FOMHT Health Services Limited

CURRENT STATUS: 18-Oct-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Verification 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

An audit was undertaken at the Jack Inglis Friendship Hospital in Motueka to verify a new 28 bed rest home wing and that the 13 current rest home wing beds are suitable for use as hospital beds. This facility currently has three wings, one of which has 10 dementia care beds, one has 22 designated hospital level care beds (three of which are being used for rest home residents) and a third has 13 rest home beds. The new 28 bed rest home wing under construction is due for completion around the end of November 2012. Those of the current 16 rest home residents who want to will transfer to the new wing and the current rest home wing will become available for hospital level beds.

The audit findings indicate that the service's management and quality improvement systems already underway will be replicated in the new wing, with only minor modifications needed when the wing is opened. The quality assurance manager has identified these as policy changes on medication storage, the emergency plan and a check for any risks and hazards.

A code of compliance certificate is not yet available and will be supplied when construction is completed. Similarly an updated fire evacuation scheme still requires approval by the fire service. The fire service has provided written documentation informing that the original approval is satisfactory until the request is processed.

FOMHT Health Services Limited

CURRENT STATUS: 23-May-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

A certification audit against the Health and Disability Services Standards was undertaken for the Jack Inglis Friendship Hospital. The hospital is a community owned facility in the rural township of Motueka near the city of Nelson. It currently provides rest home, hospital and dementia services for a total of 45 people. The buildings are modern and the service has

been operating since 2009. Construction of a new wing is currently in progress and will increase the capacity of this service.

Overall the services provided are of a high standard. The rights of the residents are taken into account at each stage of service delivery. Services are delivered according to the identified needs and preferences of the people who reside in the facility and in consultation with medical and allied health professionals. Family members are involved at the level they choose and are always welcome.

Comprehensive quality and risk management systems are in place and there are on-going monitoring processes in place. This service is especially competent at addressing any identified omissions or shortcomings.

Five areas for improvement have been identified as a result of this audit. Three of these relate to medicine management, one to documentation around the recording of staff education and the final area relates to the need for the kitchen to be renovated. The kitchen is a separate building although is on the same site.

The relevant requirements of the Aged Related Residential Care Services (ARRC) agreement have also been taken into consideration during this audit.

AUDIT SUMMARY AS AT 23-MAY-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
	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 23-May-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 23-May-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 23-May-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 23-May-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 23-May-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 23-May-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 23-MAY-12

Consumer Rights

Information on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and advocacy services is displayed throughout the facility. Staff have an understanding of the Code, advocacy and informed consent. Residents' are provided with written and verbal information to make informed choices. Residents' are provided with the opportunity to have an advanced care plan. Residents' and family members confirm the rights of residents are upheld and residents are treated with respect. Residents' are all in single bedrooms and their personal belongings are not shared. Individual cultural and spiritual needs are met. Staff discuss with residents and their family members the residents' health and health care needs. Residents are supported to maintain links and access services within the community, there are no restrictions on visitors.

Consent processes meet requirements and information about how to make a complaint and about the complaints process is readily available to all visitors, service users and staff. Complaints are being managed according to policies and procedures, which follow Right 10 of 'the Code'.

Organisational Management

The service is governed by a board of directors under the Friends of Motueka Hospital Trust. A strategic plan provides a framework around which quality performance is aligned and measured. Key performance indicators are used to demonstrate accountability. Comprehensive quality and risk management systems are underpinned by current policy documents. Information from a number of sources, such as infection control, restraint use, health and safety, adverse events and internal audit reports contributes to quality improvement. The corrective action process has been identified as an area of continuous improvement (that is, over and above the standard normally expected), as not only are shortcomings or omissions being addressed, but the service endeavours to further improve the situation and/or to ensure any recurrence is unlikely.

Employment processes include police and referee checks, an orientation programme and annual staff appraisals. Training and education opportunities are well supported, however

the methods of recording these need to be reviewed as it is not easy to ascertain whether staff have their mandatory training up to date.

There is a staff rostering and skill mix policy, which ensures registered nurses are rostered on all shifts and staffing is adequate.

