

Howick Baptist Healthcare Limited

Introduction

This report records the results of a Surveillance 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 The DAA Group 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](#).

The specifics of this audit included:

Legal entity:	Howick Baptist Healthcare Limited
Premises audited:	Howick Baptist Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 May 2017 End date: 12 May 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	131

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

Indicator	Description	Definition
Yellow	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
Red	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

Howick Baptist Healthcare Limited (HBH), trading as HBH Senior Living, provide rest home and hospital level care for up to 131 residents. On the days of this audit there were no empty beds.

This unannounced surveillance audit was conducted against a sub-set of the relevant standards and the provider's contract with the district health board (DHB). There have been no significant changes to the scope or size of the service since the previous audit in 2014. Of the three requests by HBH in 2016, for reconfiguration of services, only one had been enacted. This was the reconfiguration of a rest home level bed to a dual-purpose bed.

The audit process included review of policy and procedures, the review of resident and staff files, observations and interviews with residents, management and staff. The residents, relatives and a general practitioner interviewed, talked positively about their experiences with the service and expressed confidence in the quality and extent of care provided.

There were no improvements required as a result of this audit and six areas were rated as continuous improvement. Five of these are ongoing from the previous certification audit in 2014 and are recognised in the quality system, care interventions, activities, medicines and infection control surveillance methods. The results achieved in the approach to staff training were also rated as continuous improvement.

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.
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The service demonstrates that it adheres to the principles and practices of open disclosure when dealing with unwanted events. All verbal and written complaints received by the service in the past two years have been responded to and investigated in a timely and open manner. The system was assessed as fair, responsive, effective and in accordance with Right 10 of the Code of Health and Disability Services Consumers' Rights. Residents and family said they knew how to raise a complaint and that they were entitled to support during the process. One complaint submitted to the Office of the Health and Disability Commissioner in early 2017 was not substantiated.

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.
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HBH is maintaining its ethos and commitment to continual quality improvement. The quality and risk management systems exceed the standard required. Any areas of concern in service delivery are being promptly identified with actions to remedy the problem initiated. Information and methods which monitor the quality of the services provided are consistently reviewed and improved upon. All adverse events reviewed are reported and investigated. There were two events notified to the Ministry of Health and the DHB in 2016.

Staff are well managed according to policy and good employer practices. New staff are recruited in ways that ensure their suitability for the position. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new

staff. Ongoing staff education is planned and coordinated to ensure that staff receive relevant and timely training on subjects related to older people. Training is occurring regularly through in-service education sessions, via self-directed learning and presentations by external experts. Staff competency assessments are occurring regularly.

There are good numbers of clinical and auxiliary staff allocated on all shifts, seven days a week to meet the needs of residents requiring hospital and rest home level care. Registered nurses (RNs) are on site seven days a week 24 hours a day.

Continuum of service delivery

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.		Standards applicable to this service fully attained.
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Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Registered nurses are on duty 24 hours each day in the facility and are supported by care and allied health staff and designated general practitioners. On call arrangements for support from senior staff are in place. Shift handovers and communication sheets guide continuity of care.

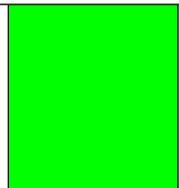
Care plans are individualised based on a comprehensive and integrated range of clinical information. Acute service plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme overseen by an occupational therapist, provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

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.
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There is a current building warrant of fitness. There have been no significant changes to the building, plant or equipment and these are being well maintained. Fire drills are occurring regularly.

Restraint minimisation and safe practice

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.
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The organisation uses best known processes for determining safe and appropriate restraint and enabler use. On the day of audit the restraint register was up to date with those residents who required either a lap belt or bedrails to maintain safety. The methods used for assessment, consent and approval, monitoring, evaluation and review meet all the requirements of the Restraint Minimisation and Safe Practice Standards and staff continue to attend training in this subject to maintain their knowledge and competency.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Aged care specific infection surveillance is undertaken, with data analysed, trended and benchmarked, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	0	16	0	0	0	0	0
Criteria	6	33	0	0	0	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](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaint management system complies with right 10 of the Code and the requirements of this standard. Review of the electronic register showed five complaints in 2016 and five to date in 2017. One complaint from a family went directly to the Office of the Health and Disability Commissioner in early 2017. Records related to the complaint confirmed the commission reviewed the evidence submitted by HBH and decided that no follow up was required. Review of a sample of the complaint documentation and interview with the CEO showed that the complaint procedures were adhered to, investigations occurred and actions happened in a timely manner which resulted in resolution of the complaint. Staff, residents and the family members interviewed demonstrated understanding of the complaint process</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Policy identifies that interpreter services are available and offered to residents with English as a second language.</p> <p>Resident and family interviews confirmed communication with staff was open and</p>

