

Waihi Hospital (2001) Limited

CURRENT STATUS: 15-Feb-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the 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 facility is situated in rural Waihi. The building was first established in 1903 as the Waihi Hospital. The current owner bought in 2001 and refurbished. It is well maintained with a pleasant environment. Resident/client/family/whanau feedback confirms service delivery meets the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

Residents are at the centre of their care philosophy. Residents' privacy, respect and dignity is considered and the service has appropriate complaints and advocacy processes in place.

Whilst the services pertain to Rest Home, Hospital and Maternity Annexe care, this summary refers to aged care only. The facility manager is a registered nurse with current practicing certificate and extensive managerial and elder care experience. Care is delivered in a safe and appropriate manner and care plans are comprehensive and up to date. The service has an activities coordinator and activities assistant that ensure recreational activities are meaningful and relates to the needs and preferences of the residents. The service has a van for the transport of residents on outings, shopping trips and appointments. The van seats 11 people. Food services are provided within the facility and the food is well presented, nutritious and appropriate for the setting. The rest home and hospital services are available seven days a week, twenty four hours a day.

The audit findings reflect the progress made with the continuous improvement programme since the last audit.

There are three areas for improvement identified. These include the need for a business plan, a system for reporting to the managing director and the GP to be involved in decision making regarding restraints.

AUDIT SUMMARY AS AT 15-FEB-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 15-Feb-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 15-Feb-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 15-Feb-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.		No short falls

Safe and Appropriate Environment	Day of Audit 15-Feb-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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 15-Feb-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 15-Feb-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 15-FEB-12

Consumer Rights

Waihi Hospital Resthome and Maternity Annexe provides appropriate and accurate information about their services. The organisation is committed to open disclosure principles. The resident's and client's cultural and individual values and beliefs are identified on admission to the aged care residential care services and at first point of contact with the lead maternity carer and her client receiving maternity services. All service providers receive relevant education to ensure services are delivered in a manner that recognises and meets the values, needs and wishes of each resident/client.

The informed consent information is provided and processes are followed by the service providers in the rest home and the hospital and by the lead maternity carers with access agreements under Section 88. Five lead maternity carers access the facility for their clients on a regular basis. Residents/clients interviewed confirm that they are fully informed about

all aspects of their care planning and giving consent for any treatments or procedures for themselves and in the annexe also for their baby/pepi. There is an appropriate complaints process and register in place. Advocacy and support services are available as required. The service is able to demonstrate appropriate interactions with family/whanau and community services. Resident/client/family/whanau feedback confirms service delivery meets the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code).

Organisational Management

The service has an established governance/management structure with identified risks, however there is a request for improvement regarding the service needing to identify business goals. Management is currently in the process of compiling a business plan.

Day to day management is managed in an effective and efficient manner. There is one request for improvement regarding management clearly communicating quality and risk data to the managing director.

There is a documented QRMS which is based on continuous improvement principles. The measuring and monitoring (of identified quality activities) is occurring as required. Adverse events are systematically recorded and reported.

Human resource management processes are conducted in accordance with good employment practices. There are adequate staff numbers at all times. Resident records are well managed and the provider ensures all resident records are maintained in a secure manner.

Continuum of Service Delivery

Pre-entry to service delivery is by a pre-admission process through Support Link Waikato assessment co-ordinators who assess residents to ascertain their needs level for rest home or hospital level care. When accepted and admitted the full details of the client are entered in the resident register. Residents declined entry are also entered into the system with the reason given for the decline of service. The resident records in the rest home and hospital evidenced that the provider has implemented systems to assess, plan and evaluate the care needs of the residents. The residents' needs, outcomes and/or goals have been identified and these are reviewed on a regular basis with resident/family input.

The maternity service differs slightly and pre-entry is through a booking system. The criteria for entry to this maternity annexe is clearly documented and the lead maternity carers with access agreements as per Section 88 have a responsibility to ensure that their clients meet the criteria to access the facility for labour and birth and/or the postnatal period. The maternity service has a client register which is updated with both mother and baby details required. The care plan is developed in partnership with the lead maternity carer and continuity of care is encouraged for the mother and the baby.

Medication management is safely implemented for all services. Visual inspection evidences compliance with respective legislative regulations and guidelines.

Food service policies and procedures are appropriate for this aged care and maternity care setting. Resident/client satisfaction surveys evidence a high level of food satisfaction.

Resident/clients individual needs are identified and documented and choices are provided. The maternity service promotes Baby Friendly Hospital Initiative (BFHI) and the service received three years certification.

Safe and Appropriate Environment

Residents are provided with an appropriate environment to best meet their needs. The facility comprises of the rest home, hospital and the maternity annexe. Although the buildings are 'older' and require more on-going maintenance, the facility is home-like and comfortable. Residents have adequate facilities and personal rooms. Residents interviewed stated they were comfortable and felt safe.

Appropriate emergency procedures are documented and implemented and the service has an approved fire evacuation plan.

Restraint Minimisation and Safe Practice

The restraint minimisation programme defines the use of enablers and restraints. The service actively minimises restraint. There was one restraint documented in the restraint register at the time of the audit. The GP is actively involved in the assessment of residents where restraint is needed but there is one request for improvement regarding the GP having to be involved in the re-assessment processes of residents for continuation of restraint. Policies and procedures comply with the standard for restraint minimisation and safe practice. Enablers are well recorded and all staff received de-escalation and challenging behaviour training.

Infection Prevention and Control

Infection control management systems are documented and implemented to minimise the risk of infection to residents in the resthome and hospital and clients in the maternity annexe, service providers and visitors. The infection control programme 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, reflect current accepted good practice and meet legislative requirements. Education is provided for the infection control team to further their knowledge and all staff receive infection control education at time of orientation. This is evidenced as ongoing and documented in the training programme for 2011-2012. Additional expertise, advice, education and support on infection control issues can be readily accessed through the Infection Control Team at Waikato Hospital or through `Bug Control` if required. Surveillance undertaken is appropriate to the size and complexity of the organisation. Infection records are maintained by the infection control co-ordinator who is an experienced registered nurse. Standardised definitions are used for the identification and classification of infection events, indicators and outcomes. Results are acted upon, evaluated and reported to relevant personnel in a timely manner. Infection control is linked to health and safety and the risk management system. Antimicrobial usage is the responsibility of the general practitioners and the lead maternity carers.