

Ki-Chi Service Supplies Company Limited

CURRENT STATUS: 14-Feb-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

Raglan Trust is certified to provide rest home and hospital level care for up to 27 residents. On the day of the audit there were 26 residents - 14 at rest home level care and 12 at hospital level care. The service can provide sensory disability care, but there are currently no residents under this component of their certification. The service is a member of the Cavell Group. During this audit rooms the facility were inspected to determine that the service has the capacity and appropriate facilities for five previously rest home only beds to be used for hospital level care. The manager has six years' experience in the industry and is a registered nurse. She is supported by a clinical manager. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke positively about the care and support provided.

This audit identified the following improvements required by the service in the following areas; integrating resident files, documenting family input into care planning, dating all documents, establishing that residents are stable for three monthly GP review, assessments, care plans, wound documentation, evaluations, training for the cook and maintenance issues.

AUDIT SUMMARY AS AT 14-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 14-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 14-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 14-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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 14-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 14-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.		No short falls

Infection Prevention and Control	Day of Audit 14-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 14-FEB-12

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau.

Residents and relatives interviewed spoke very positively about care provided at Raglan Trust Hospital and Rest Home. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

Organisational Management

Raglan Trust Hospital and Rest Home has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service

delivery. Key components of the quality management system link to the facility meetings. This includes an internal audit system to regularly assess service performance with its systems and communication of results to staff. Quality and risk performance is reported across the facility meetings.

The service operational plans, policies and procedures promotes independence and involvement. The service is active in analysing data. Corrective actions are identified and implemented. Client satisfaction surveys are completed and regular resident meetings are held.

Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health status.

There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

The audit confirms that the staffing and quality and risk management programme is appropriate for five rest home beds to be used as swing beds.

Improvements are required to completion of performance appraisals and to integration of records.

Continuum of Service Delivery

The service has a comprehensive admission policy. Comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision. Care plans demonstrate service integration and guide all staff in cares. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals. During the tour of facility it was noted that all staff treated residents with respect and dignity and residents and families were able to confirm this observation. Medicine management and administration and the food service are managed safely and in line with required guidelines. There are improvements required around family input into care planning, dating all documents, establishing that residents are stable for three monthly GP review, completing assessments for all relevant areas, addressing all needs in care plans, assessing, dressing and evaluating wounds at appropriate intervals, having evaluations reflect response to interventions and training for the cook.

Safe and Appropriate Environment

Raglan Trust has waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and stored appropriately and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness and holds a current approved evacuation scheme.

All electrical equipment is checked and tagged bi-annually. In the facility residents are able to bring their own possessions to promote a familiar environment. Consideration is given to residents needs when purchasing new furniture/equipment. The physical environment is appropriate and safe. There is adequate space and external areas are well kept. There are currently 15 dedicated rest home rooms. All these rooms are similar in size and are large enough to meet the needs of hospital level care residents including accommodating at least two staff and required equipment. Any of these rooms could be used for the five extra hospital level residents the service could accommodate in these rooms. There is an improvement required to compete required maintenance.

Restraint Minimisation and Safe Practice

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and a register for enablers. There are eight residents requiring bedrails or lap belts in the service and none use enablers. Restraint assessments are based on information in the care plan, discussions with residents/relatives and on staff observations of residents.

Restraint is reviewed for each individual at least weekly when first started then monthly then six monthly and as part of the six monthly multidisciplinary review. Reviews include family/whanau. The service also reviews restraints and enablers at two monthly restraint approval group meetings. Staff are trained in restraint minimisation and challenging behaviour.

Infection Prevention and Control

Raglan Trust meets the intent of the infection control standards. The infection control policies and procedures reflect and are compliant with the standards. There is an infection control programme in place for residents and staff that is managed by the infection control coordinator who is the manager and the infection control committee in the form of all staff, which appropriate for the size and complexity of the service. The infection control surveillance programme is well documented and findings are relayed to staff. Benchmarking occurs against previous months within the facility and with other Cavell Group facilities. Staff receive on-going training in infection control.