

Masonic Care Limited - Glenwood Masonic Hospital

CURRENT STATUS: 27-Feb-12

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

Glenwood Masonic Village is part of the Masonic Village organisation. At the time of the spot surveillance audit 39 of the 45 beds were occupied, 23 being hospital and 16 being rest home. There are three residents under the age 65 years of age (one being an Accident Compensation Corporation client). The manager interviewed stated that there have been no major changes to the buildings or management structure since the last audit. The quality assurance co-ordinator resigned last year and a new appointment has been made and the clinical nurse manager has recently resigned.

There were fifteen areas of improvement required from the last audit. One of these, related to open disclosure, has yet to be addressed, and five new areas requiring improvement have been identified. Two complaints, one to the Ministry of Health (Ministry) and one to the District Health Board (DHB) are included as areas for improvement in this audit. It is evident that there is work being undertaken on the areas of improvement since the last audit and issues raised by the complaints. The five new areas of improvement relate to: complaint management; the provision of evidence that all staff have undertaken mandatory training; completion of multidisciplinary records in residents' files; documentation of review of residents' medication charts; and laundry service practices.

AUDIT SUMMARY AS AT 27-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 27-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 27-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 27-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 27-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 27-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 27-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

Masonic Care Limited - Glenwood

Date of audit: 25-Nov-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

Glenwood Masonic Hospital has recently moved from their old premises to a brand new purpose-built facility located on the fringe of the Masonic Village in Masterton. The Hospital has been built to high standards. Most of the rooms are single with the hospital having the added bonus of six "care units" which take the form of licence-to-occupy studio units which are large enough to accommodate two single beds or a queen/king size double bed. The

facility is large and currently accommodates 45 people who require residential care because of age primarily, but also because of physical or other disabilities.

The hospital is owned by the Wellington Masonic Villages Trust Board. The Trust Board is the governing body of this hospital and two others and including several retirement villages. The hospital is managed overall by the Wellington Masonic Villages Trust Chief Executive Officer, but day-to-day management is undertaken by an onsite Nurse Manager. She is supported by a Clinical Nurse Manager, an Office Administrator and a Quality Assurance Coordinator.

The certification audit took place at the end of November 2010 and resulted in 15 areas requiring further action, and 17 partially attained criteria. These were assessed by the auditors ranging from negligible to moderate risk with one high risk area that requires a multi-agency solution. The service has already commenced development of action plans to address these areas. The audit involved reviewing records, talking with management, staff, GP's, and interview with residents and their family members.

SUMMARY

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
	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	Indicator	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	Indicator	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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Indicator	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	Indicator	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • 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 		No short falls

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require:		Some minor

<ul style="list-style-type: none"> • 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. 		<p>shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</p>
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AUDIT RESULTS

Consumer Rights

The Code of Rights is displayed around the home and is made available to residents and their families on admission to the home. Staff demonstrated a good understanding of consumer rights. Residents and relatives interviewed confirmed that services are provided in a manner that respects and meets their rights. Staffs knock and wait before entering resident's rooms. A policy in relation to advocacy is documented. Information about the Advocacy Service (pamphlet) is given at the time of admission. Religious chaplains visit the home to offer services and communion on a regular basis. A Maori Health plan has been developed and consultation on this has occurred with the local marae. There are good processes in place to ensure cultural needs are identified via the admission assessment process, and met via the lifestyle care planning process. Family are involved in care and care planning to the extent consented by the resident. In most cases, there is active involvement of families. Policies and processes are in place to ensure residents are not subject to discrimination or exploitation. Mostly discussions are undertaken in the residents own room. Informed Consent policies are well documented. An Agreement is signed by residents or relatives on admission to the home. Visitors are welcomed into the home and are offered refreshments. No visiting restrictions apply except in relation to sickness. A policy in relation to Complaints is documented and meets the requirements of the HDC. Complaints processes are included in admission documentation provided to residents and their relatives.

Organisational Management

Glenwood Masonic Village is part of the Masonic Charitable Trust under the Charitable Trust Act and is in its 50th year. There are nine Trustees, selected from within the Masonic Fraternity. The Board has a wide skill mix in terms of the skills identified as required to meet the objectives of the Trust. The objectives are reviewed every two years. A prominent member of the local community is a Trustee and visits the village and has met with the manager.

The Manager reports to the CEO of the Trust. The CEO reports to the Trust Board at their monthly meetings. The Trust hospitals are part of the QPS benchmarking which includes New Zealand and Australian facilities. Glenwood Masonic Village has a 2009-2010 Continuous Quality Improvement Plan which identifies three goals. All goals have been achieved. There is a Risk Management Plan which identifies 15 areas of risk and then identifies area, risk, risk analysis, risk analysis and risk monitoring.

