

Wharekaka Trust Board Incorporated

CURRENT STATUS: 01-Feb-12

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

Wharekaka Rest Home offers continues to offer rest home level care to 19 residents. It is a community owned trust facility which is run by a board which consists of seven members. On the day of audit 15 beds were occupied. There have been no changes made to the facility or services since the last audit.

Interviews with two family/whanau were conducted by telephone. The GP and the chairman of the board were interviewed. One additional criterion was reviewed related to integrated files.

Eleven areas for improvement identified in the previous audit have been addressed by the service.

Three new areas for improvement identified in this audit relate to some care planning information not being in line with assessment findings, a lack of identification of some interventions, such as weight management, and residents' files not being integrated.

AUDIT SUMMARY AS AT 01-FEB-12

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 |

| Indicator | Description | Definition |
|-----------|--|--|
| | 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 01-Feb-12 | 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 01-Feb-12 | 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 | Day of Audit 01-Feb-12 | 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 01-Feb-12 | 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 01-Feb-12 | Assessment |
|---|---------------------------|-----------------------|
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | No short falls |

| Infection Prevention and Control | Day of Audit 01-Feb-12 | 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 |

Wharekaka Trust Board Incorporated

Date of audit: 11 May 2010

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

Wharekaka Rest Home is situated in Martinborough and has been established since 1972. All rooms are single and there is evidence of excellent community involvement in the home. The home is governed by a community-elected Board.

Wharekaka recently underwent a certification audit conducted by the DAA Group. The audit involved reviewing records, talking with management, staff, the GP who provides services to the residents and interview with residents and their family members.

The overall outcome of the audit is very positive with 11 continuous improvement opportunities identified. These are all deemed to be low risk, that is to say they pose little or no risk to the safety of residents. The Home has already provided the auditors with action plans on how these 11 areas are going to be addressed.

Consumer Rights

The Code of Rights is displayed appropriately around the home. Staff understood and respected their responsibilities in relation to ensuring the rights of residents are met. Staff knock and wait before entering rooms. Residents stated they are referred to by their

preferred name and are treated with respect by the care staff whom they describe as kind and caring and of a very high standard. Opportunities to attend church services at the home occur frequently. A Maori Health Plan is documented and is supported by other cultural policies. Training in relation to Maori cultural values and beliefs has been provided to staff. Individual values and beliefs are identified via the admission assessment process. Residents and relatives spoke highly of the way care staff interacted with them. They spoke of the care being "excellent", "kind", "the staff care about the residents", "wonderful". Residents are respected in the home. There is evidence of good communication between the home and residents and relatives, including notification of any incidents which may occur. Staff wear a uniform and name badges which ensure that residents are able to identify staff involved in their care. Informed consent processes are well documented and implemented and include the completion of a agreement on admission to the home. Staff were well trained and demonstrated a good understanding of their role in ensuring informed consent is gained on a day-to-day basis. A vibrant residents committee meets regularly to discuss and address identified issues. Visitors are welcomed into the home. There are no strict visiting hours, but visitors are encouraged to wait until 11am before visiting where possible. There is an extraordinary level of community involvement in the home, with all people interviewed stating their pride in the home and the fact that the community is the owner of the home. There is an established complaints process that enables complaints to be made easily. No complaints have been received from residents or relatives. All residents and relatives interviewed as part of the audit process expressed great satisfaction with the services provided by Wharekaka.

Organisational Management

The service is governed by a Community-elected Board of Trustees that includes relevant expertise include business management, accounting, health etc. The strategic plan for the organisation is in the process of review. Financial performance is audited by a chartered accountant annually. The Home is managed by a Business Manager who is appropriately qualified to manage this service. Residents, staff and relatives all spoke very highly of the Manager. Clinical issues are managed by an experienced and capable Registered Nurse who is employed for 20 hours per week and visits frequently during the week to ensure clinical oversight. Whilst there is a framework for quality and risk management, a quality plan specific to Wharekaka is yet to be developed and implemented. However, policies and procedures are well documented and there are processes in place to monitor care delivery. There is an active residents meeting which provides suggestions to management for improvement and these are acted upon. Additionally, a staff committee meets regularly to consider quality matters. Satisfaction surveys are conducted at least annually. Processes are in place to record, analyse and act upon adverse events which may occur in the home. A review of incident forms indicated that incidents that occur are no more than what can reasonably be expected at this level of care. Family members are generally notified of incidents.

