

Arbor House Trust

CURRENT STATUS: 17-Jun-13

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

Arbor House rest home and hospital is owned and operated by a community trust. The nurse manager reports to the board of directors. On the day of audit there were 21 residents (13 rest home and eight hospital). This audit also verified an additional six resident rooms in the purpose-built new wing as suitable to provide either rest home or hospital level care. Family and residents interviewed all spoke positively about the care and support provided. This audit identified improvements required by the service in the following areas; Health and Disability information with complaints, documentation around incidents and follow up, reporting to staff meetings and follow up of quality action plans, wound documentation, medication documentation, hot food monitoring, and restraint documentation.

AUDIT SUMMARY AS AT 17-JUN-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
	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

Indicator	Description	Definition
	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 17-Jun-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.		Some standards applicable to this service partially attained and of low risk

Organisational Management	Day of Audit 17-Jun-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 medium or high risk and/or unattained and of low risk

Continuum of Service Delivery	Day of Audit 17-Jun-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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 17-Jun-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 17-Jun-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of low risk

Infection Prevention and Control	Day of Audit 17-Jun-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 17-JUN-13

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and family interviewed spoke very positively about care provided at Arbor House. Complaints processes are implemented and complaints and concerns are managed. An improvement is required around providing complainants with information around their rights when responding to complaints.

Organisational Management

The manager (RN) provides oversight of the service with a team of registered nurses. There is an established quality and risk management system in place supported by bi-monthly staff meetings, six monthly quality review meetings and monthly reports to the board.

Quality data is collected and evaluated and used for quality improvement. Key components of the quality system link to service delivery with monthly audits reported to the board against the quality headings in the quality plan of ; care, meals, housekeeping, laundry, administration and environments.

Improvements are required around discussion of quality outcomes at staff meetings and sign off of quality action plans.

The service collects a set of data relating to adverse, unplanned, and untoward events. This includes the collection of incident and accident and near miss information. There is an improvement required around incident documentation.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support including six new beds.

There is an implemented orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually for all staff. This covers relevant aspects of care and support.

Continuum of Service Delivery

The service has assessment process and resident's needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed or signed off by a registered nurse. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. A diversional therapist works 30 hours per week is responsible for activities and there are programmes running that are meaningful and reflect ordinary patterns of life. There are also visits to and from community groups. There are improvements required around wound documentation and 'syringe feeding'.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. All staff have been assessed as competent to administer medicines. There are improvements required around medication administration and competency assessments for residents who self-administer medicines.

Food services policies and procedures are appropriate to the service setting. Resident's individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen shows evidence of compliance with current legislation and guidelines. Residents and family members interviewed were very complimentary of the food service provided and report their individual preferences are well catered. Additional snacks are available if the kitchen is closed. There is an improvement required around monitoring hot food temperatures

Safe and Appropriate Environment

There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by staff

Staff documentation provides evidence there are appropriate systems in place to ensure the residents' physical environment and facilities are fit for their purpose.

Documented policies and procedures for the cleaning and laundry services are implemented. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

There are emergency plans in place and emergency drills have been held annually. There is a civil defence kit and evidence of supplies in the event of an emergency in line with Civil Defence guidelines.

This audit has verified that the new six bed wing are suitable for use for either rest home or hospital level residents. The rooms are large and have ensuites that are of sufficient size to allow associated equipment and caregivers access and there is a new lounge and outdoor deck/conservatory area.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers register. There is one resident requiring bedrails as restraint and one resident with an identified enabler. Restraint assessments are based on information in the care plan, discussions with residents/relatives and on staff observations of residents. Staff are trained in restraint minimisation and restraint competencies are completed regularly. There are improvements required around restraint monitoring and evaluations of restraint.

There is an annual restraint approval group meeting..

Infection Prevention and Control

The infection control policies and procedures are documented. Staff meetings are conducted bi-monthly with infection control noted as a regular agenda item. Quality improvement meetings are also held six monthly with an annual infection control summary completed with any areas for improvement noted and implemented.

Regular infection control audits, hazard documentation and incident monitoring of infection prevention and control practices are performed and the results are communicated to staff at meetings and to the board in monthly reports.

Staff receive training in infection control at orientation and as part of the on-going education programme. The infection control programme is reviewed six monthly and the infection control coordinator manager takes overall responsibility for ensuring that the surveillance programme is well implemented with review trends and implementation of any recommendations.

All surveillance activities are the responsibility of the infection control coordinator with support from the IC team. There is an infection register in which all infections are documented monthly and trends graphed and reviewed six monthly.