

Howick Baptist Healthcare Limited

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 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: 1 April 2015 End date: 2 April 2015
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:	125

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
	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

Howick Baptist Home and Hospital provide rest home and hospital level care for up to 130 residents. On the days of audit there were 125 residents. The service is effectively managing its approved ability to utilise up to 98 designated rooms for either hospital or rest home level care.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, interviews with residents, family, management, staff and general practitioners.

The chief executive officer (CEO) is appropriately qualified for the position and is experienced in working in the sector. The senior management team include a range of health professionals.

This audit did not identify any areas requiring improvement. There are six areas rated as continuous improvement resulting in safer and improved services for residents and staff. These are acknowledged in quality and risk management systems, aspects of service delivery, the activities programme, the medicines management system, infection prevention and control outcomes and cleaning and laundry services.

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.
--	--	--

Care provided to residents at Howick Baptist Home and Hospital is in accordance with consumer rights legislation. Residents' values, beliefs, dignity and privacy are respected.

The service is able to support people who identify as Maori and have appropriate policies, procedures and community connections to ensure culturally appropriate support can be provided.

Residents interviewed felt safe, there was no sign of harassment or discrimination, staff communicated effectively and residents were kept up to date with information. Residents, or their enduring power of attorney, sign a consent form on entry to the service with separate consents obtained for specific events.

The service informs residents and their families of how to access the Nationwide Health and Disability Advocacy Service and encourage residents to maintain connections with family, friends and their community and to access as many community opportunities as possible.

The organisation has a known and effective complaints management system. All formal complaints are acknowledged in writing, investigated and the results of investigation are reported and shared as appropriate. These are logged on an electronic complaint register held by the chief executive officer. Each complaint reviewed was closed off with a comment on the type of resolution reached by the parties concerned. There have been no known complaint investigations by the Office of the Health and Disability Commissioner.

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.

The quality and risk management system meet the standard and continues to be improved upon. The organisation clearly demonstrated an ethos and commitment to continual quality improvement. Information which monitors the quality and extent of the services being provided is consistently reviewed and benchmarked against similar services locally and nationally to identify where change is needed and then acted upon.

All adverse events reviewed were reliably reported and investigated. The organisation has made essential notification where required to the New Zealand Police, the district health board and the Ministry of Health.

Human resources are managed well according to policy and good employer practices. New staff have been 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 co-ordinated to ensure that staff receive relevant and timely training on subjects related to older people. Training occurs at least monthly through in-service education sessions, and through self-directed learning and presentations by external experts. Staff competency assessments and performance appraisals were occurring regularly.

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

Consumer information management systems meet the standards and the New Zealand Health Records standard. Archived records were being stored securely and all resident information is integrated and readily identifiable using relevant and up to date information.

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.

All standards applicable to this service fully attained with some standards exceeded.

Information packs and web sites for Howick Baptist Home and Hospital contain information on entry criteria, fees payable, service inclusions/exclusions and residents' rights. The organisation works closely with the Needs Assessment Co-ordination Service to ensure access to the service is efficient, whenever there is a vacancy.

Residents' needs are assessed on admission by the multidisciplinary team. All residents' files sighted provided evidence that needs, goals and outcomes were identified and reviewed on a regular basis with the resident, and where appropriate their family. Residents and families interviewed reported the care provided was of a high standard.

A number of quality initiatives are in place at Howick Baptist Home and Hospital aimed at 'first do no harm'. The focussed falls prevention programme has resulted in a reduction in falls.

An activities programme, that includes a wide range of activities and involvement with the wider community, was enjoyed by residents. An initiative aimed at improving the lives of residents at the facility has created a vibrant, empowered existence for the residents and the people who work with them as 'care partners'.

Well defined medicine policies and procedures guide practice. Practices sighted were consistent with these documents. In association with the falls prevention programme, implementation of a medication review initiative has assured residents and staff that residents are not being exposed to risks associated with medication management.

The food services at Howick Baptist Home and Hospital are provided by an external contractor. The menu has been reviewed by a registered dietitian as meeting nutritional guidelines, with any special dietary requirements and need for feeding assistance or modified equipment met. Residents have a role in menu choice and interviews with 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.

All standards applicable to this service fully attained with some standards exceeded.

There is a current building warrant of fitness and all buildings, equipment and chattels are in excellent condition.

Resident areas (e.g., bedrooms and communal living spaces) are spacious, safe and appropriate for the people who use them. Essential emergency equipment and systems are known by staff and are being monitored and maintained.

Cleaning and laundry services exceed the requirements.

