Patrick Ferry House Limited

CURRENT STATUS: 06-Jul-11 (Surveillance audit)

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

Since the last audit two clinical coordinators have been employed, one for each floor of the facility. The clinical coordinators provide leadership and oversight into all aspects of service delivery. All partially attained criteria from the last audit have been corrected and there are robust systems in place to ensure ongoing monitoring and implementation of the requirements. In addition the organisation demonstrates a commitment to improving quality and performance. There is evidence of detailed analysis of issues that arise such as infection control trends. Senior staff have input with collaboration from staff at all levels to improve any untoward trends.

There is a training schedule which is fully implemented to ensure staff are kept up to date with current best practice. Competency is monitored. Clinical documentation has improved since the last audit. There are records of detailed assessments, individualised care plans, ongoing evaluation which includes input from residents and families. Residents and family members interviewed during the audit expressed their satisfaction with all aspects of the service.

AUDIT SUMMARY AS AT 06-JUL-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

Indicator	Description	Definition
	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
	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 06-Jul-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.		**No short falls**

Organisational Management	Day of Audit 06-Jul-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.		**No short falls**

Continuum of Service Delivery	Day of Audit 06-Jul-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.		**No short falls**

Safe and Appropriate Environment	Day of Audit 06-Jul-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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 06-Jul-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		**No short falls**

Infection Prevention and Control	Day of Audit 06-Jul-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.		**No short falls**

Patrick Ferry House Limited - Hospital Services

Date of audit: 04-Aug-10 (Full audit)

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

Patrick Ferry House is a modern purpose built facility opened in 2008 providing both hospital and rest home level care. The facility is on two levels with rest home and hospital residents accommodated throughout the organisation. There is a total of 74 beds, 71 of which were occupied on the days of the audit.

SUMMARY

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

Consumer Rights	Indicator	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.		**A number of shortfalls that require specific action to address**

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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

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**

Restraint Minimisation and Safe Practice	Indicator	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		**Major shortfalls, significant action is needed to achieve the required levels of performance**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require:		**A number of**

• 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.		**shortfalls that require specific action to address**

AUDIT RESULTS

Consumer Rights

Residents rights are well understood by staff with relevant education provided. Resident interactions with staff were observed as respectful and appropriate. Families are included in care delivery decisions. Residents are provided with the relevant information on rights, advocacy and complaints.

Whilst there are no residents who identify as Maori, residents' cultural, religious and lifestyle and cultural needs are acknowledged. These are incorporated into the care delivery.

Family and community involvement both internally and externally is in place. There was no evidence of discrimination practices in the home. Informed consents are completed to standard. An area for improvement is staff understanding of open disclosure. There was a reported incident of unauthorised physical restraint being used by staff.

Organisational Management

The mission and philosophy of the service is identified and communicated to service users. The facility is managed by an experienced nurse manager who has experience in managing aged care facilities and a commitment to the provision of quality care. The nurse manager identifies the needs of the consumer groups on an ongoing basis and plans services to meet those needs by adjusting staffing levels and ensuring an appropriate skill mix.

There is a quality and risk management system in place which staff are actively involved in. Monthly meetings are held for residents and relatives, for care review meetings which are held on an annual basis along with satisfaction surveys. Informally residents and relatives are able to communicate with the nurse manager at any time directly. Policies and procedures have been aligned with current evidenced based best practice, legislative and contractual requirements. These are reviewed mainly on a two yearly basis; some are reviewed annually. There is an accident/incident system which feeds into the quality management system. Events are reported, corrective action is assigned and results are communicated back to staff. There are documented policies for reporting serious injuries and infectious diseases to the appropriate authority.

There are position descriptions for each position within the organisation which identifies the skills, knowledge, outcomes, accountability, responsibilities and functions to be achieved. Professional qualifications are validated and recorded in staff files. Staff are actively recruited to positions that fulfil the needs of the resident population. Newly employed staff receive orientation which includes induction, education on organisation roles and responsibilities, health and safety, and working alongside a buddy.

Implemented policies and procedures ensure staffing numbers are according to contractual requirements. Information is entered into the consumer management information system by administrative staff and by the registered nurse. Adequate information is collected and recorded to safely manage consumer information. Patrick Ferry keep a record of past and present consumers.

Whilst there is a strong management structure in place, which includes the implementation of the quality management system, appropriate reporting to the governing body and communication lines back to the staff, there is a lack of leadership and clinical oversight at middle management level. This has resulted in a number of gaps in quality service delivery and monitoring of competency of staff.

Continuum of Service Delivery

The home is fully integrated with both the rest home and hospital residents. The environment is very well presented and residents are well dressed with no obvious distress. Service entry is well organised and to standard. There is historical evidence of inadequate resident file documentation however there is evidence that from April 2010 corrective action has been implemented and there is an overall improvement in documentation of resident care delivery.

