

## **Beechworth Home & Hospital 2006 Limited**

**CURRENT STATUS: 19-Nov-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**

Beechworth Home and Hospital is owned by a husband and wife team and is one of three facilities who trade under the Aria Group. It is a 123 bed facility located in Albany, Auckland. Currently the service offers care to 63 hospital, 18 secure dementia and 42 rest home residents. Ninety-nine staff are employed. The facility has undertaken a new build and added one wing which has 11 single occupancy bedrooms and they have reconfigured one wing to add two additional rooms. All 13 new beds are designated for hospital level care. This verification report focuses on these 13 rooms and the facilities that are provided for the additional residents.

Four areas for improvement relate to ensuring all food has an identified expiry date and that appropriate equipment is available for the delivery of food to the newly built hospital wing, the gaining of a Code of Compliance for the new wing prior to use of the beds, ensuring that all electrical equipment is checked to meet legislative requirements and that all shifts are covered by a staff member who holds a current first aid certificate.

## **Beechworth Home & Hospital 2006 Limited**

**CURRENT STATUS: 19-Oct-11**

**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**

Beechworth Home and Hospital is a 123 bed facility located in Albany, Auckland. There are a four wings within the facility. There are 63 hospital beds in one wing, 18 dementia beds in a second wing and the remaining two wings include a total of 42 rest home beds. Ninety-three staff are employed.

There have been no changes to the facility or to the service since their last surveillance audit.

Seven areas are identified for improvement as a result of this certification audit. These relate to the activities programme for the dementia unit, appropriate access to one of the rest home wings and the hospital and five areas for improvement in relation to the infection control programme.

### AUDIT SUMMARY AS AT 19-OCT-11

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 19-Oct-11	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.		<b>No short falls</b>

<b>Organisational Management</b>	Day of Audit 19-Oct-11	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.		<b>No short falls</b>

<b>Continuum of Service Delivery</b>	Day of Audit 19-Oct-11	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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 19-Oct-11	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.		<b>A number of shortfalls that require specific action to address</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 19-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 19-Oct-11	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.		<b>A number of shortfalls that require specific action to address</b>

## **AUDIT RESULTS AS AT 19-OCT-11**

### **Consumer Rights**

Staff demonstrate knowledge and understanding of the Code of Health and Disability Services Consumers' Rights (the Code). Residents and their families are informed of their rights beginning at admission and throughout their stay. Residents and families receive services that have regard for their dignity, privacy and independence. Satisfaction is monitored by the service. The residents' ethnic, cultural and spiritual values are assessed at admission to ensure residents receive services that respect their individual values and beliefs. The service meets the needs of Maori residents in an appropriate manner.

Evidence-based practice is supported and encouraged to ensure residents receive services of an appropriate standard. Residents have access to visitors of their choice and are supported to access community services.

The complaints process is explained to the resident and their family during the admission process. Written information is given to residents and their families explaining the complaints process.

### **Organisational Management**

Services are planned, co-ordinated, and appropriate to the needs of the residents. The mission, vision, values and philosophy are documented and presented to residents and their families as part of the admission process. Organisational performance is linked to the strategic goals of the organisation. Day-to-day operations are managed in an efficient and effective manner to ensure services delivered are timely, appropriate and safe. The quality and risk management programme reflects the principals of continuous quality improvement. Corrective actions are followed up and signed off by the manager. Incidents, accidents and other adverse, unplanned or untoward events are well-documented and there is evidence of adverse events being disclosed in an open manner with those affected by the event.

Human resources management systems are linked to good employment practice and current employment legislation. There is a documented process implemented to ensure adequate service provider levels and skill mixes to meet the needs of the residents.

Resident information is uniquely identifiable, current and stored in a secure location that is readily available to service providers.

### **Continuum of Service Delivery**

Pre-entry and entry to the service is organised by the admissions co-ordinator supported by policies and entry information material. Included in the processes is the referral process with assessments being performed by the Needs Assessment Co-ordination Service. Any risks are identified and planning is arranged to support the identified needs in the initial care plan.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. A team approach and continuity of care is promoted for all three services; rest home, hospital and dementia care.

Within the dementia care area, the care coordinator oversees all assessments and planning with support from the GP, family/whanau and other service providers.

Medicines are managed safely and appropriately and meet all legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted. No residents self-administer medicines.

The activities programme is facilitated by three activities co-ordinators; one for each area of the services provided. The diverse activities programme provides varied options and activities are enjoyed by the residents. Community activities are encouraged, van outings are arranged on a regular basis and family/whanau are welcome to join in with activities. The programme is displayed weekly in each area and staff encourage residents to attend. An improvement is required in relation to the activities programme for the dementia unit as the programme does not provide evidence of a 24 hour holistic approach to activities for those residents with high level dementia. There are no activities arranged at times of increased restlessness or agitation.

The food service policies and procedures are appropriate for the frail and elderly in this aged care setting. All residents' individual needs are identified, documented and choices available and provided. Meals are well presented, homely and the menu plans have been audited. The summer menu was to be implemented the week of the audit. Staff have completed appropriate food hygiene education and food hygiene and legislative requirements are met.

### **Safe and Appropriate Environment**

Beechworth Home & Hospital Rest Home has a current Building Warrant of Fitness. The facility has been completely renovated to ensure it provides an environment that minimises infection risks. Cleaning and laundry procedures meet the standard required for a hospital, dementia and rest home level of care. There is one on-going improvement required in relation to access to the hospital and one area of the rest home.

### **Restraint Minimisation and Safe Practice**

The service is able to demonstrate that the use of restraint is actively minimised. Restraint is regarded as the last intervention when other interventions (e.g., de-escalation) have not been successful. On the day of audit, 18 residents were using an enabler and nine were using a restraint. Restraint is being used in a safe manner and is recorded in an auditable format. Staff are required to attend restraint education, which begins during their orientation to the service. The restraint coordinator, along with the restraint approval group, is responsible for ensuring restraint use is being actively minimised, monitored and reviewed for each episode of restraint use. They are also responsible for approving the restraints/enablers used, ensuring restraint minimisation policies and procedures are up-to-date and ensuring staff attend current and relevant restraint minimisation education programmes.

### **Infection Prevention and Control**

Infection control policies and procedures are clearly documented and reviewed two yearly. The rest home clinical manager, a very experienced registered nurse, is the designated

infection control co-ordinator. External expertise can be sought from the infection control nurse specialist at North Shore Hospital or the Nurse Practitioner Intern for aged care covering aged care services in the community. The Medlab Diagnostic Services microbiologist is also available. Outbreak management has been successfully managed due to planning in place. The current surveillance systems is robust and any trends identified are reported to management at the quality meeting, or earlier if needed. Good infection control practices are evident throughout the services. Staff interviewed verified their responsibilities in relation to infection control and all had received appropriate education.

Areas of improvement included criterion relating to further development of policies to ensure there are clear lines of accountability documented for infection control matters and reporting lines and frequency inclusive of processes for prompt reporting of serious infection control related issues. Also the programme has not been reviewed annually or approved by management. A further policy is required to verify who is responsible for the policy development and implementation for the infection control programme.