		<p>effective. Residents are consulted and informed of any untoward event or change in care provision and included in care reviews, as sighted in files reviewed. The service had an open disclosure policy which guides staff around the principles and practice of open disclosure. Education on open disclosure is provided at orientation and as part of the annual education programme. Staff interviewed confirmed their understanding of open disclosure. Communication with relatives is documented in the residents' communication records. Incident forms record when families are informed about the event and these are checked to ensure notification has occurred. Staff were observed to introduce themselves to residents. Staff are easily identifiable by the colour of their uniform and their name badge.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The only changes in governance since the previous audit has been the election of two new board members.</p> <p>On the day of audit there were 131 residents on site. Thirty-three of these were assessed as requiring rest home level care and 98 as requiring hospital care. Two residents were under the age of 65years. There are now 33 rooms designated for dual use as either rest home or hospital. The requested reconfiguration of one large rest home bedroom to a double room on 22 April 2016 was not enacted, nor was the reconfiguration of two hospital beds for dual purpose on 09 August 2016. The only change in service configuration has been the addition of a dual bed in the rest home wing - requested 08 December 2016.</p> <p>The organisation's vision, mission, values and annual goals are in the current business quality and risk plans which are reviewed regularly with the board at their bi-monthly meetings.</p> <p>All management staff maintain essential skills and knowledge for the roles they hold by attending regular professional development and industry conferences. The director of nursing has a current practising certificate with the Nursing Council of NZ and is maintaining her nursing portfolio and meeting the contractual requirements by attending on going education in clinical and management topics. The CEO has been in the role for five and a half years and is very experienced in the health and social wellbeing sector.</p>
<p>Standard 1.2.3: Quality And Risk Management</p>	FA	<p>Review of the documented 2016 and 2017 quality initiatives, Continuous Quality Information Committee (CQI) meeting minutes and interview with the Quality,</p>

<p>Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>Infection and Education Coordinator (QIEC) and other staff, revealed that the quality and risk systems continue to be integrated with service delivery and reflect continuous quality improvement. Managers interviewed confirmed that the organisation's policies are all current and continue to be reviewed and controlled.</p> <p>Quality monitoring includes regular checks and audits of service delivery and the collection, reporting and benchmarking of quality data with two external agencies. Howick Baptist Healthcare benchmarks well (for example, their score is below the benchmark, and where the facility ranks compared to other like facilities) for medicine errors, staff injury and infection prevention and control. The QIEC prepares and collates quality data for external benchmarking and internal reporting and trend analysis. This information is presented and discussed at board level, management meetings, and to the CQI committee. Areas that require improvement are documented in quality improvement plans which are monitored until the desired result is achieved.</p> <p>The service is rated continuous improvement for its extensive quality improvement programme and the positive outcomes it achieves for resident wellness and overall satisfaction. There was a 4.81% increase in satisfaction of relatives surveyed who had family members in the hospital wing this year.</p> <p>All business risks are monitored by the CEO and the Board. Occupational health and safety risks continue to be managed by designated health and safety officers who support staff to understand and adhere to procedures. The service was re-audited against the ACC Workplace Safety Management Programme (WSMP) in November 2016 and has retained its tertiary accreditation status for 12 more months.</p> <p>All staff understand their role in relation to quality and health and safety systems. Clinical risks are identified in residents' service delivery plans</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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.</p>	<p>FA</p>	<p>The adverse event reporting system was well known by staff interviewed. The event records showed that reporting occurs immediately to the team leader and director of nursing, who investigates to determine cause and prevent or minimise recurrence. Adverse event data is collated by the quality manager. The data is discussed at the CQI and staff meetings and is displayed in staff rooms. Howick Baptist Healthcare continues to benchmark its falls and medicine errors with QPS every three months. The event reports show that people impacted by the adverse event are notified. Two events requiring external notification, included a grade 3 pressure injury to the</p>

