

Taumarunui Community Kokiri Enterprises Limited

Date of audit: 06-May-11 – Surveillance Audit

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

Te Arahina O Arihia Rest Home continues to provide rest home and dementia level care to a maximum of 25 residents. On the day of the audit there were 15 rest home residents and five dementia residents. There are three people living in the facility under the age of 65 years. The organisation has a contract with Waikato DHB to deliver residential services to young people with disabilities and a new contract for respite services was agreed in September 2010. Otherwise there has been no change to the scope or size of the services being delivered since the previous certification audit in 2009.

This was an unannounced surveillance audit.

Of the 25 corrective actions identified at the previous certification audit, there is evidence that 17 have been resolved. There are 13 shortfalls as a result of this audit. These relate to human resource processes (eg nurse managers job description and employment agreement and ensuring there are adequate numbers of staff on site at all time.) There is a need to ensure that the needs, outcomes and goals related to managing challenging behaviours and activities for people in the dementia unit are documented over a 24 hour period. There are improvements to be made in accurately and consistently signing for medicines that have been administered. Five previous required shortfalls related to the infection control policy and are yet to be implemented, two shortfalls related to infection control processes are now resolved. There are three improvements required related to building and equipment maintenance (ie, electrical testing and tagging of equipment, flooring maintenance and enabling timely procurement of essential equipment for residents' safety).

Date of audit: 14-May-10 – Certification Audit

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

Te Arahina O Arihia Rest Home provides residential care for 25 consumers, 18 at rest home level care and 7 dementia care. Occupancy on the day of the audit was a total 21 residents; 15 rest home and 6 dementia care. The facility is operated by the Taumarunui Community

Kokiri Trust who provide a wide range of primary health services in the region. The service GP was unavailable on the day of audit. Interviews were conducted with the local Needs Assessment and Service Coordination (NASC) assessor. Five consumers in rest home level care were interviewed, no consumers from dementia care were interviewed. Two people who had relatives in dementia care and one person who had a relative in the rest home were interviewed.

The Facility Manager stated there had been no issues based audits or investigations from the Health and Disability Commissioner (HDC), Police or Coroner's Office in the previous 18 months. There was a complaint from the local hospital about referral processes, communication and resident cares made to the DHB Portfolio Manager in August 2009, who responded to the complaint. The matter was investigated and closed in October 2009.

There were no corrective actions from the previous surveillance audit.

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Resident and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection provides evidence that the Code of Health and Disability Services Consumers' Rights (the Code) 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 demonstrate a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained.

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. Consumers interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided. There is a corrective action related to enduring power of attorneys (EPOA's) signing advance directives for resuscitation - risk rating moderate.

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 suitably qualified and experienced Manager who has been in this post for two years.

Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner. There is a corrective action related to appropriate service delivery; two residents require re-assessment to determine their current needs level - risk rating high.

Te Arahina O Arihia Rest Home has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcome data is analysed to improve service delivery. Quality improvement meetings are held monthly which report on all quality and risk issues and the Registered Nurse (RN)

Manager provides a detailed monthly report to the Governing Body. An internal audit programme for 2010 is in place. The adverse event reporting system provides evidence of a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. There is a corrective action related to the need to develop an open disclosure policy - risk rating Low.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to training and performance coaching. A sample of staff records reviewed provides evidenced that HR processes are followed, e.g. reference checking, education/qualifications checking, police checks are completed and interview questionnaires are completed. There is a corrective action related to the need to document a rationale for determining service provider levels and skill mixes - risk rating low. Staff rosters for 2010, observations on the day and staff and consumer interviews reveal that there are always sufficient numbers of staff on site to provide resident cares. Care staff who worked all shifts, evening, night and in both dementia care and the rest home were interviewed. Annual practising certificates are current for all staff. New staff receive an orientation/induction programme prior to their commencement of care to residents and a staff education programme is implemented. There is a corrective action related to the need to conduct staff performance appraisals as dictated by the service policy - risk rating low.

The service provider demonstrated that consumer information management systems are in place and information is collected and entered in an accurate and timely manner.

Continuum of Service Delivery

The RN Manager has a current practising certificate and oversees clinical practice and all aspects of service delivery at the facility. Assessments are undertaken by the RN Manager on admission to the rest home services. Residents are kept fully informed and involved at each stage of service delivery. Service providers have access to a range of resources to enable an effective assessment. However, sit on scales required for a number of residents, have been unavailable since January 2010. There are two corrective action requests related to this. The needs, outcomes and individual goals of residents are documented by the RN Manager in long term care plans, however there is one resident, identified through tracer methodology, with significant weight loss and a stage 3 pressure ulcer who does not have the need for additional nutritional requirements identified in his wound care plan or his long term care plan; there are two corrective actions in relation to this. Evaluations are conducted by the RN Manager every six months. Medical reviews are conducted according to assessed requirements (i.e. monthly or three monthly) and include progress towards desired health outcomes.

