Golden Pond Private Hospital Limited

CURRENT STATUS: 02-Oct-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

Golden Pond Private Hospital continues to provide safe and appropriate services to older people who are assessed as requiring hospital and rest home level care. On the day of this unannounced audit the facility had 50 residents (40 hospital, nine rest home and one palliative care resident).

This audit verified that three of the four areas requiring improvement at the last audit have been resolved. A previous requirement regarding medicines is ongoing; although checking of controlled drugs is now occurring, it is still not frequent or regular enough. There is a new improvement required in relation to updating care records when a resident's health status or condition changes.

There have been no changes to the scope of the service, how it delivers services, or any alterations to the building since the previous certification audit in April 2011.

AUDIT SUMMARY AS AT 02-OCT-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
	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 02-Oct-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 02-Oct-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.		**No short falls**

Continuum of Service Delivery	Day of Audit 02-Oct-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 02-Oct-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 02-Oct-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 02-Oct-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**

Golden Pond Private Hospital Limited

Date of audit: 05-Apr-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit / Verification 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

Golden Pond Private Hospital Limited owns one rest home located in Whakatane, named Golden Pond Home and Hospital. This is a 51 bed private hospital providing 48 long-term hospital beds, two palliative care beds and one rest home level bed. There are 11 studio apartments that are being converted to provide both hospital and rest home level care ('swing beds'). This audit was both a certification audit and a verification audit, to assess the suitability of the 11 apartments being converted. Over the course of this two-day audit, 49 beds were occupied.

There were no improvements required as a result of the previous audit. Four areas required improvement as a result of this audit. These are around the signing of advanced directives, checking of the controlled drugs, hot water temperatures for residents' showering, bathing and hand washing, which must be maintained at or below 45 degrees Celsius, and handrails that are required in the apartment wing that is to be converted to hospital and rest home level 'swing' beds.

A full document review was conducted prior to the audit and found to be of a satisfactory standard to proceed to on-site 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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

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.		**No short falls**

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

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

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		**No short falls**

Infection Prevention and Control	Indicator	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		**No short falls**

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.		

AUDIT RESULTS

Consumer Rights

The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and Maori in multiple locations. Residents and their families are informed of their rights. Staff receive education on the Code. Residents and families are treated respectfully and receive services that have regard for their dignity, privacy and independence. Satisfaction is monitored by the service. Corrective action plans are put into place where survey responses are less than satisfactory. Cultural, spiritual and religious needs are assessed during the admission process. Informed consent includes procedures for written and verbal consent and staff understand the consent process. Consent is documented appropriately and is held in each resident's clinical record. The complaints process is managed appropriately. There is one improvement required. Family are not allowed to sign a 'not-for-resuscitation' advanced directives form.

Organisational Management

The facility is governed by a director and a nurse manager. These two individuals meet weekly to ensure services are planned, coordinated and appropriate to meet the needs of the residents. Incidents, accidents and other adverse, unplanned or untoward events are documented in a comprehensive manner.

Human resource management processes are conducted in accordance with good employment practice and legislative requirements. Residents receive timely and appropriate services from qualified and experienced staff. Registered nurses are onsite 24 hours a day, seven days a week. A general practitioner visits one to two times a week depending on the residents' needs. Staffing levels are planned to increase following the conversion of eleven residents' apartments to 'swing beds' that can be used for either rest home or hospital use.

Resident information is uniquely identifiable and is held in a secure location. Residents' files are held in a secure location and are readily accessible to staff.

Continuum of Service Delivery

Residents and families are satisfied with the quality of care provided by staff. Staff are trained and qualified to perform their roles and deliver all aspects of service provision. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to rest home and hospital level of care residents, along with designated palliative care

residents. A registered nurse develops, reviews, updates and evaluates the care plans for the rest home and hospital level of care residents at least six monthly, or more frequently as the needs of the resident changes. The activities programme supports the interests, needs and strengths of residents. Food services meet the likes, preferences and needs of residents. The residents receive food and fluids that are suited to their needs and preferences. An improvement is required to ensure a weekly stocktake of controlled drugs is completed and documented in the register.

The verification of the 11 serviced apartments to rest home/hospital swing beds included a review of food, fluid and nutritional services to the potential rest home or hospital level of care residents in these beds. No additional changes are required to the food services as the kitchen already carters for the food, nutritional and fluid requirements of the occupants in the apartments.

Safe and Appropriate Environment

The building was originally built for hospital residents. The environment allows residents to move freely and safely. There are a mix of shared ensuites and communal showers and communal toilets. There is a main lounge and dining area, with lounge areas and dining areas in two other wings. Furniture and equipment is appropriate for the needs of rest home and hospital level of care residents. There are outdoor areas, decks, gardens and covered seating that is accessible to residents. Appropriate emergency management systems are in place. Laundry, cleaning and waste management services are implemented to provide a safe and appropriate environment. Monitoring of the hot water temperatures occurs three monthly; an improvement is required to ensure the hot water in the residents' showers and hand basins is delivered at 45 degree Celsius or below.

The 11 apartments that are proposed to be reconfigured from serviced apartments to rest home or hospital level of care swing beds are adjoined to the current facility. The apartments already are incorporated into the environmental audit and maintenance programme for Golden Pond. The rooms are larger than the current rooms in the rest home and hospital section of the facility as they have the addition of a lounge/sitting area in each room. Currently the apartments are unfurnished and initially will cater to rest home level of care residents that will supply their own furniture. When the rooms are required for hospital level of care residents the director has planned to provide the appropriate hospital bed and furniture. An improvement is required to install handrails in the corridors of the apartments to promote safe mobility.

Restraint Minimisation and Safe Practice

The restraint minimisation programme includes the use of enablers and restraints. Before a decision is made to implement the use of restraint, alternative interventions are explored to ensure restraint is used only if necessary. All restraint documentation is completed, including the consent process, to justify the use of enablers and restraints. Education on restraint occurs during orientation and with annual updates. Staff understand the principals of restraint minimisation. Residents using restraint are reviewed every six months. Reviews of the restraint programme are undertaken annually and include the review of restraint policies and the restraint minimisation education programme. Nine restraints and two enablers were being used at the time of the audit.

Infection Prevention and Control

The infection prevention and control programme aims to prevent the spread of infection and reduce the risks to residents, staff and visitors. Policies and procedures are aligned with currently accepted good practice. The infection control policies and procedures for infection prevention and control are to be implemented in the proposal to reconfigure the 11 apartments. There are adequate resources to allow for a managed environment, which minimises the risk of infection to residents, staff and visitors. The programme is of relevant size and scope and is monitored by the nurse manager who has the role of infection prevention and control co-ordinator. The clinical nurse ensures that surveillance occurs. Monthly infection surveillance data is recorded, collated and reported to the owner through the quality committee. Analysis and evaluation of data are used to develop any corrective actions required, which are monitored by the nurse manager in a timely manner. There are no improvements required within the Infection Prevention and Control Standards.