		MoH and a norovirus outbreak to the DHB/Public Health in 2016.
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Review of six personnel files and staff interviews confirmed that HBH continues to recruit and manage its staff in ways that comply with legislation and meet good employer practices. The skills and knowledge required for each role is documented in position descriptions and employment agreements. All staff interviewed demonstrated understanding of their roles, delegated authority and responsibilities. Each file contained evidence of referee and police checks. Copies of current practising certificates for RNs and ENs were on the files.</p> <p>New staff are oriented to organisational systems, quality and risk, the Code of Rights, health and safety, resident care, privacy and confidentiality, restraint practices, infection prevention and control and emergency situations.</p> <p>Staff maintain knowledge and skills in emergency management, first aid certificates and competencies in medicine administration by attending regular training. The service supports all caregivers to complete the Aged Care Education (ACE) programme. Nineteen have completed the advanced ACE modules, 30 have completed the core programme and 30 the dementia series. Howick Baptist Healthcare has achieved eight of the ten Eden Principles on its journey to becoming fully registered as an Eden Alternative Facility and is maintaining its status as a dedicated education unit (DEU) for Middlemore Hospital and the Manukau Institute of Technology. A new approach to staff training in the form of toolboxes has achieved its aim of engaging all staff in ongoing education.</p> <p>The service is rated as continuous improvement for its achievements in training and education.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service has a clearly described staffing rationale. Rosters sighted and interview with different levels of staff confirmed there are more than the required numbers of skilled and experienced staff on all shifts in each wing, to meet the minimum requirements of the provider's agreement with the district health board (ARC contract).</p> <p>Resident to caregiver/RN ratios are on average 1:5 during the day, and 1:10 on the afternoon and night shift. There is no care provided to the people living in the attached apartments but a staff member rostered in the rest home does attend to</p>

		<p>emergency alarms. The infrequency of these calls has not negatively impacted on service delivery. The auxiliary staff, such as cooks, cleaners, laundry, maintenance and gardening staff, are allocated sufficient hours to complete their duties.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly at the pharmacy review meetings and on request. An initiative around monthly pharmaceutical review and identified as one of continuous improvement remains in place.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart.</p> <p>There is one resident who self-administers medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to director of nursing and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p>

		Standing orders are not used.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by an external contractor and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Documentation, observations and interviews verified the provision of care provided to residents at HBH was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p> <p>A previously identified area of continuous improvement around the comprehensive interventions implemented to manage falls remains in place.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	<p>FA</p>	<p>The activities programme at HBH is managed by an occupational therapist with the assistance of eight activity assistants.</p> <p>A social assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated as residents needs change and as part of the formal six monthly care plan review. The goals are developed with the resident and their family, where appropriate</p> <p>The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group activities and regular events are offered. Family satisfaction surveys demonstrated satisfaction with the programme and that information is used to improve the range of activities offered.</p> <p>Residents' meetings are held every Friday in one of the five communities at HBH (three hospital, two rest home). Meeting minutes and satisfaction surveys evidence the activities programme is discussed and that management are responsive to requests. Residents and family interviews verify satisfaction with the activities offered. The occupational therapist (interviewed) reports feedback is sought from residents during and after activities.</p> <p>A quality initiative implemented at HBH in January 2014 remains in place. The initiatives, based on the Eden Principals, aimed at improving the lives of residents specifically around the issues of loneliness, helplessness and boredom. The objective is to create a vibrant, empowered existence for the residents they serve and the people who work with them as care partners. HBH has continued to develop in its commitment to the Eden Alternative, in addition to providing cognitive stimulation therapy to residents with mild to moderate dementia, supporting playlist for life and a commitment to the "Spark of Life" programme for residents with dementia. The recent satisfaction survey and complimentary letters verifies the improvement in services it provides.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-</p>

comprehensive and timely manner.		monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Acute service plans were consistently reviewed for and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The buildings are very well maintained, in good repair and fit for purpose. There is a current building warrant of fitness which expires on 04 March 2017. Interviews and review of records confirmed that unannounced fire drills occur in each area of the home at least every six months. The most recent drill in the rest home was on 24 January 2017 and records show the evacuation was completed smoothly within six minutes.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this and management is documented in the residents' clinical records and on infection reporting form. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The infection prevention and control nurse reviews all reported infections. Monthly surveillance data is collated, recorded in the electronic resident management system and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality meetings, staff meetings and at resident handovers as confirmed in meeting minutes sighted and interviews with staff.</p> <p>Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to the director of nursing, staff meetings, infection prevention and control committee and quality meeting. Data is benchmarked externally. Benchmarking has provided assurance that infection rates in the facility are well below average for the sector.</p>

