

Te Hopai Trust Board

CURRENT STATUS: 27-Feb-13

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

Te Hopai Home and Hospital provides care for 104 residents at three service levels. There are 64 hospital residents, 23 rest home residents and 16 residents in the secure dementia unit.

There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service including residents that require hospital/medical, rest home and dementia level care.

The General Manager and Quality Manager provide monthly reports to the Board of Trustees that provides an oversight on quality activities.

The service provides regular training sessions and competencies are completed by staff. All staff in the dementia unit have completed or are in the process of completing dementia qualifications. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

The service is commended for achieving seven continued improvement ratings relating to good practice, quality initiatives/governance, implementation of quality initiatives, management of clinical indicators, quality actions as a result of data analysis, education programme and infection surveillance. This audit identified one improvement required around the signing of name/designation.

AUDIT SUMMARY AS AT 27-FEB-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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 27-Feb-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.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 27-Feb-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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 27-Feb-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.		All standards applicable to this service fully attained with some standards exceeded

Safe and Appropriate Environment	Day of Audit 27-Feb-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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 27-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 27-Feb-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.		All standards applicable to this service fully attained with some standards exceeded

AUDIT RESULTS AS AT 27-FEB-13

Consumer Rights

Residents and their families/whānau are informed of their rights as part of the resident information pack. Residents stated that caregivers always respected their privacy and this is reinforced through the training with caregivers. Initial and on-going assessment includes gaining details of people's beliefs and values. Interventions to support these are identified and evaluated. Residents are encouraged to continue with their spiritual activities.

Cultural awareness training occurred as part of the annual training programme. There is Maori Health Plan which has been revised and implemented.

Residents and relatives spoke positively about care provided at Te Hopai Home and Hospital. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and

services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community. A continuous improvement has been awarded against best practice.

Organisational Management

The service has a well established strategic business plan and quality and risk management plan that continues to be implemented since previous certification. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and also to the Board of Trustees. The robust systems for quality and risk management are continually reviewed. Benchmarking through an external agency and audit data demonstrate that they have achieved good standards of care and service. Quality actions have resulted in a number of quality improvements for both residents and staff. There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support and external training is well supported. Staff working in the dementia unit have completed required education modules in dementia care. The staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and resident input into rostering. This audit identified one improvement required around the signing of name/designation. Continuous improvement ratings have been awarded around the implementation of the quality system and education programme.

Continuum of Service Delivery

The service has a comprehensive admission and care planning policies. Service information is made available prior to entry and in the welcome pack given to the resident and family/whānau, including specific dementia information. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents and there are new care planning template currently being introduced to the service.

The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whānau input. Care plans demonstrate service integration. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals.

Medicines are managed appropriately to 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.

Te Hopai Home and Hospital has a trained diversional therapist, a music therapist and three activity coordinators. There is a separate activities programme for each of the areas and each area has a programme developed monthly and displayed in large print. The hospital and dementia recreation programme is across seven days and the rest home across five days. The recreation plan is a key part of the overall long term care plan and the service is pro-active in providing a meaningful programme this audit identified a continuous improvement rating for recreation. Everyday life activities are included in the programme, such as baking and folding laundry, as well as expressive programmes such as sing-a-longs and entertainers. Family are encouraged to join in the activities programme.

All kitchen staff have completed Food Safety Certificates (NZQA). Residents are able to choose from the menu which has two options available or an alternative is provided if neither menu options meet the residents tastes.

Safe and Appropriate Environment

Chemicals are stored securely throughout the facility. Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Rooms are individualised and uncluttered. Resident rooms are spacious. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents hold a current first aid certificate. There are spacious lounge's within each area. There are adequate toilets and showers for the client group. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. All key staff hold a current first aid certificate.

Restraint Minimisation and Safe Practice

Te Hopai Home and Hospital has a comprehensive restraint minimisation policy. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of enablers.

The policy includes that enablers are voluntary and the least restrictive option. Forms include a restraint and enabler register, a restraint assessment form, a restraint consent form, a consent form for enablers, and enabler assessment form and a behaviour management and monitoring form.

There are eleven residents with enablers (bedrail/chair) in use and no restraints. Staff receive training on restraint minimisation and managing residents' behaviours that can be challenging.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator

(registered nurse) is responsible for coordinating/providing education and training for staff. The infection control co-ordinator has attended external training. Infection control training is provided at least twice each year for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other aged care facilities through Healthcare Help benchmarking programme. Staff receive on-going training in infection control. A continuous improvement has been awarded around the infection surveillance programme and implementing quality improvements to minimise infections.