# Johnsonvale Home Trust Board - Johnsonvale Home

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Johnsonvale Home Trust Board

**Premises audited:** Johnsonvale Home

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 20 June 2016 End date: 21 June 2016

**Proposed changes to current services (if any):** Addition of medical to the hospital certification.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 45

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **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 |
|  | 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 |

## General overview of the audit

Johnsonvale Home is governed by a board of trustees. The service provides rest home and hospital level of care for up to 65 residents. On the day of audit, there were 45 residents. The clinical operations manager continues to manage the service, with support from a quality development manager.

This certification audit was conducted against the health and disability sector standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff and management. Systems, processes, policies and procedures are structured to provide appropriate quality care for people who use the service.

As part of this audit, the service has also been verified as suitable to provide medical services under their hospital certification.

Johnsonvale Home is commended for continual improvement ratings relating to staff training, and infection control surveillance.

One improvement has been identified around care interventions to prevent pressure injuries.

## Consumer rights

|  |  |  |
| --- | --- | --- |
| 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. |  | Standards applicable to this service fully attained. |

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 and services is easily accessible to residents and families. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Informed consent processes are followed and residents' clinical files reviewed evidence informed consent and advanced directives are documented. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

|  |  |  |
| --- | --- | --- |
| 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. |

A comprehensive quality and risk management system in place is implemented and monitored. Key components of the quality management system link to relevant facility meetings. The service is active in analysing and corrective actions are identified and implemented. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and appropriately managed. A comprehensive orientation programme provides new staff with relevant and specific information for safe work practice. The in-service education programme covers relevant aspects of care and support. The staffing levels provide sufficient and appropriate coverage for the effective delivery of care and support. Staffing is based on the occupancy and acuity of the residents.

## Continuum of service delivery

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| --- | --- | --- |
| 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. |

There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse develops care plans based on assessments and reviews residents' needs with the resident and/or family/whānau input. Resident files included medical notes by the contracted GP and visiting allied health professionals.

A diversional therapist oversees the activity team and coordinates the activity programme for the residents. The programme meets the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three monthly.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

|  |  |  |
| --- | --- | --- |
| 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. |

There are documented processes in place for the management of waste and hazardous substances, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised. There are adequate communal facilities for showering and toileting. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. All registered nurses hold a current first aid certificate.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. |

A restraint policy includes comprehensive restraint procedures and aligns with the standards.  A register is maintained with all residents with restraint or enablers.  There were no residents requiring restraints and no residents using enablers.  The service reviews restraint as part of the quality management and staff are trained in restraint minimisation.

## Infection prevention and control

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| --- | --- | --- |
| 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. |