Temperatures in the home were comfortable on the days of audit. There is underfloor heating and air-conditioning and plenty of opening doors and windows for maximum ventilation.

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.

The organisation uses best known processes for determining safe and appropriate restraint and enabler use. On the days of audit the restraint register is up to date with all the residents who required interventions for 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.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Howick Baptist Home and Hospital provides a managed environment, which minimises the risk of infection to residents, service providers and visitors. Reporting lines are clearly defined, with the infection control co-ordinator reporting directly to the facility manager who reports to the owner.

There is a clearly defined infection prevention and control programme for which external advice and support was sought. An infection control nurse is responsible for this programme, including education and surveillance.

The infection prevention and control programme is reviewed annually. Infection prevention and control education is included in the staff orientation programme, annual core training and in topical sessions. Residents are supported with infection control information as appropriate.

Surveillance of infections was occurring according to the descriptions of the process in the programme. Data on the nature and frequency of identified infections has been collated and analysed. Surveillance results are benchmarked with an external provider. The results of surveillance are reported through all levels of the organisation, including governance. Implementation of a quality improvement initiative related to urinary tract infections has resulted in a reduction in the incidence of infections in hospital residents.

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	2	48	0	0	0	0	0
Criteria	6	95	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	<p>FA</p>	<p>Interviews with residents at Howick Baptist Healthcare Ltd - Home and Hospital (Howick Baptist Home and Hospital) verified services provided complied with consumer rights legislation. Policy documents, the sighted staff orientation programme, in-service training records, planned education programmes, interviews with residents in the rest home and hospital, family members and staff, and resident/relative satisfaction surveys, verified staff knowledge of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Clinical staff were observed to explain procedures, seek verbal acknowledgement for a procedure to proceed, protect residents' privacy and residents were addressed by a preferred name.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	<p>FA</p>	<p>The informed consent policy clearly describes all procedures to ensure the resident's rights to be informed of all procedures undertaken. Residents' choices are respected by the service. Residents and their families are provided with the information needed to make informed</p>

		<p>choices and give informed consent.</p> <p>Admission documentation informed the resident and their family/whanau of inclusions and exclusions in service, and requested consent to; collect and retain information, take a photograph for identification purposes, a name on a bedroom door and to travel in transport organised by the service. Residents were able to select their GP of choice. Informed consent was evident in observation of activities at audit, with residents being actively involved in the decision making process.</p> <p>Files reviewed evidenced informed consent was included in the admission agreement and identified the resident, and where desired family/whanau, are informed of changes in the resident's condition and care needs, including medication changes. Residents' choices and decisions were recorded and acted on. Verbal consent was obtained prior to an intervention being carried out as observed and verified in clinical staff, resident and family interviews.</p> <p>Staff education on consent takes place during orientation and in-service training sessions. Staff interviews verified understanding of the informed consent process, resident's right to privacy, to be treated with respect and dignity, to be fully informed of all care procedures and the resident's right to decline to consent at any time.</p> <p>Interviews confirmed the necessary information was provided for residents to make informed choices and choices were respected by staff.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>The service recognised and facilitated the rights of residents and their family/whanau to advocacy/support by persons of their choice. The service employs a social worker who is available on site for assistance and guidance if needed. Residents received information on the Nationwide Health and Disability Advocacy Service and on admission were advised of their right to contact the Health and Disability Commissioner's office if they felt their rights had been breached. Advocacy information was observed in brochure format in the facility. The facility had open visiting hours. Residents' families were free to access community services of their choice and the service utilised</p>

		appropriate community resources, both internally and externally. Residents and their families were aware of their right to have support persons, as verified in staff, residents and family interviews.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are assisted to maximise their potential for self-help and to maintain links with their family/whanau and the community by attending a variety of organised outings, visits, activities, and entertainment at various locations, with the support of the service. The service acknowledged values and encouraged the involvement of families/whanau in the provision of care, and the activities programme and actively supports community involvement and accesses community resources. The commitment to becoming an elder centred community is imbedded in the changing culture of Howick Baptist Home and Hospital.</p> <p>Resident and family interviews confirmed visitors visit freely and assistance was provided to access community services. Visitors were observed coming and going from the facility during the audit. File reviews, residents, families, facility manager, registered nurse, care assistants and the activities officers interviewed described a range of community services used by the facility.</p> <p>Resident satisfaction surveys noted visitors often found visiting difficult, especially when the person they were visiting had dementia or problems with communication. Howick Baptist Home and Hospital has put together a booklet as a guide to making visits more enjoyable. The booklet is sighted at reception and the feedback on the booklets, as verified by documentation and interview is very positive.</p>
<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. At the time of this audit there had been four complaints received since the previous audit. None of these were serious or involved the office of the Health and Disability Commissioner or the District Health Board. Review of the complaint documentation and interview with the CEO showed that the complaint procedures were adhered to, investigations occurred and actions</p>

