

Nelson Bays Primary Health Trust

CURRENT STATUS: 18-Mar-13

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 Bay Community Hospital has seven hospital level care beds. One the day of audit there were four hospital level residents.

In May 2012, the staff and contract for services for Golden Bay Community Hospital were transferred from the DHB. This was a further phase towards the process of the development of an Integrated Health Centre. The construction for the new building commenced August 2012 and is due for completion September 2013.

The overall service is managed by the service director, a registered nurse with extensive experience in managing within the health and disability sector. The service also has a charge nurse manager.

This audit has verified that all 12 existing rooms are suitable to be used for either rest home or hospital level residents.

This audit identified improvements required around; continue with current process of policy review, resuscitation consents, complaints documentation, care planning, and evaluation, and medication documentation.

AUDIT SUMMARY AS AT 18-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

Indicator	Description	Definition
	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
	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 18-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.		Some standards applicable to this service partially attained and of low risk

Organisational Management	Day of Audit 18-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 18-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 18-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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 18-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 18-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.		Some standards applicable to this service partially attained and of low risk

AUDIT RESULTS AS AT 18-MAR-13

Consumer Rights

Information about services provided is readily available to residents, families and patients. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and relatives interviewed spoke very positively about care provided at Golden Bay. Complaints processes are implemented

There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes.

Policies are implemented to support residents' rights. Care plans accommodate the choices of residents/patients and/or their family/whānau. Residents and family interviewed verified on-going involvement with community.

Documentation of complaints and follow up, open disclosure and policy and resuscitation consent are identified as areas requiring improvement.

Organisational Management

Golden Bay has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The service is active in analysing data in association with the DHB.

The Quality Plan 2011-2013 applies quality management principles through a framework that incorporates the following key dimensions of quality in the health and disability system: will be; people-centred, with equity of access and services will be safe, efficient and effective.

Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status.

There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Improvements required include; continuing with the process of review and updating policies provision of compulsory training and also documentation of training for LMCs.

Continuum of Service Delivery

The charge nurse manager or registered nurses undertake the assessments on admission with the resident. The service has a different care plan process for each of the main service types; 1) Palliative care, 2) continuing care residents (hospital level). 3) GP acute admissions and maternity

There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed by the Charge nurse manager, registered nurses or LMCs for maternity. Risk assessment tools and monitoring forms are available and implemented in most cases. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are in place for each of the different services provided. There are improvements required around assessments, care plans, and evaluation documentation.

There is a recreational therapist and programmes running that are meaningful and reflect ordinary patterns of life.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible and up to date. There are improvements required around medication documentation for both maternity services and continuing care / GP resident services.

Food services policies and procedures are appropriate to the service setting. Visual inspection of the kitchen shows evidence of compliance with current legislation and

guidelines. Residents and family members interviewed were very complimentary of the food service provided and report that individual preferences are well catered.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place. Incidents are reported on in a timely manner. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service providers' documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences buildings; plant and equipment comply with legislation with. Hot water temperatures are identifies as an area for improvement. Internal and external areas are safe for consumers with new building work safely fenced. Documented systems are in place for essential, emergency and security services. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

The service currently has four residents requiring bedpans that are assessed as enablers and no residents with restraint. Restraint minimisation and managing challenging behaviour training is completed each year. The restraint standards are being implemented and implementation of enablers is reviewed through internal audits and an annual review. There is a strong focus on interventions to minimise the use of restraint.

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control is a registered nurse and links with the DHB IC nurse to provide education and training for staff. Infection control training is provided at least yearly for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control nurse and the DHB IC nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes information gained through the audit process. An improvement is required around IC surveillance.