

The Hillview Trust Incorporated

CURRENT STATUS: 30-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

Hillview Home and Hospital is operated by the Hillview Trust Incorporated. It provides safe and appropriate services to older people who are assessed as requiring hospital and rest home level care. On the day audit the facility had 100% occupancy with 52 residents; 18 hospital and 34 rest home. There are two residents under the age of 65 years. The 18 hospital level beds are 'swing' beds which can be used by either hospital or rest home care residents. There have been no changes to the scope of the service or any alterations to the building since the previous surveillance audit.

Seventeen areas identified for improvement in the previous audit have all been fully attained. Five new areas have been identified for improvement related to staff annual appraisal, not all shifts being covered by a staff member who holds a current first aid certificate and not all staff completing annual compulsory education. The evaluation process does not clearly demonstrate if the residents' identified goals are attained and not all medication given is signed for. With the exception of staff appraisals not being up to date, all other requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 30-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

Indicator	Description	Definition
	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 30-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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 30-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 30-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 low risk

Safe and Appropriate Environment	Day of Audit 30-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 30-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.		Some standards applicable to this service partially attained and of low risk

Infection Prevention and Control	Day of Audit 30-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 30-MAY-13

Consumer Rights

The residents express high satisfaction with the manner in which the service respects their rights and report that they are treated with respect and dignity at all times. As observed at the onsite audit, residents receive services that uphold their rights. Information is provided at the time of admission and displayed throughout the facility regarding consumer rights, access to advocacy services and how to make a complaint. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), advocacy and complaints information is available for residents and family to access. Staff demonstrate understanding of their obligations regarding residents' rights and how to incorporate that knowledge into their day-to-day practices and interactions with residents and family.

The service meets the cultural and religious needs of the residents, which are identified in the care plan. Interpreter services are accessible and available for the service providers and residents to access as required.

There are several residents who identify as Maori at the service at the time of audit and there are policies and procedure to meet the needs of these residents. The service has access to kaumatua.

The service has practices in place that reflect good practice. Policies and procedures are linked to evidence-based practice, regular visits by the general practitioner (GP) are conducted, and links are maintained with mental health services, gerontology and palliative care services. The gerontological nurse specialist (GNS) is available for consultation regarding residents who are referred for additional care advice.

Residents and family report they are provided with full and frank information in a manner that reflects open disclosure. The residents, family and GP interviewed report the service maintains a high level of communication. Written consent is evidenced in all residents' files reviewed. Staff acknowledge the resident's right to make choices based on information presented to them. Staff also acknowledge the resident's right to withdraw consent and/or refuse treatment. Advance directives and advance care planning are made available to residents and family during the admission process.

The service has a visitor policy which identifies that consumers have access to visitors of their choice. There are no set visiting hours and family are encouraged to visit or have their family member visit home if possible.

The service implements a documented complaints process to meet policy requirements. All complaints are recorded in a register which is kept up to date by the general manager. Complaints data is shared with staff and the Board of Trustees monthly. Corrective actions are generated from complaints as appropriate. There is one outstanding complaint with the Health and Disability Commissioner at the time of audit.

Organisational Management

Organisational structures and process are monitored, evaluated and reported at all levels of service, including to the Board of Trustees.

Quality and risk management practices are implemented to meet policy requirements. Quality improvements and corrective actions are put in place as required to reflect quality improvement principles. Staff are kept informed of and understand the quality improvement management processes that are in place. Services are planned and provided to meet residents' needs as identified during interviews with staff, residents and family/whānau. Incidents, accidents and untoward events are recorded, evaluated and trended and information is used as opportunities for improvement. Documentation reviewed and resident and family/whānau interviews, confirm there is good sharing of information in an open and honest manner.

Safe staffing levels and skill mixes are maintained by Hillview Home and Hospital. Every shift is covered by a registered nurse. An improvement is required to ensuring all shifts are being covered by a staff member who holds a first aid certificate.