		happened in a timely manner which resulted in resolution of the complaint. Staff, residents and family demonstrated thorough understanding of the complaint process
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	<p>Interviews with residents and families verified they are informed of their rights. Information on the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service is displayed and accessible to residents.</p> <p>Residents receive a copy of the Code in the admission information pack. Discussion, clarification and explanation on the Code and the Nationwide Health and Disability Advocacy service occur at admission. Legal advice is able to be sought on the admission agreement or any aspect of the service.</p> <p>Access to interpreters is available. Information is provided on access to support services, applying for a residential care subsidy and the facility's range of costs and services. The Nationwide Health and Disability Advocacy Service provided onsite training and an advocate is accessible at any time. Compliance with the standard was verified by, observation, documentation and interviews.</p>
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	<p>Policy identifies that procedures are in place to prevent abuse and neglect. Procedures to ensure resident privacy and dignity are also in place and identified actions taken to meet residents' needs. This included spirituality and sexuality and clear management strategies for caregivers.</p> <p>Residents at Howick Baptist Home and Hospital receive services which treat them with respect, have regard for their dignity, privacy and independence and are responsive to their needs values and beliefs.</p> <p>Residents' needs, goals, likes and dislikes were identified in the care plan, as sighted in files reviewed. Interventions identify the assistance the resident required to maintain dignity and respect and to ensure sexuality; spiritual, cultural and intimacy needs are both supported and</p>

		<p>protected, while protecting the wellbeing of others.</p> <p>Residents are kept free from discrimination, harassment and abuse. The staff handbook and company policies and procedures identified the consequences of a staff member directing abuse at another person or being party to not reporting an act of abuse.</p> <p>Interviews verified there were no concerns expressed related to abuse or neglect.</p> <p>Residents had access to visitors of their choice and were supported to access community services. The environment enhances and encourages choice, opportunity, decision making, participation and inclusion of the resident, as evidenced by resident participation in the various initiatives.</p> <p>Staff demonstrated responsiveness to residents' needs.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	<p>FA</p>	<p>Documentation is in place to guide staff practices to ensure residents' needs are met in a manner that respects and acknowledges their individual cultural, values and beliefs. Policy states that this is to be identified upon entry as part of a resident's care planning process. Whanau relationships and involvement in care are recognised. The organisation had a documented Maori Health Action Plan which identified their priorities related to culturally safe services.</p> <p>The service recognises the relationship between iwi and the Crown and the principles of the Treaty of Waitangi (Partnership, Participation and Protection). There were no residents who identified as Maori at Howick Baptist Home and Hospital at the time of audit.</p> <p>A Maori advisor to the Baptist church, Maori elders and the local Marae, supports Howick Baptist Home and Hospital in meeting the needs of Maori residents. Staff receive education in relation to cultural safety and the Treaty of Waitangi.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p>	<p>FA</p>	<p>Policy identifies that residents will receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values and beliefs.</p>

<p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>Evidence was observed and sighted in file reviews and staff training records to verify residents' received culturally safe services which recognise and respect ethnic, cultural and spiritual values and beliefs. Residents and/or family/whanau interviewed verified residents were consulted about individual values and beliefs. Residents' specific cultural, spiritual, values and beliefs were documented in the care plan, to ensure needs were attended to.</p> <p>Clergy of all denominations visit regularly and a multi-denominational roster of church service was sighted in the activities programme. Residents access spiritual support from the community if required. Open visiting policy allowed family/whanau to visit when able. Resident and family/whanau interviews confirmed care provided met residents' needs.</p>
<p>Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Policy indicates that residents are to be free from all forms of discrimination, coercion, harassment and exploitations.</p> <p>Residents, families and staff interviewed verified that residents were free of any discrimination, coercion, harassment, sexual, financial or other exploitation. Residents felt safe and received a high standard of support and assistance and reported there was no sign of harassment or discrimination. Staff communicated effectively and residents and family members were kept up to date.</p> <p>Orientation/induction processes informed staff on the Code. The staff handbook and company policies and procedures provide clear guidelines on professional boundaries and conduct, and inform staff about working within their professional boundaries.</p> <p>The above was evidenced in staff files and verified in staff, resident and family interviews.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Howick Baptist Home and Hospital provides a service that encourages good practice. Policies sighted were current, relevant and referenced to related sources, legislation and the Health and Disability Services Standard requirements. Policies were reflective of current up to date</p>

