

## FOMHT Health Services Limited

**CURRENT STATUS: 21-Jul-11**

**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

Jack Inglis Friendship Hospital has been open for two years. This is a purpose built facility and caters for 13 rest home, 10 dementia and 22 hospital clients. Hospital beds cater for GP acute admissions (two), and hospice care (one) client. On the day of this surveillance audit the manager was overseas on holiday and the clinical co-ordinator is the acting manager. She was interviewed with the quality assurance manager.

The facility is clean and tidy and clients (four), relatives (two), and staff (eight) interviewed, are all complementary of the environment. The quality assurance manager describes a well organised quality and risk system which reports to the staff quality meeting and to the Board of Directors. The five client files reviewed at audit show appropriate assessments being undertaken and lifestyle plans being developed for all clients to meet their needs. Evaluation of the lifestyle plan occurs six monthly and is led by the primary care nurse a registered nurse (RN) and involves a multidisciplinary team approach. Medication management has two improvements that are required for the recording and reconciliation of medications. The required improvements from the previous audit have been addressed.

### AUDIT SUMMARY AS AT 21-JUL-11

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

Indicator	Description	Definition
	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	Day of Audit 21-Jul-11	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.		<b>No short falls</b>

Organisational Management	Day of Audit 21-Jul-11	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.		<b>No short falls</b>

Continuum of Service Delivery	Day of Audit 21-Jul-11	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.		<b>A number of shortfalls that require specific action to address</b>

Safe and Appropriate Environment	Day of Audit 21-Jul-11	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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 21-Jul-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 21-Jul-11	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.		<b>No short falls</b>

## **FOMHT Health Services Limited**

**Date of audit: 07-Jun-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**

The Jack Inglis Friendship Hospital provides residential care for 45 consumers - Hospital [19 beds] rest home [13 beds] dementia Unit [10 beds] GP [2 beds] Palliative Care [1 bed] Occupancy on the day of the audit was at 40. The facility is operated by Health Service Ltd which is a subsidiary of the Friends of Motueka Hospital Trust.

### **General Environment**

The Jack Inglis Friendship Hospital is a purpose built facility opened in June 2009 providing rest home and hospital level care. Visual inspection evidenced that building, plant and equipment are maintained to a high standard and that the facility is a clean, safe and appropriate environment for consumers. All appropriate documentation was available to ensure a safe and appropriate environment for residents. Staff interviews and sampling of staff files show that staff have received current training in relevant areas.

### **Staffing Levels**

There is a clearly documented and implemented process which determines service provider levels and skills mixes in order to provide safe service delivery. The facility is managed by a

Facility Manager / Registered Nurse who has been in the position since the facility opened in June 2009. Registered Nurse coverage is stable with 24 hours - 7 days per week cover being provided. A Clinical Co-ordinator RN has oversight of all nursing staff. Resource has been committed to providing an RN 20hrs per week as Quality Co-ordinator and 1 RN is Infection Control Nurse. Senior nursing staff are additionally on call at all times.

#### Resident Satisfaction

Services were found to be provided in a manner that was respectful of consumer rights, informed choice, acknowledged cultural and individual values and beliefs. Residents and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Code of Rights information is readily displayed. The staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained.

#### Quality Assurance & Risk Management

The Jack Inglis Friendship Hospital has a governance board, Health Service Ltd which sets the overall strategy for the Hospital, approves the annual business plan and budget and monitors progress against its values and strategic objectives. There are comprehensive strategic, business and risk management plans. Quality and Risk Management are an integral part of the process and is translated operationally through the business and quality plan linked to the values of the organisation. Comprehensive policies and processes for mitigating risk were observed.

Human resource management processes are comprehensive and are conducted in accordance with good employment practice and legislative requirements. Residents receive timely and appropriate services from qualified, trained and experienced personnel. Staff turnover is low with caregiver staff interviews reflecting good job satisfaction. Training programmes for staff include in-service education and Aged Care Education training for caregiver staff. There is a partial attainment for dementia unit, staff have not all completed the required training.

#### Standards of service delivery

The provider has implemented systems to accurately assess, plan and evaluate the care needs of the consumers. A sampling of consumer files evidenced that 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. There is a varied activities programme that is individualised for each consumer where possible and an opportunity was identified to review these regularly. Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice 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.

#### Areas of Improvement

Six partial attainments were identified at this audit, all are rated low risk. The subsequent corrective actions and time frames for completion have been agreed to by the service provider.

### **Consumer Rights**

Residents receive services in keeping with consumer right's legislation. The staff interviewed demonstrated a good understanding in this area and have a good knowledge of providing the service consistent with the Code of rights. Residents interviewed were also able to discuss this area and the way staff met their obligations under the Code. Residents/families are informed of their rights. Information is displayed in each wing of the service and the dining room. Residents are respected and treated in a manner that compliments and respects their dignity, privacy and independence. This is reflected in the service philosophy and value statements of the organisation, staff are introduced to these concepts at orientation.

There is a cultural policy and good resources. The local Iwi are community stakeholders in the facility and take an active interest in the facility. There is a good relationship with the senior Kaumatua who visits often and does room blessings and some training. The philosophy of the service places importance on recognising individual values and beliefs. Services are provided in a non-judgemental way and residents and families are encouraged to identify values and beliefs in the assessment process and these are reflected in individual plans.

Policies ensure that residents are not subjected to discrimination, coercion, harassment, sexual, financial and / or other exploitation, and staff are aware of their responsibilities in this regard. Staff are supported to attend training and described good access to training and networking. Policies are referenced to legislation and best practice.