Sound human resource policies are in place to ensure the recruitment of appropriate staff. Many staff have worked at the home for many years (up to 15 or more years!). Reference checking and police record checking is completed for all staff. An orientation is completed for all new staff that prepares them for the work required. There is an excellent ongoing staff training programme that includes external courses as well as monthly in-service and in-house training sessions. There are sufficient numbers of staff on duty to ensure quality care.

Continuum of Service Delivery

Wharekaka has adequate entry, admission, assessment, planning and review processes. Each stage of service provision is undertaken by a suitably qualified service provider. Residents and family are encouraged to be involved throughout all stages of service delivery, however evidence of resident/family involvement has not been consistently maintained.

Care and lifestyle plans are developed for each resident. These are sufficient to guide care. Reviews are documented in terms of achievement. Appropriate referrals and transfers are made in a planned and timely manner.

Wharekaka Rest Home provides a planned activities programme appropriate to the needs of the residents. The activities programme is well supported by the local community.

The service implements a safe medication management system in line with current legislation and guidelines, however one area of non-compliance was identified, and this relates to having processes in place to ensure staff competency in all areas of administration.

Nutritional requirements are provided in line with recognised nutritional guidelines for the older person.

Safe and Appropriate Environment

Waste is managed in an appropriate manner and via a recycling project. The home has provided care services to the elderly since 1972 and amenities, fixtures, equipment and furniture are all appropriate to the residents who reside there. Rooms were noted to be personalised with photos, furniture, decorations etc. There are flat garden areas with a vegetable patch that is maintained by residents, an aviary, and external picnic tables. There is flat access to external areas. There are sufficient numbers of toilets and showers. Additionally, eight rooms have their own ensuite toilet and shower. All rooms are single and of good proportions. Rooms were noted to be personalised. There is a large dining room able to accommodate all residents at one time. There is a large lounge area that is well utilised by residents. It also accommodates a piano, television, computer, games etc for resident use. There is a small sitting area by the front door also. These rooms are also used by residents and their families for private gathering. There are good processes in place to ensure external disasters are appropriately managed. All staff have a current first aid certificate. Water radiators are well positioned around the home and provide good heating during winter months. All rooms have an external opening window to allow for good ventilation.

Restraint Minimisation and Safe Practice

Wharekaka Rest Home has policies and procedures to guide staff in minimising restraint use, and the use of enablers. There are currently no residents who use a restraint or enabler. Inservice training on restraint and management of challenging behaviours is conducted but has not occurred as scheduled in the last year. The service has a designated restraint coordinator (clinical coordinator) who reports to the QRM team. Previous records

sighted verified the service has the required procedures to implement safe use of restraint should the need occur.

Infection Prevention and Control

Wharekaka Rest Home Infection Control programme is appropriate to the size and scope of the service. Responsibilities for infection control are documented including clear lines of accountability, however the role of the IC Coordinator is not yet clearly defined. The service is currently in the process of merging their local infection control policies and the recently purchased Bug Control policies. This has resulted in a delay in reviewing the infection control programme. All IC team members (and staff) receive adequate in-service training in infection control, however training at orientation has inadvertently been overlooked following the recent implementation of a new orientation programme. Surveillance activities are implemented, however more consistency of reporting and analysis is required.

Standards have been assessed and summarised below:

Key

| Five point scale | Description |
|---|--|
| Standards applicable to this service attained with some criteria exceeded | Includes commendable elements above the required levels of performance |
| Standards applicable to this service attained with all criteria achieved | Complies with standards |
| Standards applicable to this service attained with some criteria of low risk partially achieved | Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity |
| Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved | A moderate number of shortfalls that require specific action planning to address |
| Some standards or this standard unattained that are applicable to this service | Major shortfalls, significant action is needed to achieve the required levels of performance |

| Consumer Rights | 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. | Standards applicable to this service attained with some criteria exceeded |

| Organisational Management | 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. | Standards applicable to this service attained with some criteria of |

| | |
|--|--|
| | low risk partially achieved |
|--|--|

| | |
|--|--|
| Continuum of Service Delivery | 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. | Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved |

| | |
|--|---|
| Safe and Appropriate Environment | 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. | Standards applicable to this service attained with all criteria achieved |

| | |
|--|--|
| Restraint Minimisation and Safe Practice | 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 | Standards applicable to this service attained with some criteria of low risk partially achieved |

| | |
|---|--|
| Infection Prevention and Control | 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 | Standards applicable to this service attained with some criteria of low risk partially achieved |

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.

