

Forrest Hill Continuing Care Limited

CURRENT STATUS: 26-Jan-12

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

Forrest Hill Home and Hospital provides care for up to 42 residents. It has six rest home and 36 hospital level care beds. On the day of audit 38 beds are occupied .

The facility is owned by Forrest Hill Continuing Care Ltd and two directors have responsibility for organisational governance. Both have completed a Masters of Business Administration. One is a retired medical practitioner and has been a director of another aged care facility for 11 years. The second director specialises in financial, information technology and human resource issues. The day to day operations are undertaken by a General Manager who is a registered nurse with experience at senior management level in the aged care industry. She has only been in her current role since November 2011 and is supported by a clinical nurse co-ordinator who is also a registered nurse with responsibility for clinical oversight.

Six areas are identified for improvement, three relate to activities, one to care planning detail, one to inconsistencies in medication stock take documentation and one to the audibility of the call bells. All of these issues have been recognised by the facility and corrective actions are in place to address them.

AUDIT SUMMARY AS AT 26-JAN-12

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

Indicator	Description	Definition
	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	Day of Audit 26-Jan-12	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.		No short falls

Organisational Management	Day of Audit 26-Jan-12	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.		No short falls

Continuum of Service Delivery	Day of Audit 26-Jan-12	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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 26-Jan-12	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	Day of Audit 26-Jan-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 26-Jan-12	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.		No short falls

AUDIT RESULTS AS AT 26-JAN-12

Consumer Rights

Forrest Hill Home and Hospital provides relevant information and allows time for discussion as part of the admission process. Resident family/whanau understand their rights and are able to raise concerns and access support services. The service has a commitment to open disclosure and transparency in service provision. Residents' cultural and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs.

Policies and procedure implemented by the service are provided by Jelica Consultants and reflect evidence based practice and meet legislative and Health and Disability Service Standards. The complaints policy is implemented by the service and concerns and complaints are managed by the service with corrective actions put in place. Informed consent policy and processes are implemented by the service to meet contractual requirements. Staff demonstrate awareness of ensuring residents are informed and have choices related to the cares they receive.

Organisational Management

Organisational structures and processes are implemented by the service to ensure service delivery is planned, co-ordinated and appropriate to the needs of the consumers. Service performance is aligned with and regularly monitored against organisational philosophy and goals as identified in the business plan. All quality improvements are documented. Service deficits are written up as corrective actions and followed up and reported on by the General Manager at governance and staff level. Key components of service delivery are explicitly linked to the quality management system and are monitored to measure achievement.

There is an up-to-date risk register which outlines controls that are in place to minimise known and potential risks. Incidents, accidents and untoward events are reported and recorded.

The service implements safe staffing levels and skill mixes. Human resource management processes in place meet legislative requirements. Staff are fully supported by the organisation to maintain and improve their knowledge and skills via on-going education which is appropriate to their role.

The General Manager and Clinical Nurse Co-ordinator are suitably qualified and experienced with delegated authority, accountability and responsibility for the provision of service.

Resident information is accurately recorded, securely stored and clinical records areas are not accessible to the public.

Continuum of Service Delivery

All permanent residents admitted to Forrest Hill Rest Home and Hospital are appropriately assessed by the Needs Assessment and Service Coordination (NASC) for their level of care prior to admission.

Residents receive timely, competent and appropriate service delivery from staff who are trained according to their role. Clinical care is overseen by a registered nurse with resident care and support needs identified through recognised nursing assessments. A new ongoing care plan format has been introduced over the past three months and is supported by short term care plans where residents' needs change or new problems arise. The care plans provide a consistent approach to assessment, planning interventions and evaluation, which are arranged systematically in the file. Plans are used by staff to guide them in providing the resident's care and support needs. The care plans are reviewed and evaluated at a minimum of six monthly by the registered nurse team in accordance with ARC requirements. Clinical notes are integrated and resident focused with input from each provider involved in the resident's care. Some plans would benefit from greater detail for individual residents.