The organisations philosophy is one of full disclosure. The local community and residents are stakeholders in the facility and as such there is a philosophy of transparency. There is an 'open door policy' in the facility and all residents and staff have full access to the facilities manager at all times. All residents have their own GPs who visit at convenient times. The Trust Chairman is also very visible in the facility, he visits regularly and residents are able to approach him and ask any questions. There are good processes that address informed consent and advanced directives. Policies are documented and staff are trained on the policies. An appropriate complaint policy has been developed and available to staff and residents should they need it and staff are trained on the policy.

### **Organisational Management**

The vision, mission, purpose and values of the organisation are well defined. The broad philosophy being that people are the priority. FOMHT Health Services Ltd is the operational arm of the business and charts progress on meeting the overall organisation goals. The local community are all stakeholders in the Jack Inglis Friendship Hospital and as such are kept well informed with a variety of information including the internet. The FOMHT is prominent in the local community and the Trust Board comprises some high profile local identities and business people who have a wealth of knowledge in business and governance.

The organisation has a clearly documented Quality and Risk Management system linked to the provider values and strategic direction. Quality and Risk Management are an integral part of the process and is translated operationally through the business and quality plan linked to the values of the organisation. Quality measures and service provision are also linked with quality assurance which includes setting standards and monitoring them. As part of the quality assurance process the policies reflect standards that are in turn monitored for compliance. Core information on individuals is contained on the initial assessment and care plan. Information reflected the care and support needs of the residents. The service has a formal policy for maintaining records related to current and past service users which is compliant with the health information privacy code and other related legislative requirements

### **Continuum of Service Delivery**

Residents are assessed by the Needs Assessment and Service Coordination service assessors prior to entry to the facility. An information pack is available for residents and their families. Referral agencies are informed of entry criteria and of the availability of beds. Residents care plans reflect current service delivery requirements for each resident. Resident's clinical notes are integrated to ensure service delivery continuity. GP assess residents on admission and 3 monthly thereafter, unless the resident's condition alters and medical reassessment is required. It was identified that clinical assessments i.e. challenging behaviour and pain assessments are not always completed on admission but rather when required. It was decided by RN staff on the day of the audit that they would now commence routine baseline assessments for all residents at admission.

A 5 day a week activities programme is provided for residents with a variety of activities available. Each resident has an individual activities profile documented. Group activities occur on a daily basis. It was identified that each resident requires an individual activities plan that reflects their needs and preferences.

Care plan evaluations are conducted regularly by the RN's in the hospital, dementia unit and rest home. Medication administration is administered via Webster packs. The Registered nurses and senior caregivers administer medications and have their medication management competency tested. Medication fridge temperature monitoring and GP signature logs were sighted. A sample of controlled drugs were counted on the day of the audit and were correct. There are regular Doctors who visit the home. Individual food and nutritional needs are identified and are met by the service. The food service conducted on site. Menus have been reviewed by a dietician. The kitchen is located in a separate building next door and food is transported to the facility in Bain Maries.

### **Safe and Appropriate Environment**

Documentation evidenced was sighted that appropriate systems are in place to ensure the service provides a clean and safe environment for consumers. The facility is well maintained and the areas viewed were clean on the day of the audit. There are large living rooms and dining areas in the hospital/rest home and a separate dining/living area in the 10 bedded dementia wing. There are several areas throughout the corridors with chairs where consumers and their families/friends can sit. The rooms are well maintained and attractive. There are several outside areas that are available for residents and their families to access.

The dementia unit has a secure safe outside area that is visible from the nurse station and living area in the dementia unit.

### **Restraint Minimisation and Safe Practice**

The facility's commitment to restraint minimization and safe practice is communicated to all, through policies and procedures, staff orientation programme, in service training and the appointment of a Restraint Coordinator. Policies and procedures on Restraint Minimization and Safe Practice are current and documented. The facility's policies and procedures provide a guide for staff in ensuring restraint practices, if initiated, are relevant to the residents' requirements and are only used where clinically indicated and justified.

The service has 2 residents who require restraint. Restraint is discussed at all staff meetings and staff interviewed on the day of the audit were aware of their responsibilities and requirements in regard to the restraint programme. It was identified that additional documentation in relation to assessment and evaluation of restraint is required.

### **Infection Prevention and Control**

The service has clear governance structures and processes. The Infection Control Programme (ICP) fits into these processes and the governing body has demonstrated its commitment to the ICP by committing resources to the Infection Control Nurse and linking the ICP to general quality and risk procedures. Practical guidelines were sighted in the facility. The Quality/Infection Control Team has been established with clear terms of reference, responsibilities and appropriate staffing. The IC system is established so that there is access to all required records for trend analyses etc. Resources are available to support the team. There is an established training programme for staff which includes aspects of infection control. Education is ongoing and well documented. Training records sighted indicated that staff had received training. Trends are reported to the Quality/Infection Control Group each month. The Facilities Manager has newly agreed KPIs for presentation to the Board and Surveillance is one of these.

Standards have been assessed and summarised below:

#### Key

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

service	performance
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<b>Consumer Rights</b>	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.	<b>Standards applicable to this service attained with all criteria achieved</b>

<b>Organisational Management</b>	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.	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved</b>

<b>Continuum of Service Delivery</b>	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.	<b>Standards applicable to this service attained with some criteria of low risk partially achieved</b>

<b>Safe and Appropriate Environment</b>	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.	<b>Standards applicable to this service attained with all criteria achieved</b>

<b>Restraint Minimisation and Safe Practice</b>	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>	<b>Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria</b>

	unachieved
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Infection Prevention and Control	Assessment
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- 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.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- 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.</li> </ul>	<p><b>Standards applicable to this service attained with all criteria achieved</b></p>