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. Infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 1 | 43 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 2 | 90 | 0 | 0 | 1 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Code of rights posters are displayed in the foyer and round the building. Discussions with staff confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code). Residents interviewed (seven hospital and three rest home) and relatives interviewed (one rest home and three hospital) confirmed the services being provided are in line with the Code. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent and advanced directives were recorded as evidenced in the seven resident files reviewed (three rest home and four hospital). Advised by staff, that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Resident admission agreements sighted were signed. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at reception. Residents’ meetings include discussing previous meeting minutes and actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident’s life have been documented in the care plans. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. Entertainers have been invited to perform at the facility. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | A complaints policy and procedures have been implemented and residents and their family/whānau have been provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints.  A complaints folder has been maintained. The service records and follows up all complaints, including verbal complaints. Six complaints have been recorded for 2016 and all show timely follow-up with the complainant. Systems and processes continue to be in place to ensure that any complaint received is managed and resolved appropriately. Residents and family members advised that they are aware of the complaints procedure and how to access forms.  One DHB/query/complaint was reviewed regarding registered nurse training. The requested actions from the DHB have been implemented. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the code of rights. Resident meetings and a resident and family survey provide the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack, the resident and family newsletter and is available at reception. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, residents’ privacy and dignity. House rules and a code of conduct are part of employment agreements signed by staff at commencement of employment. Church services are held and resident files include cultural and spiritual values. Contact details of spiritual/religious advisors are available to staff. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. Staff education and training on abuse and neglect has been provided. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | The service has a Māori heath plan in place. Local iwi and Māori provider groups have reviewed the plan. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. Currently no residents identify as Māori. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | Care planning includes consideration of spiritual, psychological and social needs. Residents interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged. The ‘In the Loop’ quarterly newsletter includes information about different cultures each month (the Philippines for January and Samoa for May as an example). |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of house rules and a service code of conduct. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity, privacy and boundaries. Registered nursing staff have completed training around professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | The quality programme has been designed to monitor contractual and standards compliance, and the quality of service delivery. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The quality development manager (RN) is responsible for coordinating the internal audit programme. A variety of staff meetings and residents’ meetings are conducted. The clinical operations manager (RN) is responsible for overall clinical care.  Residents and relatives interviewed spoke very positively about the care and support provided. Staff have a sound understanding of principles of aged care and state that they feel supported by the clinical operations manager. Care staff complete competencies relevant to their practice. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents. Fourteen resident related incident forms for June documented that family had been informed of the incident. Seven care plans documented both resident and family involvement in care. Residents and family members also stated they were welcomed on entry and given time and explanation about services and procedures. Resident/relative meetings occur three times a year and the clinical operations manager has an open-door policy.  Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau has difficulty with written or spoken English, the interpreter services are made available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | A board of trustees governs Johnsonvale Home. The service provides rest home and hospital level of care for up to 65 residents. This is comprised of 25 rest home beds, 25 hospital beds and 15 dual-purpose beds. On the day of audit, there were 45 residents, and all were under the ARC aged care contract. There were 18 rest home residents, and 27 hospital residents. There were no rest home and two hospital residents in the dual-purpose beds.  The service continues to be managed by a clinical operation manager (COM) who is a registered nurse, and has been in the role for three and a half years. A quality development manager (RN) who has been in the role for three years and is experienced in aged care supports her. There is a current business plan, a risk and quality improvement plan, and specific quality plans to improve services. All plans document regular review and annual updates. The board has approved the business plan and quality goals. The COM provides a written report to the board. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | The quality development manager provides cover during a temporary absence of the clinical operations manager. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | Johnsonvale Home has documented business, risk and quality plans in place. A Christian based mission and philosophy are integrated into care. The clinical operation manager and quality development manager provide a monthly report to the board. The board and the management team meet quarterly. Specific quality plans are in place for 2016 and include reducing the incidence of UTIs, improvements to recreation services, and ACC compliance with health and safety.  