

Bima Health Limited

CURRENT STATUS: 28-Nov-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

Sunhaven Rest home and Hospital is situated in Bell Block, New Plymouth and provides dementia and psycho geriatric services for up to 37 residents. On the day of audit there were 26 residents. Eighteen of the residents require hospital level psycho geriatric care and eight require rest home dementia level care. There have been no changes to the services or buildings since the last audit.

There are 14 required improvements as a result of this audit, these relate to: the documentation of risk and risk mitigation strategies being used; documentation identifying any change in the organisational structure should the manager be away; the consistency of documentation relating to staff appraisals and competency checklists; the timeliness of medical reviews of residents undertaken; the documentation of the competency of registered nurses administering medications; the documentation of medication standing orders to ensure they are in line with current best practice guidelines; the inclusion of pandemic planning in the emergency plan; the adequacy of the supply of stored emergency water and the availability of an alternative energy source for cooking. The remaining required improvements are related to the restraint process and include the documentation of staff competencies relating to restraint, the inclusion of enabler use in policies and processes and the formal approval of restraint types used within the service.

AUDIT SUMMARY AS AT 28-NOV-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 28-Nov-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 28-Nov-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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Day of Audit 28-Nov-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 28-Nov-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 28-Nov-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		A number of shortfalls that require specific action to address

Infection Prevention and Control	Day of Audit 28-Nov-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 28-NOV-12

Consumer Rights

Sunhaven Rest home and Hospital provides information and allows time for discussion as part of the admission process to ensure residents and family/Hanau understand their rights under the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Communication methods include formal and informal family/whanau meetings, an 'open door policy' by management and regular residents' meetings. Open disclosure principles are demonstrated. Residents and family/whanau members are able to raise concerns and access support services as required. Informed consent policy and processes are implemented by the service and staffs demonstrate awareness of ensuring residents are informed and have choices related to the care they receive. Residents' cultural, spiritual and individual values and beliefs are assessed on admission and care planning is put in place to meet identified needs.

Policies and procedure implemented by Sunhaven Rest home and Hospital are developed and updated at organisational level and reflect evidence based practice and meet legislative and Health and Disability Services Standards.

Complaints documented illustrate management and resolution processes are in place and good documentation is noted in relation to follow up/investigation and outcomes, including corrective actions where appropriate.

Organisational Management

The Consumer Information Pack contains the mission statement and philosophy of the service. All residents and potential residents receive a copy of this prior to entering the service. There is a monthly Continuous Quality Improvement (CQI) meeting that reviews

administration, occupancy, complaints and compliments, incidents/accidents and internal audit results, against the philosophy of the service and how this impacts on service delivery.

The service has an established quality plan that includes risk management, internal audit of all policies and processes, regular monthly CQI meetings with key staff, to determine actions required to improve performance and manage risk. Currently there is no documentation of risks associated with financial, occupancy, staffing or other identified areas that the service may be vulnerable to, or documentation of any risk mitigation strategies being used. This is a required improvement. The incident/accident reporting process is linked to the quality system and trends and corrective action plans are discussed at CQI meetings.

During a temporary absence the service has an experienced registered nurse (RN) who provides cover. She has experience in managing the service afterhours and extensive nursing experience. Although this is well understood by service providers, it is not documented in either the job description of the RN or on the organisational structure chart and this is a required improvement.

Policy documents are in place to support human resources management practices and compliance with certification and contractual requirements. Position descriptions and individual contracts for all employees and a process to ensure all staff has valid professional practising certificates, where required, are in place. There is an established appraisal system to review staff performance; however, this has not been undertaken for either the facility manager, or the care manager, since 2008. An induction process is in place for new service providers and the service utilises an orientation checklist to document assessed competency, but this is not consistently completed. These two areas require improvement.

Resident information is uniquely identifiable, accurate, current, confidential and accessible when required.

Policy documents support appropriate staffing levels and competence. Staffing is adequate for the number of residents and levels of care required. Registered nurse cover is twenty-four hours a day seven days a week. There are scheduled staffs training programme and evidence of implementation. Staff competency is verified in key areas.

