

CHT Healthcare Trust - Amberlea Hospital and Rest Home

CURRENT STATUS: 08-May-13

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

Amberlea provides residential care for up to 50 residents at rest home and hospital level care. There were 50 residents on the day of the audit, 31 at rest home level care and 19 at hospital level care. The facility is operated by Christian Healthcare Trust (CHT). The CHT group has strong board and effective governance practices. The current manager has recently been appointed to this role. She is a registered nurse with 12 years of experience at Amberlea. Resident and family feedback during the audit was very positive. A well-developed staff education programme is implemented with compulsory external (ACE programme) enrolment for new staff training.

This audit has identified improvements required around consent documentation, wound management, and follow up of nursing issues, implementation of required cares, medication administration and competency assessments for residents who self-administer medicines.

AUDIT SUMMARY AS AT 08-MAY-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 08-May-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 08-May-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. | | Standards applicable to this service fully attained |

| Continuum of Service Delivery | Day of Audit 08-May-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 08-May-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 08-May-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 08-May-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 08-MAY-13

Consumer Rights

Amberlea Hospital and Rest Home provides information and discussion on the Code of Health and Disability Services Consumers' Rights (the Code). Residents and relatives confirm privacy is respected and that they are treated with courtesy and respect at all times. The residents' cultural and individual values and beliefs are assessed on admission and documented in their plan of care. Employees receive education on residents' rights and supporting cultural and individual values and beliefs.

The management and staff are committed to keeping residents and families informed. In the event of a mishap, there is evidence of prompt communication to residents and their families.

The complaints process is discussed with residents and families during the admission process. Complaints forms for lodging a complaint are readily available. There is evidence of timely communication with residents and families throughout the complaints process, until a lodged complaint is resolved.

There is an improvement required around consent form documentation.

Organisational Management

Amberlea has a robust quality and risk management system in place that generates improvements in practice and service delivery. The organisation has well-developed policies, procedures, processes and systems that support the provision of clinical care and support.

An annual resident, relative and staff satisfaction survey is completed. Residents meet as a forum regularly. Residents and families interviewed are supportive of the care provided.

Quality and key performance indicators are benchmarked across the organisation's nine facilities. The service is active in analysing the data collected. Corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents/accidents forms identify actions to reduce risks.

Discussions with families verify that they are kept informed of changes in the residents' health status.

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. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. Staffing levels are appropriate and staff turnover is low.

Entries in the residents' files are legible and, where necessary, are signed and dated by the relevant health care assistant or registered nurse, including their designation. Individual resident files demonstrate service integration.

Continuum of Service Delivery

Residents who enter Amberlea are assessed by the needs assessment and service coordination (NASC). An information pack is available for residents, their families and referral agencies. Residents' care plans are individualised, up-to-date and reflect current service delivery requirements for each resident. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care, including input from all providers involved. Residents are assessed within set timeframes and receive well planned and co-ordinated services.

There is an activities programme, which offers a variety of activities suited to the needs of the residents. Medicine is administered via the blister pack dispensing system. Medicine reconciliation requires recording and a corrective action is made accordingly. Staff that dispense medicines have been assessed as competent. Medicine charts are reviewed three monthly.

Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff at admission. The menu was reviewed by a dietitian.

This audit has identified improvements required around wound management; follow up of nursing issues, implementation of required cares, medication administration and competency assessments for residents who self-administer medicines.

Safe and Appropriate Environment

Residents, staff and visitors are protected from harm as a result of exposure to waste, infectious or hazardous substances. The cleaning service is provided by contracted staff dedicated to these duties. Laundry is taken off site and managed by an external contractor. The building is purpose built. Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. All bedrooms, bathrooms and communal areas have a call bell system. There is current building warrant of fitness. Fire evacuations are conducted six monthly. There is a preventative and reactive maintenance programme.

Restraint Minimisation and Safe Practice

There is a restraint minimisation procedure that is applicable to the service. There are no residents that require restraint or enablers. The care plans are up to date and provide the basis of factual information in assessing the risks of safety and the need for restraint. On-going consultation with the resident and family/whanau is also identified. Restraint training is included in the in-service education programme and includes staff completing a competency questionnaire.

Infection Prevention and Control

The infection prevention and control programme is evaluated for its continuing effectiveness and appropriateness and is reviewed annually. The position of infection control nurse is assigned a registered nurse. The infection control policies and procedures are documented, and include all required policies. Quality, health and safety meetings are attended by all staff and discussions are recorded on all areas of the facility's environment, including infection prevention and control issues. Regular compliance audits, environmental inspections and incident monitoring of infection prevention and control practices are performed and the results are communicated to staff these meetings. All staff receive infection prevention and control education at orientation and as part of the on-going education programme.