The quality development manager has monitored progress with the quality and risk management programme. Progress is reported to staff through the monthly staff/quality meeting, and various facility meetings. This includes complaints, accidents, incidents, internal audits, infection control and restraint use (if used). Meeting minutes have been maintained and are available to staff in the staff room. Minutes for all meetings have included actions to achieve compliance where relevant.  Specific quality improvements have been identified and data collected is benchmarked with other facilities.  The service has comprehensive policies/procedures to support service delivery. Policies and procedures align with the client care plans. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly.  Annual resident/relative surveys are undertaken and collated and results fed back to staff, residents and family at meetings and newsletters.  There is a comprehensive health and safety, and risk management programme in place including policies to guide practice. There is a current hazard register. The service has completed a self-assessment for accreditation (ACC) and has achieved tertiary status.  Falls prevention strategies are in place that includes the analysis of falls incidents and the use of sensor mats, electric beds, ultra-low beds, hip protectors and physiotherapy assessments post falls. The service has assigned a staff member on duty to supervise high-risk residents in the lounge to reduce the number of falls. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | The quality development manager reviews and analyses all incident forms each month, and an action plan is documented and communicated to staff. Action plans include individual plans (such as for frequent fallers) and service plans (such as new instructions for safe hoist use). Discussions with the service confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of resident related incident reports for June 2016 were reviewed. All reports and corresponding resident files reviewed evidence that appropriate clinical care has been provided following an incident. The incident reporting policy includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. The service benchmarks incident data with other facilities. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Policies and procedures are in place to ensure the safe and appropriate recruitment of staff. Eight staff files reviewed (three RNs, four caregivers, and one diversional therapist) evidenced implementation of the recruitment process, employment contracts, completed orientation, and annual performance appraisals. A register of practising certificates is maintained.  Staff turnover was reported as low, with some staff having been employed in excess of 25 years. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed that new staff were adequately orientated to the service. Annual appraisals are conducted for all staff.  A completed in-service calendar for 2015 exceeded eight hours annually and the 2016 calendar maintains a high level of training for all staff. Caregivers have either completed the national certificate in care of the elderly, or they have completed or commenced an aged care education programme. There are specific training sessions and related competencies for registered nurses including pressure injury prevention and care, diabetes management, wound care and communication. Registered nurses can also attend external training including conferences, seminars and education sessions with the local DHB.  A competency programme is in place. Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Johnsonvale home has a staffing rationale policy and a roster in place, which provides sufficient staffing cover for the provision of care and service to residents. The roster has sufficient staff rostered on to provide safe care to residents. There is at least one registered nurse on duty at all times. The full time clinical operations manager is also a registered nurse. Caregivers, residents, and family interviewed advised that sufficient staff are rostered on for each shift. All staff have been trained in first aid and CPR. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. Residents' files are protected from unauthorised access by being locked away in the nurses’ stations. Other residents or members of the public cannot view sensitive resident information. Record entries are legible, dated and signed by the relevant staff member. Individual resident files demonstrate service integration. Medication charts have been stored in a separate folder. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents’ entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to admission. The service has a comprehensive information folder for residents/families/whānau at entry. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs, enrolled nurses and some senior caregivers) have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications at two rounds. Standing orders are in use. Each GP has a standing order in place (one GP has the majority of the residents). The orders align with current guidelines. One resident is self-medicating an inhaler (carried by the resident). The resident has been deemed competent to do so by the GP and RN, and this is reviewed three monthly. The medication fridge is monitored daily.  All 14 medication charts sampled met legislative prescribing requirements. The GP has reviewed the medication charts three monthly. All medications had been administered as prescribed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | All meals at Johnsonvale are prepared and cooked on site by a qualified chef and two cooks. There is a five weekly seasonal menu, which has been reviewed by a dietitian. Meals are served directly to one adjacent dining room. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service.  Staff were observed assisting hospital and rest home residents with their meals and drinks. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were very satisfied with the food and confirmed alternative food choices were offered for dislikes.  Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. The chemical supplier checks the dishwasher regularly.  All food services staff have completed training in food safety and hygiene, and chemical safety.  Nutrition and safe food management policies define the requirements for all aspects of food safety. A kitchen cleaning schedule is in place and implemented. Containers of food were labelled and dated. |
| Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | There is an admission information policy. The reasons for declining entry would be if the service were unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The RN completes an initial assessment on admission, including risk assessment tools for falls, pressure injury and continence assessment. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. InterRAI assessments, assessment notes and summary were in place for all resident files sampled. The long-term care plans in place reflected the outcome of the assessments. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident care plans sampled were resident focused and individualised. All identified support needs as assessed were included in the care plans for all residents’ files sampled. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.  There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist and dietitian. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Moderate | When a resident's condition alters, the registered nurse initiates a review and if required, GP and allied health consultation. There is evidence that family members were notified of any changes to their relative’s health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident’s file sampled in the family/whānau contact form.  Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for one abscess, two skin tears and the pressure injuries. Chronic wounds have been linked to the long-term care plans.  Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.  Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission, identifying resident nutritional status and preferences. The care intervention to prevent skin breakdown and monitoring were not always in place. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The service has a qualified diversional therapist (DT) and an activities officer. The activity team provides individual and group activities in the rest home and hospital six days a week (increased from five days within the last year). The monthly programme is an inclusive programme where residents from both units (as appropriate) are invited into the unit where the activity is appropriate or entertainment is being held. The weekly activity programme is displayed on the main noticeboard and programmes are in each resident’s room. There is a monthly newsletter for all residents and families, which profiles staff and residents and keeps families and residents informed of all activities and meetings.  Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. Entertainers coming to the home had increased over the last year from once a month to three times per month. A music therapist comes three monthly. A sound system has been purchased to enable residents to hear more easily. Volunteers come to assist with massage, flower arranging, bowls (there is a large bowling table and craft room) and reading to residents.  There are regular outings/drives for residents (as appropriate) and involvement in community events. A range of community groups come to the home. One-on-one activities are provided for residents who are unable or choose not to be involved in group activities. Church services are held at the home twice a month.  An activity assessment and plan is completed on admission in consultation with the resident/family (as appropriate). Activity plans in all files were reviewed six monthly.  Families are invited to the resident meetings. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | The RN evaluated all initial care plans (sampled) within three weeks of admission. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the clinical notes and are evident in changes made to care plans. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.  There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety datasheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in locked areas and safety datasheets are available. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness that expires 2 June 2017.  The service employs a part-time maintenance person. The maintenance person ensures maintenance requests are addressed and a preventative maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. An external contractor has completed annual calibration and functional checks of medical equipment.  Hot water temperatures in resident areas are monitored monthly. Rooms are refurbished as they become vacant. The facility has wide corridors with sufficient space for residents to safely mobilise when using mobility aids. There is safe access to the outdoor areas, including a sheltered area for residents to smoke. Seating and shade is provided.  The care staff and RNs interviewed stated they have sufficient equipment to deliver the cares as outlined in the resident care plans. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | Toilet and shower facilities are of an appropriate design to meet the needs of the residents. All bedrooms, with the exception of one room with an ensuite, share the communal use bathrooms/toilets. Communal facilities have a system that indicates if it is engaged or vacant, and doors that may be locked by the resident if they choose (able to be unlocked by staff). |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | At present, all resident rooms are single. In the resident bedrooms, there is adequate room to manoeuvre mobility aids and transferring equipment such as hoists, safely. Residents and families are encouraged to personalise their rooms. This is evident on audit. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Communal areas within the facility include lounge and dining areas along with additional smaller lounges and a shared activities room. Seating and space is arranged to allow both individual and group activities to occur. The facility is light, odour free and with views out to the grounds. All furniture is safe and suitable for the residents. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaning staff. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.  The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Where improvements can be made these are implemented. Current safety material datasheets about each product are located with the chemicals. The chemicals are stored appropriately in locked cabinets at all times. The chemical mixes are prepared from a wall mounted system, which works effectively. The chemical provider checks the washing machine and chemical products. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available including a hooded barbeque and additional gas rings. There is a sufficient supply of water and food stored on-site for at least three days in the event of an emergency.  There is an approved fire evacuation scheme. There are six monthly fire drills. Fire safety is completed with new staff as part of the health and safety induction and is ongoing as part of the education plan. There is a first aider on duty at all times.  Residents’ rooms, communal bathrooms and living areas all have call bells. Staff document and implement security policies and procedures. The buildings are secured at night with access after this time via staff on duty. A security company completes security rounds during the night. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Residents were provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The heating in each room can be individually controlled. Guards are placed on heaters where necessary to protect residents from hot surfaces.  