

## CHT Healthcare Trust - Onewa Hospital and Rest Home

**CURRENT STATUS: 17-Jul-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

Onewa provides residential care for up to 68 residents at rest home and hospital level care. There were 63 residents on the day of the audit - 28 at rest home level care and 35 at hospital level care. The facility is operated by CHT. The CHT group has strong board and effective governance practices. The current manager has been in the role for three and a half years. She is supported by a clinical coordinator who is a registered nurse and the area manager who is also a registered nurse. Resident and family feedback during the audit was very positive. A well-developed staff education programme is implemented with compulsory external (ACE programme) enrolment for new staff training. This audit has assessed that two rooms currently used as single rooms are suitable to be used as double rooms, increasing maximum capacity by two residents.

This audit has identified areas for improvement around meeting minutes, progress notes, care plans, fluid balance charts, wound documentation, evaluations, aspects of medicine management, fridge temperatures, meeting minutes and some surfaces requiring refurbishment.

### AUDIT SUMMARY AS AT 17-JUL-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

Indicator	Description	Definition
	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 17-Jul-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.		<b>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit 17-Jul-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit 17-Jul-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.		<b>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 17-Jul-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 17-Jul-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 17-Jul-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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 17-JUL-13**

### **Consumer Rights**

Onewa provides resident centred care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights ('the code') is visible within the facility and additional information about the code is readily available. Policies are being implemented to support residents' rights and assessment and care planning includes individual choice. Staff training is provided on resident rights including advocacy services. There is a Maori health plan and a Tikanga best practice policy to support practice and individual values are considered during care planning. Complaints processes are implemented and there is a complaints register. Residents and family members and staff interviewed verify on-going involvement with community groups and confirm visiting can occur at any time.

### **Organisational Management**

Onewa has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Quality information is reported to monthly combined staff and quality meetings. There is an improvement required around staff/quality meeting minutes. Residents and relatives have the opportunity to feedback on service delivery issues at six weekly resident meetings, at residents focus groups and via annual satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. Onewa has job descriptions for all positions that include the role and responsibilities of the position. There is an annual in-service training programme that

has been implemented for the year and staff are supported to undertake external training. There is an annual performance appraisal process in place. The service has a documented rationale for determining staffing and caregivers, residents and family members report staffing levels are sufficient to meet resident needs.

### **Continuum of Service Delivery**

Residents who enter Onewa are assessed by the needs assessment and service coordination (NASC). An information pack is available for residents, their families and referral agencies. Residents' care plans are individualised for each resident. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care, including input from all providers involved. Residents are assessed within set timeframes and receive well planned and co-ordinated services. This audit has identified areas for improvement around progress notes, care plans, fluid balance charts, wound documentation and evaluations.

There is an activities programme that operates over seven days, which offers a variety of activities suited to the needs of the residents. On weekdays there are two programmes operating for residents to choose between.

Medicine is administered via the robotic sachet dispensing system. Medicine reconciliation requires recording and a corrective action is made accordingly. Staff who dispense medicines have been assessed as competent. There are improvements required around administration documentation, transcribing and three monthly doctor or nurse practitioner reviews of medication charts.

Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff at admission. The menu was reviewed by a dietitian. There is an improvement required around the temperature of a fridge in a resident lounge area.

### **Safe and Appropriate Environment**

Residents, staff and visitors are protected from harm as a result of exposure to waste, infectious or hazardous substances. The cleaning service is provided by contracted staff dedicated to these duties. Laundry is taken off site and managed by an external contractor. The building is purpose built. Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. All bedrooms, bathrooms and communal areas have a call bell system. There is current building warrant of fitness. Fire evacuations are conducted six monthly. There is a preventative and reactive maintenance programme. This audit has assessed that two rooms currently being used as single rooms are suitable to be used as double rooms, increasing capacity by two residents.

### **Restraint Minimisation and Safe Practice**

There is a restraint 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 a register for enablers. There are currently five

residents requiring restraints and four residents using enablers. Staff are trained in restraint minimisation and challenging behaviour management.

### **Infection Prevention and Control**

The infection control coordinator is the clinical coordinator who is a registered nurse. The service has infection control policies and an infection control manual to guide practice. There is an infection control programme that is reviewed annually. Infection control education is provided annually for staff and infection control practice is monitored through the internal audit programme. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Infection information is collated monthly. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.