	<p>practices, which were monitored and evaluated at organisational and facility level.</p> <p>Human resources were managed to employ competent employees. New employees complete a comprehensive orientation/induction programme that is relevant to the role they are undertaking. Staff records evidenced competent employment practices, orientation and training records.</p> <p>Care staff were trained or undertaking 'aged care training', in addition to training in managing challenging behaviours and de-escalation strategies. The in-service training programme is monitored to ensure the key components of service delivery are covered to meet contractual requirements and residents' need. Staff interviewed, confirmed the orientation/induction education and training prepared them for their roles. Observations verified staffs had appropriate skills. Registered nurses' on-going education was supported by the District Health Board and the specialist services that they operate. A monthly journal club operates at Howick Baptist Home and Hospital as part of the in-service training offered. Staff stated they were encouraged and supported to undertake education that assists in their roles</p> <p>The registered nurses who administer medication had yearly assessments to determine competency, in addition to current first aid certificates. Enrolled nurses and senior caregivers had yearly assessments to determine competency to administer medications to rest home residents. An occupational therapist, assisted by eight activity assistants, oversees the provision of activities and outings for the residents have a current first aid certificate. A social worker assists residents, prior to and following admission, in all aspects of social concerns requiring assistance or guidance. The physiotherapist employed by Howick Baptist Home and Hospital is assisted by three physiotherapy assistants to enable residents to achieve the potential they desire, within a specialised physiotherapy unit. The kitchen service is contracted out to an external provider. Kitchen staff were qualified in Safe Food Handling.</p> <p>Interviews and resident satisfaction surveys indicated satisfaction with the service, as did an interview with two general practitioners (GPs). Both GPs confirmed the service sought prompt and appropriate medical intervention when required and responded appropriately to</p>
--	---

		medical requests.
<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>Residents and family interviews confirmed communication with staff was open and effective. Residents were consulted and informed of any untoward event or change in care provision and included in care reviews, as sighted in files reviewed. A recent relative satisfaction survey identified a request for activities in the weekend. The corrective action identified to resolve this concern was in place and effective. A request for the evening meal to be served later is in the investigative stage.</p> <p>The service had an open disclosure policy which guided staff around the principles and practice of open disclosure. Education on open disclosure was provided at orientation and as part of the annual education programme. Staff interviewed confirmed their understanding of open disclosure. Communication with relatives was documented in the residents' communication records. Incident forms evidenced families being informed when incidents occurred.</p> <p>Staff were observed to introduce themselves to residents upon entering the resident's room and staff were 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>On the days of audit there were 32 residents requiring rest home level care and 94 residents requiring hospital level care, with one being admitted on day one and one resident passing away. There are 98 hospital beds and 32 rest home beds designated for dual use as either rest home or hospital. On the days of audit the 32 residents assessed as rest home care were in the rest home wing.</p> <p>The organisation has a clearly defined scope, direction and goals documented in the service marketing literature and the 2015 business plan and quality and risk plan.</p> <p>The board continue to meet bi-monthly. There have been changes to</p>

		<p>the board membership as required by the trust deed. The CEO provides a comprehensive written report to the board including service delivery outcomes, quality improvement projects, financial issues, compliments, complaints, audit outcomes and staffing information. The CEO who has been in the role for three years, has extensive experience in the NZ health and welfare sector and is qualified in business management and leadership. All management staff maintain essential skills and knowledge for the roles they hold by attending regular professional development and industry conferences.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>Temporary cover during the CEO's planned absences is shared amongst the senior management team, usually by the clinical and property managers. This arrangement has proven to be effective and ensures continuity for staff, residents and their families.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The quality and risk management system continues to be integrated with service delivery and reflects continuous quality improvement. All staff understand their role in relation to the system. A document review of policies, procedures and forms confirms that documents are controlled and policies are current and reflect best known practices. All policies are reviewed at least every two years in a controlled and informed way. Policies are now stored electronically in a shared information management system to eliminate the use of obsolete documents.</p> <p>Quality monitoring includes regular checks and audits of service delivery and the collection, reporting and benchmarking of quality data. The Quality, Infection and Education Coordinator (QIEC) prepare and collate 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 Continuous Quality Information Committee (CQI). Where service improvements are required these are planned, documented, and timeframes and responsibility is allocated for completion.</p> <p>The service is rated as continuous improvement for the positive</p>