There are group and individual activities provided, however there are opportunities for improvement in individualising the plans and to better reflect the resident's needs, interests and preferences as well as greater involvement in the community.

Medicine management systems implemented comply with current legislative requirements and meet safe practice guidelines. Consistent recording of weekly physical stock takes

needs to occur and records for the new processes being implemented for medicine reconciliation are not yet available.

Residents' nutritional needs are overseen by a registered dietician. Residents and family/whanau comment very positively about the standard and variety of meals provided at Forrest Hill Rest Home and Hospital.

Exit, discharge or transfer from the service is planned and coordinated. Documentation identifies any known risks to ensure an accurate hand over of information occurs.

Corrective actions have been raised in relation to the care planning, the specific activities requirements of residents in an aged care setting, in particular, activities which are meaningful to the individual, personal preferences and community linkages.

Safe and Appropriate Environment

There are clear processes for the management of waste and hazardous substances in the facility. Spill kits are available for blood and chemicals. Staff receive training related to healthcare waste, emergency procedures and facility security measures to keep residents and visitors safe.

A comprehensive maintenance programme has recently been introduced addressing a variety of regular checks of buildings, plant and equipment to maintain the physical environment and facility to ensure residents are provided with safe, adequate, age appropriate facilities. The facilities are fit for purpose and meet the needs of residents.

Residents' rooms have either an ensuite or shared bathroom between two rooms. There are two lounge areas and a large communal dining room available to residents. Lounges open via sliding doors to outdoor deck areas. There are adequate toilets and showers for resident use, including ensuites and toilets adjacent to communal areas. Staff support residents to attend to personal hygiene with consideration of their privacy. All bedrooms are furnished to meet the residents' needs and likes with examples of a variety of personal items to make the room homely and personal. Residents can access large secure outdoor deck areas. All resident areas have adequate light and ventilation with at least one opening window. The facility has electric heating throughout and implements a smoke free policy.

There is an onsite laundry for resident and household laundry. Heavy laundry is contracted to Taylors who collect and deliver linen three times per week. Dedicated cleaning and laundry staff roles have been implemented in the past two months.

The call bell system is not sufficiently audible to ensure that residents can summon prompt assistance when necessary.

Restraint Minimisation and Safe Practice

The service has 15 bedrails, one chest restraint (bib), one brief harness restraint and three entry/exit restraints in use. There are no enablers in use at the time of audit. Policies and procedures implemented meet the required Health and Disability Service Standards. Staff education is appropriate and is offered during orientation and annually as part of the in-service programme. The service maintains a process to determine approval of all types of restraint, including enablers. There is a rigorous assessment process undertaken and three monthly reviews and six monthly evaluations of each resident who has restraint/enabler use.

Assessment processes fully inform care planning and identify known risks. Resident safety is paramount to restraint use and is fully understood by clinical staff. There is a system in place to inform staff and management when the next assessment is due, any issues that may arise, and the need for continued restraint. Restraint use and an analysis of numbers in use are reported at all levels of the organisation. Each episode of restraint is appropriately monitored and evaluated via the quality committee to ensure safe restraint use. Restraint quality reviews are clearly documented. All restraint use is trended and benchmarked and service providers are kept fully informed. Aged Care contractual requirements are met.

Infection Prevention and Control

There are adequate resources to allow for a managed environment to minimise the risk of infection to residents, staff and visitors through the Infection Control Programme. This is relevant to the size and scope of the service. Policies and procedures are implemented to reflect accepted good practice infection control principles in care delivery. The Infection Control Officer has the responsibility to ensure the surveillance methods are adhered to and monthly infection surveillance data is recorded, collated and reported to management. A monthly analysis and evaluation of data is undertaken by the service. An outbreak in late 2011 was well managed according to good infection control management principles. Overall, there are low rates of infection in the facility.