

Masonic Care Limited - Glenwood Masonic Hospital

CURRENT STATUS: 05-Dec-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

Glenwood Masonic Hospital is an aged care facility that opened in 2010. It is located in Masterton. The facility is owned and operated by the Masonic Villages Trust. There are 45 beds that can be used for either rest home care or hospital care. During this audit, there were 37 residents living at the facility.

The facility is managed by a registered nurse with extensive aged care management experience. Nursing cover is provided 24 hours a day, seven days a week, with supervision by a clinical nurse manager.

As a result of this audit, there are six required improvements to be made:

There is no wound care assessment available to support the wound care products being used.

While care plans reflect changes in the residents' condition, there is no evidence of evaluations occurring.

Residents who are not deemed stable by their GP had not been reviewed monthly.

The medication self-administration policy requires a documented assessment of the resident's competency by the GP.

There is no evidence to support the review of managing an RN's recent medication errors.

Staff working with residents must undergo restraint minimisation training to demonstrate evidence of competency.

AUDIT SUMMARY AS AT 05-DEC-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	Assessment
	05-Dec-12	
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	Assessment
	05-Dec-12	
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.		No short falls

Continuum of Service Delivery	Day of Audit	Assessment
	05-Dec-12	
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	Assessment
	05-Dec-12	
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 05-Dec-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 05-Dec-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 05-DEC-12

Consumer Rights

The organisation has a documented complaints process that is accessible to all staff and residents and meets the requirements of The Code of Health and Disability Services Consumers' Rights (the Code). Residents and their families are initially given information relating to the complaints process during their induction to the facility as part of the admissions process. An up-to-date complaints folder is in place that holds lodged complaints. There are four complaints lodged year-to-date for 2012.

Staff demonstrate knowledge and understanding of consumer rights and obligations at Glenwood Masonic Hospital. Residents' choices are highly respected. Service delivery is resident directed in accordance with contractual requirements.

Residents receive services that comply with consumer rights legislation. The service is resident centred. Staff are aware and understand consumer rights and obligations and the requirements of the Health and Disability Commissioner Act 1994.

Organisational Management

The facility is governed by a Board of Trustees. Objectives are in line with the Masonic Trust Strategic Plan and Business Plan. This aged care facility is managed by a registered nurse.

The quality plan is in line with the Masonic Trust Strategic Plan and Business Plan. A Risk Management Plan is also in place for the organisation. Resident and family input is sought

on a regular basis. Policies and procedures are aligned to current good practice and legislative requirements. The document control system ensures policies are kept up to date. Quality data is regularly collected with evidence of service improvements where opportunities exist. Accidents and incidents data is collected, trended, analysed and used for service improvements. When events occur, there is evidence of open disclosure to those affected by the event.

Position descriptions are in place for each position within the organisation. Robust systems are in place for the appointment of staff. A staffing policy is in place, ensuring that there are sufficient numbers of good quality, well-trained and experienced staff for the provision of quality care to the residents.

Consumer information management systems meet legislative requirements. All sampled residents' files demonstrate evidence of records that are uniquely identifiable, current, confidential and accessible to staff.

Continuum of Service Delivery

Care is provided at Glenwood Masonic by a team of registered and enrolled nurses who are supported by a team of caregivers. There is a registered nurse (RN) on duty 24 hours a day. The development of lifestyle care plans is undertaken by a RN, 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 residents 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. There is no recent wound care assessment sighted to support the wound care product being used. This is an area identified as requiring improvement. Care plans are integrated and include assessment tools, lifestyle care plans, medical notes, progress notes and activities plans, to support continuity of service delivery occurring. However, while care plans reflect changes, there is no evidence of evaluations occurring; this requires improvement.

Residents are assessed on admission by a medical practitioner and reviewed monthly, unless deemed stable, whereby a three monthly assessment occurs. However, the residents reviewed, were not deemed stable, and had not been reviewed monthly. This also is an area requiring improvement.

An activities programme is offered Monday to Friday (8 am to 4.30 pm). Activities include newspaper reading, one-to-one activities, outings, crafts, games and church concerts.

Medication are 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 are well completed. The medication self-administration policy requires a documented assessment of the resident's competency by the GP, however, no documented evidence was sighted of this; this requires improvement, as does the review of managing a RNs recent ongoing medication errors.

The catering & support services co-ordinator is also the Monday to Friday cook. He has many years of experience cooking from his time in the Navy. The service has developed a residents' menu form which contains the residents' food preferences and requirements, such as, diabetic and 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 as desired by the resident.