The present Manager commenced in May this year and has appointed a Clinical Nurse Manager in the last two months. Both are Registered Nurses who have completed their MA in Nursing. Staffing levels meet contractual requirements. There are five Registered Nurses, seven Enrolled Nurses, and 24 Care Givers, a Quality Assurance EN, a Diversional Therapist, and a Support Service Coordinator. There are policies and procedures in place which cover all aspects of Human Resource management which meet current good practice.

Continuum of Service Delivery

Care is provided by a team of Registered and Enrolled Nurses who are supported by a team of care givers. There is a Registered Nurse on duty on the premises 24 hours a day. The development of lifestyle care plans is undertaken by a Registered Nurse, in conjunction with both the resident and their family members. These are completed within accepted timeframes to ensure an appropriate, individualised and goal centred plan of care which enables the client to receive the required level of support. The admission process includes a comprehensive assessment using widely recognised assessment tools, based on current best practice guidelines. Short term care plans are utilised for the first three weeks while assessment information is gathered. Lifestyle care plans are then developed with input from the client and their family, to ensure individual needs and preferences are sought and included. The service has documents in place to support this occurring. Short term care plans are utilised where a client's needs have changed and changes are made to the lifestyle care plan should there be a notable change in the client's assessed needs and/or abilities. Plans are integrated and include assessment tools, lifestyle care plans, medical notes, progress notes and activities plans, to support continuity of service delivery occurring.

An activities programme is offered Monday to Saturday (8am to 4.30pm). Volunteers also assist as required. Activities include games (bowls, bingo, hangman, crosswords etc.), newspaper reading, quiz, one-to-one activities (hand massage, reading, hair set, manicure, board games, card games etc.), outings (walks, van rides several times a month, kindy visits, golden oldie dancing, park for fish and chips etc.), crafts, games, church concerts.

The Medico Douglas blister packaging system is in use. Medication is administered from individual medication profiles signed/authorised by GP's. Medications are obtained from a local pharmacy. Three-monthly reviews by GP's are evident by way of signature of GP on

medication chart and in client notes. Medications are stored on a designated medication trolley in a locked room where other medication is also stored. Medication profiles were noted to be completed with evidence of authorisation by a medical practitioner (GP). Allergies and sensitivities were well completed.

The Catering & Support Services Co-ordinator is also the Monday to Friday cook. He has many years of experience of cooking from his time in the Navy. The service has developed a resident's menu form which contains the resident's food preferences and requirements such as diabetic, soft diet. This is printed off each morning by the Catering & Support Services Co-ordinator with copies for the kitchen and one for each of the dining rooms. Kitchen staff prepare the meals and serve onto plates for the Care Givers to present to the residents in the dining room or the individual residents as desired by the resident.

Safe and Appropriate Environment

The hospital was opened in April 2010 with residents transferring from the old facility. The facility is an architect-designed, purpose-built facility. The environment is clean and tidy with plenty of open spaces for residents to move around with the aid of a walking frame, wheelchair or staff assistance when required.

There are four lounges and four internal garden areas all freely accessible to residents. Some residents have small patios off their room. Room sizes are very generous and allow plenty of space for resident's equipment. Residents are free to bring in their own furniture and pictures to hang on the walls.

Residents have single rooms with ensuite, single rooms with share toilet shower and some double rooms. Share rooms are used for respite care clients. There are staff and visitor toilets.

Equipment and furnishings are mostly new, with the exception of some hoists brought from the old facility. The Manager confirmed with the CEO that the equipment and plant are still under warranty and a maintenance monitoring plan is yet to be developed. There was no evidence of clinical equipment, such as sphygmomanometers, electronic thermometers being calibrated.

Policies and procedures are in place to deal with emergency situations and staffs are given training.

Restraint Minimisation and Safe Practice

There is minimal use of restraints at the facility, with these mostly taking the form of bed rails. There is appropriate use of enablers such as wheel chair lap belts. Appropriate processes are in place to ensure the safe management of these devices. Their use is monitored on an hourly basis when in use, and at a more strategic level monitoring occurs via quality review of restraint use.

Infection Prevention and Control

Infection Control Policies and Procedures are well documented and are contained within two manuals. Staff interviewed demonstrated a good understanding of their requirements. The Infection Control committee consists of the IC Coordinator, quality coordinator, community

rep, care givers, EN. Further advice is gained from the Wairarapa DHB IC Nurse Specialist. The committee has access to patient records relating to infection control and lab results.

Surveillance of infections is based on indications for sending a laboratory specimen. These double as "standard definitions". Surveillance is also undertaken on multi-drug resistant organisms (MDRO).