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 Te Aroha Community Hospital includes a 31 bed hospital and 15 rest home situated in rural Te Aroha. The building dates back to the 1960's and visual inspection provided evidence that the facility is clean and tidy with wide corridors and ample light. The facility is well maintained with a pleasant environment and adequately staffed.

The service was started by the community for the community and complies with the Code of Health and Disability Services Consumer’s Rights. Residents’ privacy, respect and dignity is maintained and the complaints and advocacy process complies with requirements.

The chief executive officer (CEO) is also a registered nurse with current practicing certificate and has extensive managerial and elder care experience. The clinical nurse manager (CNM) is responsible for implementation of service delivery ensuring a safe and appropriate care to all residents and patients. Care plans are in line with requirements. The service has an activities coordinator and an activities assistant who ensure recreational activities are meaningful and relates to the needs and preferences of the residents. Food services are provided within the facility and the food is well presented, nutritious and appropriate for the setting. Services are available seven days a week, twenty four hours a day.

One area for improvement was identified regarding residents that self-administer medicines to have locked drawers for storage of their medicines. Four areas of service demonstrated continuous improvement, these areas include care planning, training and professional development and quality management systems.

AUDIT SUMMARY AS AT 31-MAY-12

Standards have been assessed and summarised below:

Key

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>Includes commendable elements above the required levels of performance</td>
<td>All standards applicable to this service attained with some criteria exceeded</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td>Definition</td>
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<td>-----------</td>
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</tr>
<tr>
<td>No short falls</td>
<td>Standards applicable to this service attained with all criteria achieved</td>
<td></td>
</tr>
<tr>
<td>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</td>
<td>Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk</td>
<td></td>
</tr>
<tr>
<td>A number of shortfalls that require specific action to address</td>
<td>Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk</td>
<td></td>
</tr>
<tr>
<td>Major shortfalls, significant action is needed to achieve the required levels of performance</td>
<td>Some standards applicable to this service unattained</td>
<td></td>
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### Consumer Rights

Day of Audit: 31-May-12

Assessment: No short falls

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.

### Organisational Management

Day of Audit: 31-May-12

Assessment: Includes commendable elements above the required levels of performance

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.

### Continuum of Service Delivery

Day of Audit: 31-May-12

Assessment: Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

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.
Safe and Appropriate Environment

<table>
<thead>
<tr>
<th>Day of Audit 31-May-12</th>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>Includes 8 standards</strong> 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.</td>
<td><strong>No short falls</strong></td>
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</table>

Restraint Minimisation and Safe Practice

<table>
<thead>
<tr>
<th>Day of Audit 31-May-12</th>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>Includes 3 standards</strong> that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.</td>
<td><strong>No short falls</strong></td>
</tr>
</tbody>
</table>

Infection Prevention and Control

<table>
<thead>
<tr>
<th>Day of Audit 31-May-12</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Includes 6 standards</strong> 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.</td>
<td><strong>No short falls</strong></td>
</tr>
</tbody>
</table>

AUDIT RESULTS AS AT 31-MAY-12

Consumer Rights

Te Aroha rest home and continuing hospital services have adequate processes in place to ensure staff are aware of their obligations with regard to consumer rights. Residents receive adequate information on the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are treated with dignity and respect. Residents have access to advocacy services/support persons of their choice. Complaints are taken seriously and are well managed through a robust complaints handling process.

Residents have their needs met in a manner that recognises their cultural values and beliefs and receive services of an appropriate standard in line with best practice.

Te Aroha managers and staff members communicate effectively with residents and families and ensure residents receive adequate information to make informed choices that are acted on.

Adequate resources are available to ensure residents can access the local community and family members when they choose.
Organisational Management

Te Aroha management and governors ensure services are planned and appropriate to the needs of the consumers. Organisational goals and mission are defined and monitored. Managers are suitably qualified and directors are experienced and members of the local community with a clear delineation between governance and operational management functions.

The provider has installed and implements a robust quality and risk management system in a state of continuous improvement. Efficiency and effectiveness are measured and monitored using a rich variety of suitable quality performance indicators. Quality objectives are understood and implemented by all staff. Quality activities ensure service shortfalls and risks are addressed and corrected in a timely manner.

The provider has a well implemented adverse event reporting system. Adverse events are managed appropriately, collated for trend analysis and reported as required. Adverse events are managed in an open manner.

Three areas of service demonstrated continuous improvement, these areas include 1) the way quality data is collected, analysed, evaluated and the results communicated to service providers, 2) the process used to measure achievements against the quality and risk management plan and 3) the system used to identify, plan, facilitate and record on-going education for service providers in order to provide safe and effective services to consumers.

Human resources are well managed and implemented in accordance with good employment practice. Responsibilities and accountabilities are documented in a systematic manner. Newly recruited personnel receive comprehensive orientation/induction and have access to mandatory and relevant training. Competency assessment tools are detailed and rigorous. Rostering is completed in a manner that ensures adequate staff numbers and skill mix.

Resident records are detailed and well maintained and stored in a confidential manner.

Continuum of Service Delivery

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. 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. Care planning demonstrates continuous improvement and residents and their appointed relatives actively participate in care planning processes. The residents’ needs, outcomes and/or goals are identified and continuously reviewed with resident/family input.

The care plan is developed in partnership with the residents and their relatives.

Medicines management is safely implemented for all services. Visual inspection evidences compliance with respective legislative regulations and guidelines. One area for improvement was identified regarding residents that self-administer medicines to have locked drawers for storage of their medicines.
Food service policies and procedures are appropriate for this aged care setting.

**Safe and Appropriate Environment**

Management of waste and hazardous substances is appropriate to the size and scope of the facility and adequate resources are provided. Personnel receive appropriate training and equipment for protection.

The facility is purpose built and safe with on-going maintenance programmes for the buildings and equipment.

An adequate number of toilets, showers and hand basins are provided. Hot water is monitored. All communal toilets and showers have distinguishable identification. Residents are provided with adequate personal space and bed areas. Residents are provided with adequate and accessible communal areas to meet their relaxation, activity and dining needs. The cleaning and laundry services are safe and effective with appropriate monitoring processes. The facility has adequate emergency equipment and processes. Emergency training is provided for all staff and personnel have completed first aid training. Fire drills are conducted regularly. Security checks are documented.

Residents are provided with adequate natural light and safe ventilation and the facility is maintained at a comfortable temperature.

Residents are not exposed to tobacco smoke.

**Restraint Minimisation and Safe Practice**

The restraint minimisation programme defines the use of enablers and restraints. The service has a no restraint approach and actively minimises restraint and the use of enablers. There was no evidence of restraint being practiced at the time of the audit. The GPs are actively involved in the assessment of residents and provision is made for GP participation, should there ever be a need for restraint or enabler use. Policies and procedures comply with the standard for restraint minimisation and safe practice. Enablers and restraint are well defined, processes for restraint identification are in place 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, service providers and visitors. The infection control programme meets the needs of the organisation and provides information and resources to inform the service providers. Policies and procedures are documented and in place for the prevention and control of infection. Practices reflect current accepted good practice and meet legislative requirements.

The hospital offers very comprehensive induction and orientation and also completes annual infection control education for all the staff members.

This is evidenced as on-going and documented in the training programme for February 2012. The infection control team completed the MoH e-learning programme for Infection prevention and Control to further their knowledge.
Additional expertise, advice, education and support on infection control issues can be readily accessed through the Infection Control Team at Waikato Hospital or through the microbiologist at the laboratory, 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 a 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 the risk management system. Antimicrobial usage is the responsibility of the general practitioners.