There is a documented and implemented policy related to the safe management and administration of medicines. Medication management information is documented according to legislative requirements and current accepted good practice.

There is an approved menu in place which was reviewed by a registered dietitian in July 2009. All residents with additional or modified nutritional requirements or special diets need to have these needs met. The kitchen is maintained in an orderly and clean manner, however, there are a number of areas that need improvement; all decanted food needs to

be dated, accurate monitoring of fridge, freezer and chiller temperatures needs to occur and staff involved in food services need to receive appropriate training in food safety.

Safe and Appropriate Environment

Te Arahina O Arihia Rest Home has developed and implemented policies and procedures for safe waste management. Staff are trained in the procedures and use appropriate personal protective equipment. The facility has been furnished with consideration for the needs of their residents, family members and service providers. The RN Manager has assessed the need for sensor mats in the dementia unit to prevent falls which are occurring at night. To date, this equipment has not been purchased and a related corrective action request is made. Fixtures, fittings, and wall surfaces are in a satisfactory condition and can be easily cleaned. Improvements are required to various flooring areas, i.e. lino which is split in many bedrooms and in communal areas of the dementia unit and the rest home, concrete on the floor in the laundry which cannot be cleaned satisfactorily and carpet which is also not cleaned satisfactorily, resulting in unpleasant smells in areas of the dementia unit. Current cleaning and laundry processes need to be monitored for effectiveness, in particular staffing levels and the method and frequency of carpet cleaning.

There is a current Building Warrant of Fitness in place. There is an approved evacuation scheme in place and staff participate in six monthly fire drills. Relatives interviewed report that residents in the dementia area are closely supervised, secure and well cared for. Staff are able to provide a level of first aid and emergency treatment appropriate for their service. The service has a smoke free policy and there are designated areas for residents and staff to smoke, however this needs to be enforced.

Restraint Minimisation and Safe Practice

The restraint policy implemented by the service includes the definition of an enabler which is congruent with the definition in NZS 8134.0. The use of enablers is voluntary and the rest home has implemented appropriate measures to minimise the use of restraint. There is currently one resident approved for the use of a restraint. An appropriate assessment, approval and evaluation process has been implemented. Staff are well informed about the restraint policy and procedure and conduct close monitoring procedures when restraint is in use. Service providers are familiarised with the restraint policy during their orientation and all care staff have read and signed the new restraint policy issued in March 2010. A corrective action is made related to the need to provide evidence that service providers have been assessed for competency in relation to restraint minimisation and safe practice.

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 (ICP) 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. There are two corrective actions related to

the need to amend the ICP to more clearly define processes for gaining specialist input and conducting of consultation - risk rating moderate. The ICP and related policies also require review and updating to describe who is responsible for policy development and to ensure that the documentation contains all necessary information to meet the requirements of this standard - risk rating moderate. Service provider's documentation evidenced that relevant infection control education is provided to all care staff, support staff and consumers. There is a corrective action related to having no process for evaluating the relevance of IC education - risk rating low.

The type of surveillance undertaken needs to be reviewed to ensure it is appropriate and relevant 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 reported to relevant personnel in a timely manner. There are three corrective actions related to the need to more clearly document surveillance methods, analysis of surveillance data and assignment of responsibilities - risk rating moderate.

Standards have been assessed and summarised below:

Key

Five point scale	Description
Standards applicable to this service attained with some criteria exceeded	Includes commendable elements above the required levels of performance
Standards applicable to this service attained with all criteria achieved	Complies with standards
Standards applicable to this service attained with some criteria of low risk partially achieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved	A moderate number of shortfalls that require specific action planning to address
Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance

Consumer Rights	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 attained with some criteria of moderate or high risk partially achieved or any criteria unachieved

Organisational Management	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 attained with some criteria of moderate or high risk partially achieved or any criteria unachieved
Continuum of Service Delivery	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.	Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved
Safe and Appropriate Environment	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 attained with some criteria of moderate or high risk partially achieved or any criteria unachieved
Restraint Minimisation and Safe Practice	Assessment
Includes 3 standards with outcomes where: 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	Standards applicable to this service attained with all criteria achieved
Infection Prevention and Control	Assessment
Includes 6 standards which require: 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.	Standards applicable to this service attained with

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 criteria of moderate or high risk partially achieved or any criteria unachieved