Avonlea Trust Board

Date of audit: 05-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

Avonlea Trust Board trading as Avonlea Hospital and Home continues to provide hospital and rest home level care to a maximum of 41 residents. On the day of the audit there were 10 hospital and 30 rest home residents, all over the age of 65 years. 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 22 shortfalls at the previous certification audit, there is evidence that 19 have been resolved. There are 12 improvements required as a result of this audit. These relate to collation and analysis of adverse event data, the accuracy and updating of care plans, on-going assessments and evaluation of care, medicines documentation, education and competencies for staff related to medicines and restraint minimisation and evaluation of infection surveillance data. There is a need to carry our minor repairs in a shower and to remove all damaged furniture.

Date of audit: 18-Jan-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.

Avonlea Hospital and Home provides residential care for 40 residents. On the day of the audit there were 38 residents residing at the facility; 29 residents required rest home level care and 9 residents required hospital level care. The facility is owned by the Avonlea Trust; a registered charity. The home is situated in Taumarunui. The organisation has a quality and risk management system in place which the Business/Quality plan underpins; this is developed by the board annually in conjunction with the manager. The system also includes meetings, internal and external audits, complaints, incident /accident follow up, maintenance of the risk register, resident survey and monthly reports to the board. Staff are aware of and participate in the quality system through the monthly staff meeting, where quality is an agenda item, the am/pm co-ordination meeting and the health and safety meeting.

General Environment

Visual inspection of the facility evidenced a clean, safe and appropriate environment for residents, staff and visitors. Staff have received appropriate training in the management of

waste and hazardous substances, and are able to respond to identified emergency and security events. All residents have single rooms.

Resident Satisfaction

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. Resident and family members interviewed stated their satisfaction with the service. There is an implemented system for managing complaints, and the code of rights information is displayed.

Service Delivery

Care plans are developed with the resident and family/whanau input as appropriate.

All residents have an integrated file that is easy to read and identifies continuity of service delivery. Food services are provided in house. Residents' nutritional needs are overseen by a registered dietician. Special diets, likes and dislikes are catered for by the service.

Staff follow organisational procedures to ensure residents experience a planned and coordinated exit, discharge or transfer from the service.

Residents' risk assessment profiles require to be reviewed on regular basis and documented in residents' care plans. There is a staffing and skill mix policy in place. The manager is a Registered Nurse and is employed full time (Monday - Friday). There is one other Registered Nurse who is employed 0.4 FTE (two nights a week) and the service has two Enrolled Nurses who act as team leaders. There is a quality officer who is an Enrolled Nurse and works 0.4 FTE. The manager is on 24 hour call. The service is continuing to actively recruit Registered Nurses with two applicants in the final stages of recruitment.

Rosters sighted at the time of audit showed staffing levels of 2 to 7 in the hospital wings and 1 to 7 in the rest home wings on AM and PM duties. There is no Registered Nurse cover for 5 of the 7 night duties which the DHB are aware of. There is a triage system in place for contacting on call Registered Nurses.

Summary

On the day of the audit the service had a number of partial attainments in core standards relating to risk assessment and care planning, medication management, policy development, registered nurse cover, trial fire evacuation, administrative records and food service.

There were also partial attainments in restraint minimization and safe practice related to policy development, risk assessments and staff competency. Infection control policy development also attained a partial attainment.

Standards have been assessed and summarised below:

Key

Four 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	No short falls
Standards applicable to this service attained with some criteria partially achieved or unachieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity

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 partially achieved or 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 partially achieved or 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 partially achieved or 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 partially achieved or 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 some criteria partially achieved or**

	unachieved

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. 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.	**Standards applicable to this service attained with some criteria partially achieved or unachieved**