Residents' files are integrated and contain relevant, up to date and legible information. Archived files are maintained as per legislative requirements. Residents' files are stored in a manner which ensures confidentiality can be maintained.

Continuum of Service Delivery

The service has documented access criteria and processes. Up to date current information about the service is available and easily accessible. A registered nurse is on duty twenty four hours a day and general practitioners are available after hours. Residents' care plans are individualised, accurate and up to date. The service uses several assessment tools. Assessments and care plans are reviewed at appropriate frequencies. Residents' and their families are involved in the care planning and assessment process. Residents' are provided with care consistent with their assessed needs. Discharges and transfers are planned and co-ordinated. A wide range of activities are provided five days a week.

The service has systems in place for the prescribing, dispensing, storage and administration of medication. Medication is administered by registered nurses and caregivers assessed as competent to do so. Residents' are able to self-administer medication if assessed as competent to do so. Improvements are required in relation to medication management as one staff member did not check the blister packed medication against the written medication orders prior to administration, blister packed controlled drugs are not entered in the controlled drug register, registered nurses are yet to undertake medicine competencies, and specific instructions for the administration of as required medication are not always documented.

A dietitian reviews the menus. Dietary profiles are developed for each person and assist towards ensuring any modified dietary needs and personal likes and dislikes are accounted for. Special equipment, such as plates with raised edges or straws, is available. The kitchen is of older style and the surfaces are no longer easy to keep clean. This requires improvement to meet infection control standards.

Safe and Appropriate Environment

Waste is managed according to approved practice. Chemicals are handled in a safe manner and risks associated with identified hazards are being minimised or eliminated. Building and equipment checks are being undertaken as per a maintenance schedule. The facility has a current building warrant of fitness and the internal and external areas used by residents are safe.

Ensuites are attached to all bedrooms. Walls and fittings are all easily cleaned and there are adequate hand basins and hand steriliser dispensers to assist with infection control. Hot water temperatures are monitored for safety reasons. All personal and communal rooms are spacious and safe. People who live in the dementia wing have their own large lounge and

dining areas. A whanau room in the hospital area provides privacy when a loved one requires additional care.

Laundry and cleaning processes are monitored for effectiveness and the equipment and chemicals are being stored safely and appropriately. Emergency management, emergency equipment and security requirements are monitored and staff are trained in these systems. All staff have a current first aid certificate.

The facility is able to be well ventilated and under floor heating keeps the facility at a comfortable temperature in cooler weather.

Restraint Minimisation and Safe Practice

Policies and procedures regarding restraint minimisation and safe practice (RMSP), including appropriate definitions of enablers and restraints, meet the requirements of the standard. Restraint education is a component of staff orientation programmes and of on-going core training topics. A restraint approval group meets every six months and determines which enablers and restraints may be used, who is using them and whether on-going use is appropriate. The group is chaired by a restraint coordinator who oversees the use of restraints and ensures the lines of accountability for restraint use are followed. A restraint/enabler authorisation form is to be signed once a restraint for a specific resident is approved.

Assessment processes prior to the implementation of the use of a restraint include the identification of any real or potential risks. Family/whanau and a medical practitioner are involved. A restraint register is in place and staff receive education on enabler and restraint use during orientation and at least every two years.

Evaluations of restraint use are occurring at the clinical review level on a daily basis, at the quality management level monthly, at GP reviews three monthly, at the resident's care plan review at least six monthly and at the restraint approval group level every six months. These are intended to capture any changes needed in the use of restraints for individuals, as well as at the organisational level. Quality reviews of restraint use are undertaken during a quality management meeting once a year. These reviews look at the use of restraints by individuals, ensure appropriate monitoring systems are in place and include a review of restraint minimisation policies and procedures.

Infection Prevention and Control

The service has an infection control committee and infection control officer. Access to external specialist advice is available if required. The service has documented policies and procedures for the prevention and control of infection. The service undertakes monthly surveillance of infections; results are analysed and communicated to staff. Staff and residents are provided with information and education on infection prevention and control.