There are sufficient doors and external opening windows for ventilation. All bedrooms have external opening windows, which are designed and installed to promote ventilation and can be secured as needed.  The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | Johnsonvale home has an established infection control (IC) programme. The infection control programme has been appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The clinical operations manager is the designated infection control nurse with support from an enrolled nurse and the wider infection control team. The IC team meets to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | There are adequate resources to implement the infection control programme at Johnsonvale home. The infection control (IC) nurse has maintained her practice by attending infection control updates. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and procedures  Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated at least two yearly. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The facility is committed to the ongoing education of staff and residents. The infection control nurse, with support from the enrolled nurse, facilitates education. All infection control training has been documented and a record of attendance has been maintained. Information was provided to residents and visitors that are appropriate to their needs and this was documented in medical records. The health and safety plan for 2015 and 2016 has a goal around increasing the uptake of staff and residents who are vaccinated against influenza. The service implemented a process of staff and resident education. Posters were displayed in prominent place for all residents and staff to see. Staff were provided with best practice articles in the staff room. The senior team proactively supported and advocated for flu vaccination for residents and staff.  As a result, the staff vaccination rate increased from 70% in 2015 to 77.5% in 2016. Resident vaccination rates have increased 92- 93.8% in 2016. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | CI | Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. The clinical operation manager is the designated infection control nurse along with an enrolled nurse. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly facility infection summary and staff were informed. Data has been monitored and evaluated monthly and annually. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service is committed to restraint minimisation and safe practice, as evidenced in the restraint policy and in interviews with clinical staff. A restraint coordinator who is the clinical operations manager, oversees restraint minimisation. There are no residents with restraint or enablers. The use of enablers is voluntary, requested by the resident. Training has been provided in restraint and enabler use, and in the management of behaviours that challenge. |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.3.6.1  The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Moderate | Interviews with registered nurses evidenced they were knowledgeable about the prevention of pressure injuries. Monitoring occurs for weight, vital signs, blood glucose, pain and challenging behaviour. However, interventions to prevent skin breakdown were not always in place and monitoring for a resident with a pressure injury was not always documented. | i) For one hospital level resident, a slide transfer sheet was left in direct contact with the skin. The sheet had been in place for the major part of the 24-hour period. This resident has a history of pressure injury and has a high risk of re-occurrence. Interventions such as a pressure relieving mattress were not in place. ii) One hospital level resident with a pressure injury (tracer) did not have turn charts consistently recorded for monitoring change of position. | i) Ensure that timely interventions are provided to reduce risks for the resident; and ii) ensure that monitoring is conducted and recorded as per the care plan.  60 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | CI | The service has an annual training schedule with very good attendance at training sessions by staff. There are compulsory study days planned biannually for all caregivers that provide all compulsory education for staff, there are also study days for trained staff. Policies and procedures are based on evidenced and best practice and communicated to all staff. | The service evaluated the quality and training process during 2013.   The review identified the current system did not identify service risks, there was a lack of staff involvement in the quality process and this affected the training attendance levels.  Because of this, a new suite of audit tools were developed and implemented onto practice in late 2013. This was accompanied by a new training schedule (based on a review of training provided at the time and staff feedback). The reviewed audits were to ensure that critical areas of risk were identified. Other actions included a simplified meeting minute format, and adjustments were made to the process of education session delivery to make it more accessible to staff. The reviewed training schedule was aligned to the quality policy, audit schedule and the ARC contract.  The outcome has been achievement of ACC tertiary WSMP, with a continuous improvement awarded around staff engagement. Attendance at staff training has improved. Six monthly information, training and supervision audit outcomes have steadily improved from 39% in 2013 to 97% in 2014 and 2015 to 100% in 2016. Staff interviews were very positive during audit around training and their involvement in the service. |
| Criterion 3.5.1  The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation. | CI | The service collects all infections information as part of the monthly infection control surveillance. An additional log is also kept of residents who are not well, but whose condition is not part of infection statistical data gathering. This is to ensure that all residents are reviewed by the infection control nurse and other RNs. Monthly reports are provided to facility meetings and the management team. | Urinary tract infections were noted to be above the expected benchmarked rates during 2014.  The service implemented a process that included education for staff around infection control, hand washing and resident personal hygiene, and additional IC audits, and follow-up of issues raised. For residents, the service implemented increased fluid rounds (including ice blocks in the hotter months), and handovers emphasised the importance of fluid intake.  On evaluation of the effectiveness of these measures, they noted a drop in resident urinary tract infections from thirty-five during 2014 to nine during 2015 and only three so far during 2016. |

End of the report.