nurses overnight and families and residents interviewed stated that at times there are insufficient staff to meet their needs. A staffing levels rationale should be developed as a high priority. All documentation should also be signed, dated with the designation of the staff member documented.

Continuum of Service Delivery

An information pack is provided to residents on admission. Care plans are developed by the clinical nurse manager/registered nurses in the hospital and rest home and each registered nurse is given responsibility for maintaining, and reviewing care plan in consultation with the caregivers. Family/whanau are involved and thereafter. Overall resident files were individualised but a number of improvements have been identified. Resident files identify service integration. Family communication is documented in the resident files. Links were developed with external specialists as required. Discussions with 11 residents and four relatives were all happy with the care provided at Thornton Park. The service has a diversional therapy/activities programme. A range of activities are available and these include the involvement of the residents into the community. The programme reflects resident's interest in the environment and they have choice in their level of participation. The service has adequate medication management policies and procedures which follow

recognised standards and guidelines for safe medicine management. The service uses a blister pack system. Medications are stored safely. All staff involved in medication management are trained and competencies are monitored. There are food policies/procedures for food services and menu planning appropriate for this type of service. Dietitian input is obtained. Residents' food preferences are identified and this includes consideration of any particular dietary preferences or needs. There are a number of improvements identified including (but not limited to), regular use of assessment tools, developing and implementing the admission agreement, developing care plan interventions further, completing regular care plan evaluations, utilising short term care plans, medication documentation, and monitoring medication fridge

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is appropriate and available protective equipment and clothing for staff. Furniture and fittings are selected with consideration to residents' abilities and functioning.

The service has adequate showering facilities and toilets in both the rest home and hospital. Resident rooms in the rest home and hospital are of an adequate size to allow for the safe use manoeuvring of mobility aids and hoists. The main lounge functions as the activities area. The arrangement of furniture allows residents to mobilise safely. Residents are able to access other areas for privacy if required. The service has in place a Civil Defence Manual and Civil Defence Plan. There is a staff member on each shift with a current first aid certificate. The is an approved evacuation scheme in place and fire drills occur 6 monthly. The service has a civil defence kit available . The service has in place visitor security and safety procedures. Support is identified in the care planning for the level of need of residents. A number of improvements have been identified around water temperatures, maintenance, laundry practices, chemicals and civil defence.

Restraint Minimisation and Safe Practice

There is a restraint policy applicable to the provision of rest home and hospital services. It includes definitions and classifications of restraint and enablers. There are procedures for restraint authorisation, assessment, types of restraint approved in the facility, training, monitoring and review/evaluation. Staff training in restraint has occurred in 2010. There is an opportunity to ensure that assessments are completed with risks identified including monitoring requirements. The service should also ensure that staff understand concepts of restraint and the use of enablers.

Infection Prevention and Control

Thornton Park has clear IC processes and the owners meet with the management team regularly. There are also monthly staff meetings and IC is a standard agenda item. The orientation checklist for new employees includes IC. IC training is provided to staff. Training records for staff were sighted.

There are infection control policies and procedures. infection control data is collated monthly and reported to the staff meetings.

There is an infection control surveillance policy. Infection surveillance data collected only includes those infections treated with antibiotics.

There are improvements identified related to; policies and procedures, infection control nurse training, and the surveillance programme.