The planned activities lack correct care planning documentation. The programme is varied and enjoyed by residents. Referrals to other services are in place and transfer procedures are to the standard. The medicine management overall meets the standard for a very orderly storage system. Inadequate kitchen hygiene and food storage procedures were a major finding and require a corrective action plan to be put in place as soon as possible. Another moderate finding is the lack of coordination of nursing services, communication channels and staff support at a middle nursing management level.

Safe and Appropriate Environment

Policies and procedures have been implemented to safely manage waste and hazardous substances. There is a system to record and report incidents involving infectious material,

bodily substances and hazardous substances. Staff receive training on orientation related to the management of hazardous waste. Chemicals were observed to be in their original containers. Appropriate personal protective equipment for an aged related residential care facility was sighted to be on hand. Buildings, plant and equipment are modern, well maintained and comply with legalisation. Equipment is serviced as required by legislative requirements and according to relevant codes of practice.

Amenities, fixtures, equipment and furniture are appropriate for the needs of hospital and rest home level residents. The facility is spacious and uncluttered, allowing safe mobility. Residents are able to bring their own furniture and belongings to furnish their rooms. There are outdoor areas which are easily accessible and are safe and sheltered. Policies and procedures are in place for the safe transportation of residents. All rooms have ensuite showers and hand washing facilities. Hot water is provided at safe and appropriate temperatures. There are hand basins in all resident rooms. There are additional visitor toilets with hand basins and alcohol based hand sanitizer is available on the wall throughout the facility. Fixtures, fittings and floor surfaces are modern and easily cleaned. Consumers, including those with wheelchairs or walkers, are able to safely manoeuvre around their bedrooms and into their ensuites. Doorways and hallways are sufficiently wide enough to allow easy manoeuvring of hospital beds and equipment. Residents have access to separate dining and lounge areas in addition to quiet rooms / spaces. Placement of furniture allows consumers to move freely around with the use of mobility aids if required. There are separate quiet and lounge areas for consumers who wish to have privacy.

There are implemented policies and procedures for cleaning and laundry processes which are well understood by staff. Laundry and cleaning processes are monitored on an annual basis for their effectiveness. Cleaning, laundry equipment and chemicals were observed to be stored safely.

Staff are trained in fire and emergency procedures. There are alternative utility and energy sources available in the event of a central power / utility failure. There is a call system in place, but currently not monitored. Appropriate security arrangements are in place. The facility is well ventilated and heated by under floor heating. All bedrooms, lounges, dining rooms have at least one external window which provides good amounts of natural light. There is a designated external smoking area used by staff and residents.

Restraint Minimisation and Safe Practice

Restraint assessment, implementation and evaluation and monitoring overall meet this standard. De-escalation techniques and restraint alternatives are explored. A clearly defined restraint approval process is in place and this includes family, GP, registered nurse and nurse manager input.

The policy documentation includes restraint and enablers however is ambiguous in places. The assessments are completed and restraint is included in care plans but these areas are identified as requiring more documentation. The restraint coordinator's lack of knowledge of the role is an area identified as requiring improvement. Overall the standard was partially attained.

Infection Prevention and Control

Responsibility for infection control is defined in the position description of the infection control coordinator and in terms of reference for the infection control committee. Reporting lines and frequency are identified in the organisational chart and in the policies and procedures for infection control. An infection control manual is in place which includes the policies and procedures. These are reviewed annually. Infection control policies and procedures are developed and reviewed by the nurse manager from Patrick Ferry and another facility in the organisation who report directly to the governing body. In practice the nurse manager drives the infection control programme although the responsibility is designated to the infection control coordinator. The infection control coordinator was unable to identify members of the infection control committee and also unable to explain her role as infection control coordinator. Where significant changes are proposed to staffing, practice and equipment the nurse manager is actively involved in decision making.

The infection control team has access to infection control specialists at Waitemata DHB. The nurse manager drives the infection control programme although this is a designated responsibility of the infection control coordinator. There is a risk that in the absence of the nurse manager effective infection control measures might not be implemented in a timely manner. The nurse manager and infection control coordinator have received external education related to infection control. The infection control team have access to the clinical files and diagnostic results.

Policies and procedures were sighted which comply with the standard and are in accordance with current evidenced based best practice. The policies and procedures include all the requirements of the standard. The nurse manager is responsible for policy development and review and oversight of all decisions related to the purchase of new equipment and supplies.

Education is provided by the nurse manager who has received recent external education. Staff are inducted on orientation into relevant infection control practice. Infection control education is evaluated by the nurse manager to ensure it meets the current requirements. Consumers receive education on a one to one basis according to need.

The type and frequency of infection control surveillance is identified in the policies and procedures. This is appropriate for an aged related residential care facility. Surveillance is conducted on multi-resistant organisms. Surveillance is conducted by the infection control coordinator, reported to the governing body and communicated to staff. The types of surveillance are appropriate for aged related residential care. Surveillance methods are described in the policies and procedures. Results are collated monthly, reported to the governing body, trends are analysis and results are reported to staff.