		<p>A quality initiative to reduce urine infections remains in place. The focus to reduce urine infections initially resulted in the reduction of the yearly key performance indicators for urine infections. While this has not reduced further, it has remained at a low level.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>On the days of audit the restraint register listed 22 residents using bed rails and/or lap belts when sitting. This included 12 people using bed rails as enablers. Interview with the RN restraint coordinator and review of restraint documentation demonstrated that restraint is actively minimised. A resident, who was admitted from a tertiary service, had been using a lap belt and bed rails. The service in consultation with the resident and their relative, discontinued the bed rail and then the lap belt within three months of admission. The records show regular assessment and reviews with GP involvement and ongoing discussion with family. Training records and interviews showed that all staff are maintaining their knowledge about management of restraint and challenging behaviour and use of de-escalation. Staff competency with restraint is regularly assessed by the training manager. All new staff are provided with information about the restraint policy, philosophy and approach during their orientation.</p>

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.

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.1</p> <p>The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	CI	<p>Howick Baptist Healthcare has a sustained and thorough approach to quality improvement and risk management. The extent of quality initiatives, the thoroughness of quality data analysis and reporting and the ongoing evaluation of new interventions is commendable and beyond that normally expected. This has resulted in positive outcomes for residents and staff and overall satisfaction. There was a 4.81% increase in satisfaction of relatives surveyed who had family members in the hospital wing this year. Rest home residents and relative surveys also reveal high satisfaction. The results of benchmarking with 185 other facilities consistently ranks HBH in the top quartile.</p>	<p>The quality and risk management systems at Howick Baptist Healthcare are well embedded in practice and integrated across all areas of service delivery. This is demonstrated by the regular implementation and evaluation of quality initiatives (see standard 1.3.6 for examples), and the extent of data analysis and reporting including external benchmarking. The service consistently scores below the benchmark in most areas. New initiatives that aim to improve benchmark ratings are regularly identified, and show commitment from all levels of staff. Descriptions of quality initiatives are on public display at all service entries and results are published in newsletters. Satisfaction ratings from residents and relatives are consistently above 90% and results continue to improve.</p>

<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>CI</p>	<p>The organisation's commitment to best practice and professional development has been recognised by a local tertiary provider of nursing education. Howick Baptist Healthcare is a dedicated education unit (DEU) acknowledged as such by Middlemore Hospital and the Manukau Institute of Technology. A number of the service RNs are trained as preceptors. The feedback from the academic and clinical liaison team and the student nurses is increasingly positive.</p> <p>Additional to the extensive in-service programme which covers all required training topics, the service hosts a monthly journal club of RNs and ENs presentations which is attended by other aged care provider staff. Howick Baptist Healthcare has now achieved eight of the ten Eden Principles on its journey to becoming fully registered as an Eden Alternative Facility, as demonstrated by the audits from 'Eden in OZ and NZ' organisation. Staff engagement with in-service training has increased significantly with the introduction of training 'toolboxes'. These less than 30-minute teaching sessions being delivered to staff on the floor, are assisting staff to achieve their qualifications and meet their competencies.</p>	<p>Howick Baptist Healthcare exceed the standard for provision of ongoing education for staff through their recognition by tertiary health and education providers as a dedicated education unit. The service demonstrates other areas of excellence through its achievement to date of eight Eden Alternative principles, implementation of training toolboxes and an increase in the number of staff who are achieving unit standards in aged care education.</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in</p>	<p>CI</p>	<p>The identification by HBH of the potential risk to residents associated with exposure to drug interactions, reactions, inappropriate prescribing and polypharmacy initiated a process to minimise, where possible, resident risk related to medication use. This process continues to</p>	<p>Continued implementation of the medication review initiative assures residents are not being exposed to risks associated with medication management. In addition to this benefit, the incidence of falls has remained at a reduced level as verified by sighted records (Refer also</p>