Human resources management processes ensure staff are suitably qualified or experienced to provide services that meet all residents' needs. This is confirmed during resident and family/whānau interviews and in staff file reviews. However, improvements are required to ensure all staff annual appraisals are kept up to date and that compulsory staff education is monitored to ensure all staff are meeting policy requirements.

Residents' information is accurately recorded upon entry to the service, is securely stored, and clinical records areas are not accessible to the public. Archived files are retrievable. There is one required improvement to ensure the time of entry and service provider designation is on all residents' progress reports.

Continuum of Service Delivery

The residents and family express a high level of satisfaction with the quality of care and services provided. The service provides rest home level and hospital of care, which is clearly and accurately identified in pre-admission information. The service has policies and processes related to entry into the service.

The service has systems in place to assess, plan, review and evaluate the care needs of each resident, based on the documentation developed by an aged care consultant. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The long term care plans are based on the assessed needs of the resident, and updated when there are changes in the resident's care or condition. The service meets the required contractual time frames for the development, review and evaluation of the care plan. Residents are reviewed by a general practitioner (GP) on admission to the service and at least three monthly, or more frequently to respond to any changing needs of the resident. There is one area requiring improvement to ensure the evaluation of care is documented, resident focused and demonstrates the resident's progress towards meeting goals.

The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided to ensure the continuity of services. Referrals to other health and disability services is planned and co-ordinated as required, based on the individual needs of the resident.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with family and the community. The residents express high satisfaction with the group and individual activities offered at the service.

A safe and timely medicine management system is observed at the time of audit. The nursing staff responsible for medicine management have current competency assessments for the role. There is one improvement required to ensure that all medicines that are administered are signed as given.

Residents' nutritional requirements are met by the service. As confirmed during interviews with residents, likes, dislikes and special diets are well catered for. The menu is reviewed by a registered dietitian.

Safe and Appropriate Environment

The facility is well maintained and furnished to a good standard. The physical environment provides residents and visitors with a safe, accessible and appropriate areas for all aspects of dining, entertainment, relaxation and care. All bedrooms are single occupancy, and there are adequate numbers of bathrooms and toilets. Resident and family/whanau interviews confirm they are very happy with the all aspects of the environment.

Emergency education and training and security responses are appropriate for the aged care environment. They are understood by staff, including management of waste and hazardous substances. Six monthly fire evacuations are maintained. There are adequate food, water and emergency supplies, should they be required.

The building has a current warrant of fitness and the service has an approved fire evacuation plan. There is an appropriate system in place for reactive maintenance and long term maintenance is identified in the business plan. The facility is kept at an even temperature by electric heating and opening of doors and windows. There are well kept outdoor areas that include appropriate seating and sheltered areas for residents' use. The facility is smoke free with designated resident smoking areas outdoors.

The service has cleaning and laundry services which are monitored for effectiveness. The facility looks and smells clean.

Restraint Minimisation and Safe Practice

The service has three residents who have restraint in use. All three residents have bedside rails and three of the residents also have chair lap belts. There are also five residents with bedside rails and chair lap belts that are used as enablers. The restraint register identifies that restraint is minimised by the service. The process for determining restraint use is clearly identified in policy and procedures and interviews with staff and review of residents' clinical files identify that the process is correctly implemented. Regular restraint education is provided for all clinical staff.

The assessment and ongoing evaluation and monitoring of restraint meets all requirements and demonstrates restraint use is conducted in a safe manner. A quality review of restraint is presented to the Board of Trustees annually. Six areas identified for improvement in the previous audit are now fully attained. One new area identified requiring an improvement relates to monitoring forms not being completed to identify that checks are undertaken as required.

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. The organisation's infection prevention and control policies and procedures are developed by an aged care consultant and are aligned with currently accepted good practice. 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. The infection prevention and control programme is evaluated and reviewed annually. Relevant education is provided for both staff and residents. There is a monthly surveillance programme, where infections are recorded, analysed, and where trends are identified, actions are implemented to reduce infections. Monthly infection surveillance data is reported to the directors.