

Johnsonvale Home Trust Board

CURRENT STATUS: 01-Jul-13

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

Johnsonvale Home provides rest home and hospital level care for up to 65 residents. Occupancy included 24 rest home and 31 hospital residents. The service is governed by a Board of Trustees and is managed by a clinical operations manager who is a registered nurse. There is a comprehensive quality and risk management system that is well documented and reviewed annually by the board.

The service has an established quality and risk management system. Since the previous audit the service has continued with a major refurbishment project removing built-in furniture from rooms and replacing vanities to allow more space. Currently 40 of 65 rooms have been fully refurbished.

This audit identified that improvements are required around: an aspect of informed consent, provision of education for staff on cultural awareness and Treaty of Waitangi, aspects of nursing documentation including assessments and interventions documented in care plans, medication management and safe storage of chemicals.

AUDIT SUMMARY AS AT 01-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 01-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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Organisational Management	Day of Audit 01-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.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 01-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.		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 01-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.		Some standards applicable to this service partially attained and of low risk

Restraint Minimisation and Safe Practice	Day of Audit 01-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.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 01-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 01-JUL-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.

There is Maori Health Plan which is implemented. There is an improvement required around the provision of training on cultural awareness and Treaty of Waitangi as this has not been conducted since October 2010.

Residents and relatives spoke positively about care provided at Johnsonvale Home. Cultural assessment is undertaken on admission and during the review processes. There is an improvement required around including the interventions required to support identified cultural needs in the resident care plan. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. 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. There is an improvement required around an aspect of informed consent. Residents and family interviewed verified on-going involvement with community.

Organisational Management

Johnsonvale Home is managed by a clinical operations manager who is a registered nurse. The clinical operations manager provides a three monthly report to the Board of Trustees. The Board of Trustees meets three monthly. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Key components of the quality management system link to three monthly combined health and safety/infection control meetings, monthly shift coordinators (clinical) meetings and monthly staff meetings. An annual resident/relative satisfaction survey is completed and there are six monthly resident and six monthly relative meetings which are chaired by an independent Advocate. Residents and family satisfaction surveys are completed annually. Health and safety policies, systems and processes are implemented to manage risk. Discussions with residents and families identified that they are fully informed of changes in health status. There is an orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. 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.

Continuum of Service Delivery

The service has a well-developed assessment process and resident's needs are assessed prior to entry for hospital or rest home level of care. Service information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Registered nurses are responsible for each stage of service provision. There is an improvement required around . The residents' needs, interventions, outcomes/goals have been identified on admission and in the individual care plan. There is an improvement requirement around the use of assessment tools, and including management of medical conditions into the care plan. Care plans are reviewed by the registered nurse and GP. There is an improvement required to document the resident/family/whanau involvement in the care planning process. Care plans are reviewed at least six monthly for rest home residents and three monthly for hospital residents or when there are changes in health status. Resident files include notes by the GP and allied health professionals.

Medicine safety policies and procedures reflect legislative requirements. Registered nurses are responsible for administration of medicines and complete annual medication competencies and education. The medicines records reviewed include documentation of allergies and sensitivities and special instructions for specific medications. There is an improvement required around medication management.

The activities programme is facilitated by a team of activities coordinators. The activities programme provides varied options and activities that meet the rest home and hospital residents preferences. Each resident has an individualised activity plan. Van outings are arranged on a regular basis and entertainers visit the home. All food is cooked on site by the cook.

All residents' nutritional needs are identified and accommodated with alternative choices provided. Meals are well presented, homely and the menu plans have been reviewed by a

dietitian. Residents interviewed expressed satisfaction with the food service. Food and fridge temperatures are recorded.

Safe and Appropriate Environment

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 two cars 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. There is alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place. All key staff hold a current first aid certificate. There is an improvement required around the safe storage of chemicals.

Restraint Minimisation and Safe Practice

The service has policies and procedures to appropriately guide staff around consent processes and the use of enablers. There are currently no residents using restraint or enablers. Staff received training in restraint and managing challenging behaviour as part of the in-service plan.

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 officer (registered nurse) is responsible for surveillance of infections. The infection control officer attends Capital and Coast DHB infection control forums which are held three monthly. Infection control training is provided annually 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 officer 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.