Continuum of Service Delivery

Residents who enter Sunhaven Rest Home and Hospital are assessed by the Needs Assessment and Co-ordination Service (NASC) as requiring the services provided by Sunhaven Rest home and Hospital.

On admission residents are assessed by a RN and an initial plan of care is developed that directs the care residents require. Over the next three weeks, a more detailed comprehensive assessment occurs, including assessments by allied health professionals that focus on the residents' needs and goals, from their specialty perspective. A detailed comprehensive and holistic care plan is developed that also incorporates the resident's and family/whanau input, however the plan at times does not fully describe the required support and interventions needed to achieve the desired goal. Improvement is required in this area.

Care is provided by staff qualified in providing care to residents with dementia. A general practitioner visits Sunhaven Home and Hospital every two weeks, however medical reviews

are occurring three monthly, when documentation does not record the resident is deemed medically stable. This is an area requiring improvement.

Clinical notes are integrated with input from all care providers documented. The care plan is evaluated six monthly, or as needed, to record changes in care required.

A medication management system is implemented to ensure medicines are managed in a safe manner. However some Registered nurses have not been assessed as competent to administer medications, by the pharmacist. The authorisation for standing orders does not meet current best practice guidelines and some medication charts have not been signed by the general practitioner. These are areas requiring improvement.

Safe and Appropriate Environment

Policies, procedures, and contracts with local service agents are in place to support the management and removal of hazardous waste from the facility. Any incidents or accidents are monitored through the incident reporting process. There is a maintenance schedule in place for the checking and calibration of biomedical and other clinical equipment.

The service has a current building warrant of fitness and approved fire evacuation plan. They are scheduled to undergo a trial fire evacuation with the NZ Fire Service the week following the audit. All RNs have a current first aid certificate and all staff complete a basic cardio-pulmonary resuscitation (CPR) course when employed by the service.

All clients have their own vanity and hand basin. The shared bathroom facilities have doors with privacy locks installed and are in close proximity to the bedrooms and are all accessible for the use of residents who require mobility aids, such as walking frames or commode chairs. There is a large lounge and relaxed seating areas around the facility, as well as a separate dining area available to residents. A family room with table and chairs is also available if required.

Emergency plans are in place and the service has extra food and water available, however stored emergency water is inadequate to meet the needs of the staff and residents in an emergency, an alternative energy source for cooking is currently not available and pandemic planning is not included in the emergency plan as required by the providers contract with the DHB. These are areas requiring improvement.

The facility is actively maintained by the owner. Rooms are of a good size and have an opening window. The use of courtyards allow all except six rooms to have access to safe outside areas and allow sunshine and light into the facility.

Restraint Minimisation and Safe Practice

The service has as a restraint minimisation policy that includes de-escalation techniques and definitions. Processes are in place to support an established and comprehensive approval and review process that is communicated to service providers and monitored through the quality and risk management processes. The service currently have two of the 26 residents who require the use of restraints (in the form of bedrails and a 'fall out' chair). This level of use is noted in the quality meeting review and reflects the service's commitment to restraint minimisation.

Residents' notes sighted, for residents who require restraints, include completed approvals and communication with family members and the resident (where applicable). Monitoring and evaluation requirements are documented in care plans and progress notes. Restraint training has been provided to staff in October and dementia education is noted to occur at least three times a year.

There are a number of required improvements identified and this includes the documentation of staff competencies relating to restraint; the inclusion of enabler use in policies and processes; and the formal approval of restraint types used within the service.

Infection Prevention and Control

Sunhaven Home and Hospital infection control and prevention programme is implemented by the infection control nurse. Resources allow for a managed approach to minimise the risk of infection to all users. The infection control nurse has the responsibility of managing policy and procedure compliance, auditing, education, ensuring surveillance methods are adhered to, recording, collating and reporting monthly infection surveillance data to the continuous quality improvement committee. Analysis and evaluation of the data is undertaken and corrective actions identified and implemented to assist in lowering infection rates.