

M V and C D Hodson

Date of audit: 01-Jul-10

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

Westella Homestead provides residential care for up to 27 rest home consumers - up to 20 of these consumers can be assessed as requiring dementia level care. Occupancy on the day of the audit was at 22. The facility is located in a rural setting on 7.5 acres and is surrounded by deer fencing with a security gate at the main entrance. The facility is operated by MV and CD Hodson.

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

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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • 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 		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> • 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 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. 		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

AUDIT RESULTS

Consumer Rights

Services were found to be provided in a manner that was respectful of consumer rights, facilitated informed choice, minimized harm, and acknowledged cultural and individual values and beliefs. Consumers interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidenced the Code of Rights information is readily displayed along with complaint forms.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers interviewed demonstrated a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained. There have been no complaint investigations by the Health & Disability Commissioner, Police, ACC or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Signed consent forms were seen in consumer files.

There are two low risk criteria identified in this section relating to education on the Code of Rights and Cultural Safety.

Organisational Management

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a Clinical Team Leader / Registered Nurse who has worked in the aged care sector for the last nine years - the last four years as Manager of this facility. The organisational structure has the Clinical Team Leader reporting to a General Manager for Dalcam Healthcare which is managed by a Chief Executive Office [CEO] who reports to the governing body. The General Manager for Dalcam Healthcare reports to the CEO. There is also an experienced Clinical Advisor / Registered Nurse for Dalcam Healthcare who is available to provide clinical advice to the Clinical Team Leaders and she reports to the General Manager. Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Westella has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery, and clinical indicators are reported monthly to the General Manager by the Clinical Advisor. Quality improvement meetings are held monthly and quality and risk issues are reported on at these meetings. The Clinical Team Leader provides a monthly report to the General Manager who in turn provides monthly reports to the CEO and Governing Body. An internal audit programme for Westella is in place.

The adverse event reporting system evidenced a planned and co-ordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy has been implemented including informing consumers and/or family/whanau of any adverse events.

The human resource management system provides for the implementation of processes at the commencement of employment and ongoing in relation to training and performance coaching. A sampling of staff records evidenced human resources processes are followed e.g. Police and reference checking. Annual practising certificates are current for staff who require them to practice. New staff receive an orientation/induction programme prior to their commencement of care to providers. A staff education programme is implemented for the

service, however, only 50% of the staff at Westella Homestead attended the Core education training sessions provided during 2009. All staff who are directly involved in consumer care have started or completed the dementia specific modules.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery in all areas.

The service provider demonstrated that the information entered into the consumer/kiritaki information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the requirements of NZHIS. Westella is part of the Dalcam group which includes St Dominic's in Fielding and the Madison Centre in Tauranga. The group has installed an electronic patient management system called Res-call which documents all patient files and data. The facility is still in a transition stage with the system and has care plans on hard copy in addition to vital signs, progress notes and demographic data being stored on Res-call. The staff have had training on how to use the new system. The staff stated that they feel more confident with Res-Call and use it daily to record consumers progress.

There is one low risk criterion identified in this section relating to staff in-service education.

Continuum of Service Delivery

Tracer methodology has been utilised for this audit to validate the service delivery to the consumers. A sampling of 5 rest home consumer files, evidenced that the provider has implemented systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals have been identified and these are reviewed on a regular basis with the consumer and/or family member's input where possible.

All files had been reviewed by a RN within the last 6 months and by a G.P within the last three months. The G.P was interviewed by telephone at the audit and stated that he was satisfied with the care that his patients receive at Westella.

Planned activities are appropriate to the group setting. Consumers interviewed confirmed their satisfaction with the programme. Consumer files evidenced individual activities are provided either within group settings or on a one-on-one basis. An activities coordinator is employed five days/week. The facility has a van which they take residents out in.

An appropriate medicine management system is implemented with the blister pack dispensing system being used. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files sighted evidenced documentation of consumers' allergies/sensitivities and 3 monthly medication reviews completed by G.P. Appropriate systems are in place for consumers who are self medicating. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines.

Food services policies and procedures are appropriate to the service setting with current review by the Dietician of the menu. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidenced compliance with current legislation and guidelines., However, two low risk issues were identified with kitchen practices - care staff were observed in the kitchen not wearing hats, and fridge and freezer temperatures are not being recorded on a regular basis.

There was one partial attainment with a low risk rating relating to the documentation of assessments.

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 evidenced compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers. However, according to documentation reviewed, education on the management of waste and hazardous substances has not been provided since March 2008.

Service provider documentation evidenced appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidenced buildings, plant and equipment comply with legislation, however, documentation reviewed indicates hot water temperatures exceed 45 degrees Celsius in the upstairs bathroom. The internal and external areas are safe for consumers. Consumers interviewed stated their room and equipment is well maintained and that they are able to move freely around the facility.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Visual inspection evidenced compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and files evidenced current training in relevant areas. Visual inspection evidenced alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

There is one high risk and one low risk issue identified in this section. The high risk issue relates to hot water temperatures being delivered at consumer taps/showers at an unsafe temperature. The General Manager advised they are waiting on a plumber to install tempering valves. The General Manager provided documented evidence following this audit that confirms two new tempering valves have been installed for the upstairs water supply and the temperatures are set at and tested at 45 degrees Celsius. The low risk issue relates to the absence of evidence of ongoing education in the management of waste and hazardous substances.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrated consumers are experiencing services that are the least restrictive. Restraint and enablers are not used at Westella. The emphasis is on challenging behaviour and non-violence. Staff have received training. Restraint is discussed at regular staff meetings. Systems are in place if enablers or restraint is required.

There is one partial attainment in relation to enabler use being included in staff education. This is rated low risk.

Infection Prevention and Control

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access.

Service provider's documentation evidenced that relevant infection control education is provided to service providers, support staff and consumers. However, not all staff at Westella have attended the infection control inservice education sessions provided in the last two years.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There are two low risk criteria identified in this section relating to staff education.