

Forrest Hill Continuing Care Limited

CURRENT STATUS: 23-Jan-13

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

Forrest Hill Home and Hospital is privately owned. It caters for 42 residents, six at rest home care level and 36 at hospital care level. On the day of audit 38 beds are occupied made up by six rest home and 32 hospital level residents.

The day to day operation of the facility is undertaken by a general manager who is a registered nurse. She has been in the role for two weeks. The general manager is suitably qualified for her role and is supported by a registered nurse clinical co-ordinator and the directors.

Six areas identified for improvement from the previous audit have all been fully attained.

Five areas are identified as requiring improvement as a result of this audit. They relate to falls assessment documentation consistency, no expiry dates on decanted food, wear and tear on wall surfaces which prevent appropriate cleaning, the effectiveness of cleaning activities and chemical safety. Three of the areas identified are additional to the set standard requirements for a surveillance audit.

The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 23-JAN-13

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

Indicator	Description	Definition
	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-Jan-13	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-Jan-13	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.		No short falls

Continuum of Service Delivery	Day of Audit 23-Jan-13	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 23-Jan-13	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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Day of Audit 23-Jan-13	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-Jan-13	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-JAN-13

Consumer Rights

Complaints are managed to meet policy requirements. At the time of audit there is one outstanding complaint which was received two days prior to audit.

Full and frank information is provided to residents and their families. When required interpreter services can be accessed.

Organisational Management

The organisation's governance structures are clearly documented. The general manager has overall responsibility for all service provision.

There are processes implemented to monitor, report, analyse, evaluate and benchmark key components of service. Quality improvements are put in place and followed up in a manner that is reflective of continuous quality improvements. Policies and procedures are managed by a contracted service who ensure they meet legislative and good practice requirements.

All incidents, accidents and untoward events are reported, recorded, evaluated and reported at staff and management level meetings. Documentation sighted and resident and family/whanau interviews confirm open disclosure is maintained.

Staffing levels and skill mixes are implemented to ensure residents' needs are met. Staff education is reflective of the level of service provision offered. Every shift is covered by at least one staff member who holds a first aid certificate, and a registered nurse. Human resources management processes implemented meet legislative requirements.

Continuum of Service Delivery

The residents and family interviewed report satisfaction with the quality of care provided at Forrest Hill Home. The service provides appropriate service provision requirements for residents at rest home and hospital level of care. Each stage of service provision is undertaken by suitably qualified and experienced nursing and care staff. The assessment, planning, provision and review of care is provided in time frames that meet the residents' needs and comply with contractual requirements. Where there are temporary changes in the resident's condition, the service uses short term care plans to document the resident's changed needs. There is a required area for improvement related to consistent use of assessment tools and care planning for reducing the risk of falls.

The activities programme supports the interests, needs and strengths of residents at both the rest home and hospital level of care. The residents and families interviewed express satisfaction with recent improvements to the range and variety of activities at the service. The previous areas requiring improvement in the activities programme have been addressed.

A safe and timely medicine management system is observed at the time of audit. The registered nurses are responsible for medicine management and evidence competency to perform the role. The previous area requiring improvement in the recording of stock counts for controlled drugs has been addressed.

Residents express satisfaction with the food and fluid offered at the service. The menus are appropriate to the resident group and have been reviewed by a dietitian. Food is served from the kitchen as soon as it is prepared and is attractively presented. There is a required

improvement to ensure that food that is decanted from its original package has the best before date recorded.

Safe and Appropriate Environment

The service has a current building warrant of fitness. A required improvement from the previous audit related to call bells is now fully attained. There are three areas identified that require an improvement relating to chemical safety, cleaning effectiveness and wall surface wear and tear preventing cleaning to be undertaken to meet infection control requirements. These are additional to the set requirements for surveillance.

Restraint Minimisation and Safe Practice

The service demonstrates that they are working to minimise the use of restraint. Policies and procedure clearly identify that enablers are voluntary and the least restrictive method to allow residents' independence. Staff interviews identify their knowledge and understanding of policy.

Infection Prevention and Control

The infection control co-ordinator ensures surveillance methods are adhered to and monthly infection surveillance data is recorded, collated and reported to management and staff. Analysis and evaluation of data is used to develop any corrective actions required which are monitored by the infection control co-ordinator in a timely manner.