Safe and Appropriate Environment

Glenwood Masonic Hospital is newly built and has a current Building Warrant of Fitness which expires on 27 July 2013. The organisation is spacious with wide corridors for easy accessibility. Residents are provided with a clean and attractive environment that is fit for purpose.

A security camera system provides monitoring at the main front entrance door. The gates are securely locked from approximately 8pm until 6am, when there is no access from outside unless approval is given. For example, if an ambulance or undertaker needs access then they can ring ahead or be identified through the monitoring system. A security round is performed by staff at 8.30pm by pm shift staff and again at 11.15pm by night staff.

Staff demonstrate awareness of safety issues around managing waste and hazardous substances. Meetings are held once a month and include representatives from the aged care facility and the home and community service. There are clearly described policies and procedures and a current comprehensive emergency management plan is available. Personal protective equipment is available and seen to be used on the days of audit.

There is a health and safety committee who meets every two months and issues relating to waste, infectious or hazardous substances generated during service delivery is discussed. All chemicals are labelled and stored in a locked room at all times. Flip charts (in a language that is easy to understand) was observed to be made available to those in the locked room for chemicals. There were instructions on how to use the chemicals correctly and how to treat or minimise harm if an accident were to occur while using the chemicals.

The Emergency Contingency and Civil Defence Plan provides descriptions of emergency response systems for Glenwood Masonic Hospital. The manual and flip charts located near phones provide a plan of action and guide for responding to any event which disrupts the normal operation of the home, and to assist to prevent, prepare for, and recover from the effects of both natural and man-made hazards.

Equipment inspected throughout the facility during the audit is noted to have current inspection tags (2013 expiry) indicating electrical, mechanical or functional testing is up-to-date. There is an annual calibration record of medical equipment by the suppliers. Fire equipment checks are current. As is assets register.

There is a planned preventive maintenance programme in place and interviews with the maintenance worker provide evidence that the process for repairs and maintenance is known, implemented and works well. A maintenance personnel is employed part-time to respond to reactive and preventive maintenance issues. Tradesmen are used for specialised work.

At orientation staff receive comprehensive training in emergency procedures, such as the emergency preparedness procedures and plan, the use of personal protective equipment and the location of the main services and isolation points throughout the facility. Clinical staff hold first aid certificates. Staff receive compulsory annual training and information on using a fire extinguisher, natural hazards, security, fire safety and evacuation training. Trial fire evacuations are conducted every six months. During the audit a test of the fire alarm was held. The residents were not told until the last minute that it was only a fire alarm test.

A visual inspection of the facility evidences:

- information in relation to emergency and security situations is readily available/displayed for service providers and consumers
- emergency flip charts located near phones
- emergency equipment is accessible, stored correctly in two large yellow wheelie bins which were secured and dated, they are stocked to a level

appropriate to the service setting (advised to be three days' worth of supplies for the number of residents)

- civil defence and pandemic response kits
- oxygen and suction equipment is maintained in a state of readiness for use in emergency situations.

Staff advised they are taught to use the equipment, for example, the sling hoist, if they need assistance to evacuate residents who may require further assistance.

Restraint Minimisation and Safe Practice

Policies and procedures for restraint minimisation are in place which includes the organisation's philosophy for restraint minimisation, the definitions of restraints and enablers, the roles of the restraint co-ordinator and restraint approval group and procedures as to how the organisation meets the required responsibilities. Two residents are using an enabler. In both instances the request for an enabler has been made by the resident to assist with their safety and independence.

Residents using restraint are reviewed three-monthly. Approved restraints are only used as a last resort. The frequency and extent of monitoring a resident using restraint is included in the assessment process for determining whether restraint use is indicated. A restraint register is held, containing the names of residents who are using restraint. At the time of audit there are five residents using a restraint.

There is one required improvement in relation to ensuring staff working with residents undergo restraint training and can demonstrate evidence of competency in relation to restraint minimisation and safe practice.

Infection Prevention and Control

The Glenwood Masonic infection control and prevention programme is implemented by the infection control nurses. There is adequate resource to allow for a managed environment which minimises the risk of infections to residents, staff and visitors. Infection Control Policies and Procedures are well documented and are contained within two manuals. Staff interviewed demonstrate a good understanding of their requirements. The Infection Control Committee consists of the two infection control officers (one RN and one EN), the facility or clinical manager, three caregivers, a laundry worker and the manager of home and community services. Further advice is gained from the Wairarapa DHB Infection control Nurse Specialist. The committee has access to patients' records relating to infection control and laboratory results. Surveillance of infections is based on indications for sending a laboratory specimen. Surveillance data is fed into the Quality Performance Standard database site, so it can be benchmarked against other relevant data.