

Fairview Care Limited - Hospital

CURRENT STATUS: 18-Jul-11

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

Fairview Care Ltd provides rest home and hospital (geriatric) care to a maximum of 47 residents, which includes a maximum of 5 rest home beds. On the day of audit there were 46 residents, four of whom were receiving rest home level care. The service changed its scope from hospital level to include rest home level care in August 2010.

There are eight required improvements as a result of this audit. These relate to the legality of resuscitation orders, ensuring care plans clearly reflect the needs assessed and that care evaluations describe the degree of achievement. There are two required improvements in medicines management related to residents self-administering medicines and GP's signing off discontinued medicine. There is a required improvement related to documenting risks associated with restraint interventions.

AUDIT SUMMARY AS AT 18-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
	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 18-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 18-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 18-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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 18-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 18-Jul-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 18-Jul-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 18-JUL-11

Consumer Rights

Services are provided in a manner which is respectful of consumer rights and facilitates informed choice. Residents and family members expressed their satisfaction with services and report that staff are providing appropriate care and treatment. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed and there are ongoing processes for determining that residents and their families have been provided with this information. Resident's privacy is respected and there have been no known breaches of privacy. Information about the complaint process and complaint forms are included in the residents' information book and complaint forms are readily available. The office of the Health and Disability Commissioner are currently investigating a complaint received by them in June. Staff and residents are well informed about residents' rights and the availability of and how to access an advocate. Interviews with two external professionals; a local needs assessor and a Chaplin who visits the facility regularly, revealed that they believe residents rights are up held and that services are provided in ways that are safe and respectful. Residents' cultural values and beliefs are discussed on admission and incorporated into the service delivery plans. Residents' records provide evidence that individual values and beliefs are incorporated into service delivery planning and provision. Residents and relatives confirm that they are consulted on decisions relating to care, treatment and support and that staff are respectful of their privacy. Processes are implemented to ensure residents are not subjected to abuse, neglect, coercion and harassment of any type. There is a required improvement regarding who signs advance directives for not for resuscitation instructions.

Organisational Management

Systems are established and maintained by the organisation which clearly defines the scope, direction and goals of the service and monitoring and reporting processes against these. The organisation complies with legislation and services are managed in a safe, efficient, and timely manner. The service has a well-established, documented, and maintained quality and risk management system. Quality improvement is monitored through internal audits and the on-going collection of quality data. Corrective actions are documented and instigated where deficits are identified. The service identifies and documents organisational and business risks, including risks to residents, visitors and staff.

There are good numbers of full time employed registered nurses and there are at least two registered nurses on site 24 hours a day. The staffing rationale takes into account staff skill mix, residents' acuity levels and needs, the building lay out, mix of residents and safety. Staffing rosters, residents, relatives and staff interviews, confirm there are sufficient numbers of staff on site at all times. Employment processes are implemented that demonstrate good employment practice. Staff education programmes are established and maintained.

The consumer information management systems meet the NZ Health Records Standard and privacy requirements. Consumer health information is held in one integrated file.

Continuum of Service Delivery

Entry into the service is facilitated in a competent, timely and respectful manner. Where the referral/entry to the service is declined immediate risks are identified discussed and communicated to family/whanau. Residents receive competent and appropriate services in order to meet assessed needs. The initial care plan is utilised as a guide whilst a full care plan is developed over the first three weeks. Care plans are individualised and risk assessments are completed. There are two improvement requests regarding the need for care plans to reflect identified problems and care plans to describe the support or interventions that are in place in order to achieve identified goals. There is one improvement request regarding interventions not always being consistent with and reflecting desired outcomes.

Activities are appropriate to the age, needs, culture of residents.

Resident service delivery plans are evaluated six monthly. Relatives are notified regarding changes in a resident's condition. There is one improvement request regarding evaluations of the service delivery plans to indicate the degree of achievement and progress towards meeting desired outcomes.

Medicine policies and procedures are documented. The residents receive medicines in a timely manner. Twenty medicine charts were reviewed. There are two improvements requests regarding processes for self administration of medicines and all discontinued medicines to be signed and dated by the GP.

The service utilise four weekly rotating summer and winter menus that are reviewed by a dietician.

Safe and Appropriate Environment

Residents, visitors and staff are protected from harm from exposure to waste. Residents' rooms allow access with mobility aids, equipment and residents' personal furnishings. The building has a current Warrant of Fitness and staged fire evacuations are conducted. The service has a preventative maintenance programme for the facility. All rooms have en-suite facilities.

Residents are provided with spacious rooms and adequate personal space/bed areas. Communal living areas and dining rooms are safe, adequate and utilised by residents. Residents are provided with safe and hygienic cleaning and laundry services.

Policies and procedures on emergency and security situations are documented and implemented. Emergency equipment is available. Facility provides adequate natural light, ventilation and heating for residents, staff and visitors.

Restraint Minimisation and Safe Practice

The service has a clearly documented policy covering the minimisation of restraint use. Restraint is only used where clinically relevant and as approved by the restraint group, GP and the resident and/or family. The service has actively reduced its use of restraint interventions from 37 residents using restraint in February 2010 to 14 currently and is aiming to reduce this further by use of low beds as they are procured. Staff training and competency is recorded and relevant to the type of restraint used. On the days of audit fourteen residents were using bedrails for safety reasons and/or at the request of relatives. Six of these are classified as restraints and eight as enablers. The three previous corrective actions related to restraint have been addressed. There is a corrective action related to documenting risks associated with restraint use.

Infection Prevention and Control

The service and the environment minimise the risk of infection to residents, staff and visitors. The infection prevention and control programme is evaluated and reviewed for its continuing effectiveness and appropriateness on an annual basis and approved by management. The infection prevention and control issues are discussed at the monthly staff meetings. Staff education in infection prevention and control is conducted as per in-service education and training record.

The service policies record surveillance requirements. The service conduct surveillance on multi-resistant organisms associated with antimicrobial use. Staff and management are taking responsibility for surveillance activities. Results of surveillance is acted upon, evaluated and reported to management and staff.