

Masonic Care Limited - Woburn

CURRENT STATUS: 13-Mar-13

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

Woburn Masonic Village is one of three villages owned by Masonic Care Limited. They continue to provide residential care for up to 58 residents at rest home and hospital level care. On the day of this surveillance audit there are 57 residents. There have been no changes to the management or buildings since the last audit.

A strength of the organisation is the analysis of quality data and corrective action process. There are six areas that require improvements identified at this audit. These relate to policies being reviewed in set time frame, maintenance, care assessment and planning, medication management and storage of chemicals.

AUDIT SUMMARY AS AT 13-MAR-13

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

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

Consumer Rights	Day of Audit 13-Mar-13	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 fully attained

Organisational Management	Day of Audit 13-Mar-13	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 standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 13-Mar-13	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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 13-Mar-13	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 standards applicable to this service partially attained and of low risk

Restraint Minimisation and Safe Practice	Day of Audit 13-Mar-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 13-Mar-13	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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 13-MAR-13

Consumer Rights

There is a policy on open disclosure and evidence is provided of this occurring. Translation services are available through the DHB. Staff have received education on managing residents with disabilities, such as blindness, hearing and cognitive dysfunction. Complaints management meet the requirement of the standard.

Organisational Management

Woburn Masonic Care's document titled 'Direction', contains the mission statement, values and quality philosophy and contains the quality committee's structure, lists the quality improvement objectives and quality indicators, monitoring and evaluation processes and is reviewed annually. The rest home also has health and safety goals, a hazard register and a risk management plan.

The village manager is a registered nurse (RN) with a current annual practising certificate and has been in her present position for eleven years.

There is evidence of analysis and trending of data with benchmarking occurring. There are a number of examples of where data has been analysed, and corrective action plans undertaken, resulting in changes to care practices that have improved residents' outcomes; this is seen as a strength of the organisation.

Policies and procedures are available online and in hard copy manuals. These cover infection control, health and safety, clinical practice, human resources and board policies, and are based on good practice. There is a small number of policies are out of date; this is an area that requires improvement. There is an incident management policy and two forms are used for the reporting of incidents. The incident folder reviewed demonstrates the

process for improvements and corrective actions. The village manager is aware of the required statutory and regulatory requirements for reporting.

Recruitment policies are in place and there is evidence on staff files reviewed of this occurring. All health professionals have current practising certificates. There is an orientation process that commences on day one and includes buddying of the new employee and the completion of an orientation checklist. New employees have an interview with their manager, six weeks following appointment to review progress. All caregivers are required to complete ACE training on employment. Ongoing training occurs at annual Care Days and throughout the year. The staff also have access to external training courses through the DHB and local hospice.

The staffing of the rest home is based on an acuity tool developed from guidelines. A review of staffing levels is undertaken by the village manager at least six monthly or when the needs of residents change.

Continuum of Service Delivery

The care at Woburn Masonic Village is provided by suitably qualified staff who provide assessment, planning, provision and review of care, however, an improvement is required to ensure this occurs, for all residents, within the required timeframes. The provision of service and interventions are not always consistently meeting the residents' assessed needs and desired outcomes, and this requires an improvement.

The planned activities programme meets the assessed needs of the rest home and hospital level care residents.

Clients receive medicines in a safe and timely manner that complies with current legislative requirements, however photo identification is absent on some medication charts and a record of monthly medication reconciliation checks is not recorded. These are areas requiring improvement.

Meal services are contracted to an external provider. A previous required improvement relating to 1.3.13.1 has been addressed. Menus provided to the residents are checked by a dietician against nutritional guidelines and requirements for the resident group. Residents with special diets or additional needs are catered to. Food legislation and guideline requirements are met.

Safe and Appropriate Environment

The rest home has a current Building Warrant of Fitness and a fire service approved evacuation plan. The village manager reports that no changes have occurred to the buildings since the last audit. There is documented evidence of maintenance occurring to meet legislative and manufacturers' requirements; these are conducted by external contractors.

The rooms and corridors are of a size that allows for independence and free movement by residents with mobility aids and the assistance of a carer. An area identified at the last audit related to the integrity of shower wall linings, has been addressed. However, there are a number of maintenance issues identified that require improvement.

Restraint Minimisation and Safe Practice

There is a policy on restraint minimisation, this contains a definition of enablers that meets the requirement of the Standard. The quality co-ordinator is the restraint officer and provides evidence of enabler use being voluntary and being used only when required. An area requiring improvement from the last audit related to the education of staff on restraint minimisation and challenging behaviour. This has occurred and is seen as being addressed.

Infection Prevention and Control

The service has a robust infection surveillance and review process in place with the results of surveillance being acted upon to assist in achieving infection reduction and prevention.