<p>order to comply with legislation, protocols, and guidelines.</p>		<p>remain in place. Every month a visiting gerontologist, the GPs, the pharmacist and the team leaders review selected residents' pharmaceutical management and associated problems to enable the resident to be receiving the most appropriate management with the least possible risk. Records evidence a reduction in polypharmacy and the knowledge that the residents are only receiving medications that are necessary.</p>	<p>criterion 1.3.6.1).</p>
<p>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.</p>	<p>CI</p>	<p>Each month the data from incident forms recording residents' falls in each unit, is captured on a large 'falls clock'. Different coloured dots were used for each resident, and the date, time and place of the fall was recorded. Each month the clock is analysed. Previous analysis found falls occurred at times when staff were less visible (eg, handover, late afternoon and early hours of the morning). The majority of the falls occurred in the bathroom.</p> <p>A staff member is now allocated to be on the floor during handover and a process of hourly rounding was introduced. Every hour a caregiver attends to the resident, ensuring they have no pain, are comfortable, whether they need to use the bathroom and ensure everything, including the bell, is within reach. The resident is reminded the nurse will be back in an hour. Hourly rounding occurs between 6 am and 10 pm; overnight it is two hourly.</p> <p>On admission, residents are given information that 'falls hurt' and what precaution residents can take so falls can be avoided.</p> <p>All residents who are at risk of falls have a full</p>	<p>Graphs sighted and benchmarking results showed an initial reduction in residents' falls as a result of a number of initiatives aimed at reducing falls. While no further reduction in falls has occurred there has been no increase in the number of falls as a result of these interventions remaining in place.</p>

		<p>assessment including their balance, by the physiotherapist. A physiotherapy management plan to strengthen, modify environmental factors, improve aids and reduce risk is implemented, in addition to assisting the resident achieve a better quality of life. The physiotherapist reassesses and reviews the residents three monthly or more often if needed.</p> <p>All residents at risk of falls have regular medication reviews (refer 1.3.12.1).</p>	
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The 'Eden alternative' became the framework for a change in culture and philosophy of care at HBH in 2014, and this has been ongoing.</p> <p>The following key changes were implemented and remain in place:</p> <ul style="list-style-type: none"> - Revised organisational structure with the resident being the focus. - An area for children to play is in every area of the facility. - Each week a local pre-school group visits residents at HBH. - Teenagers from the local school help residents doing life books. - A pet policy was established to allow pets and enable residents to have their own cats and dogs. - Residents join the pet group and help staff care for pets. - Raised gardens established. - Residents grow pot plants. 	<p>The ongoing quality initiatives in place at HBH has improved the lives of residents. The facility is less formal and observation evidences residents' participation and involvement in the day to day goings on. Small children are observed interacting with residents in the many play areas. Interviews and documentation supports the focus of improving residents' life. Resident satisfaction surveys evidence improved satisfaction with activities and passing the time, involvement, the social environment and continuing community involvement. Resident interviews supported these findings as did resident meeting minutes.</p>

		<ul style="list-style-type: none"> - Worm farm established to use food scraps and provide garden fertiliser. - Buffet breakfast started in rest home. - Residents' participation in folding laundry, setting tables, serving morning and afternoon teas, filling water jugs, restocking the shop. - Resident learning circles in the weekend. - Residents of the rest home visit residents in the hospital. <p>The service has continued to expand the services it provides to residents within the focus of the Eden Alternative. In addition to its commitment to the Eden Alternative, it has implemented:</p> <ul style="list-style-type: none"> - "Playlist for life", connecting music people and memories, to improve the happiness and wellbeing of people living with dementia. - "Cognitive stimulation therapy" an evidence based treatment for residents with mild to moderate dementia. The sessions actively engage people with dementia and aims at enhancing cognitive and social functioning. - "Spark of Life", a club programme that builds on Eden and meets the needs of people with profound dementia. 	
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant</p>	<p>CI</p>	<p>A quality initiative is ongoing at HBH aimed at attempting to reduce the number of urinary tract infections (UTIs). An initial brainstorming session with staff suggested maybe the use of communal equipment (eg, shower chairs) which, despite wiping down between uses, could be a potential risk. A regular cleaning process with</p>	<p>Implementation of a quality initiative regarding UTIs has resulted in an initial reduction and stabilising of the number of UTIs, with the number now being well below the industry average for similar facilities.</p>

<p>personnel and management in a timely manner.</p>		<p>high pressure water was implemented. The resulting drop in urine infections was evidenced in surveillance records and benchmarking data. While the level of UTIs has not continued to reduce, high pressure cleaning of communal equipment continues and the number of UTIs has not increased. Benchmarking data evidences the incidents of UTIs at HBH is well below the average in comparison to similar facilities.</p>	
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End of the report.