		<p>outcomes achieved by the implementation of a number of quality initiatives which have improved service delivery and residents' welfare. These include positive outcomes from a urinary tract infection (UTI) project in 2013-2014, an ongoing falls prevention programme, full implementation of the Eden philosophy, the meaningful visits programme, hourly rounding initiative and an upgraded hazard register and monitoring scheme.</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 is maintaining its ACC Workplace Safety Management Programme (WSMP) tertiary accreditation status and will be re-audited for this in November 2015. A new hazard identification plan and reporting system has recently been designed and implemented with good effect.</p> <p>Chemical safety data sheets are located where hazardous chemicals are stored. Clinical risks are identified in residents' service delivery plans.</p>
<p>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.</p>	FA	<p>There are well established and managed processes for the reporting, recording, investigation and review of all incidents and accidents. Avoidable events are evaluated and actions are implemented to prevent recurrence. Observation on the days of audit confirmed that incidents are discussed at shift handover, and trending data is displayed. Each resident's file contained incident reports which facilitate a ready review of risks.</p> <p>The CEO and board are responsible for essential notification and reporting and understand the statutory and regulatory obligations. Due process occurred by immediate notification to the police, the DHB and MoH of a recent sudden and unexplained death.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in</p>	FA	<p>Recruitment for new staff adheres to best known employment processes (e.g., formal interview, verification of qualifications, contacting referees and carrying out police checks before confirming an</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>employment agreement). Review of personnel records showed that the registered nurses and enrolled nurses have current practising certificates, and that each role has a job description. Staff were employed on individual or collective employment agreements which included a trial 90 day period.</p> <p>Staff training in the care of older people is regular and ongoing. The QIEC monitors care and clinical staff member's progress with their education goals and attendance at compulsory sessions, such as fire drill evacuations, manual handling, civil defence and emergency preparedness. The service supports care givers to complete specific aged care education (ACE). Care staff, activities staff and drivers are maintaining certificates in first aid. RNs and enrolled nurses (ENs) competency in medicines administration is being assessed at least annually.</p> <p>The education plan and attendance records showed that fire drills occur approximately every three months. Other training subjects offered regularly included restraint and managing challenging behaviour, falls prevention and manual handling, infection prevention and control, palliative care, abuse and neglect, cultural safety, privacy, resuscitation, chemical safety and becoming an Eden Alternative Facility.</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>	<p>FA</p>	<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). Staffing allocation takes into account the possibility of emergency call outs to the attached retirement village of 52 apartments. Review of the number of call outs in the past 18 months and discussion on how these were responded to and managed, revealed that care to rest home and hospital residents was not affected. The service uses a software system for tracking staff start and finish times.</p> <p>There was evidence that auxiliary staff (e.g., cooks, cleaners, laundry and maintenance and gardening staff) are allocated sufficient hours to</p>

		complete their duties.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There was no personal or private resident information on public display during the audit. The resident's name and date of birth and national health index (NHI) are used as the unique identifier on all resident's information sighted. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure in each wing and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical exam by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, national health index number (NHI), the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed.</p> <p>Archived records were being held on site for two years in a secure and fire protected room. These are catalogued for easy retrieval and then stored off site by a records management service for a further eight years until approved for destruction.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>When the need for service had been identified, it was planned, co-ordinated and delivered in a timely and appropriate manner.</p> <p>Information about the service included full details of the services provided, its location and hours, how the service was accessed and identified the process if a resident required a change in the care provided. The service provides a social worker as the first point of contact at Howick Baptist Home and Hospital.</p> <p>If the family chooses the service as the appropriate place, the social worker commences a planned admission process, providing information and guidance as required. The admission agreement was provided, enabling an opportunity to seek guidance/legal advice.</p> <p>Files reviewed contained completed assessments. Signed admission agreements met contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort. The resident family/whanau is fully informed. There is open communication between all services, the resident and the family. At the time of transition appropriate information is supplied to the person/facility responsible for the ongoing management of the resident. There is a specific DHB transfer form that recorded all the relevant information needed when transferring a resident. If the resident was transferring home or to another facility, a verbal handover was given, and the social worker ensures support networks are in place and the appropriate people informed. All referrals were clearly documented in the progress notes. Evidence was sighted in files reviewed and verified by interviews.</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 comprehensive and identifies all aspects of medicine management including safe and appropriate prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation in order to comply with legislation, protocols and guidelines.</p> <p>Medicines for residents are received from the pharmacy in the robotic delivery system. A safe system for medicine management is observed on the day of audit. All staff who administer medicines have current medication competencies. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management.</p> <p>Controlled drugs, when administered are checked by two nurses for accuracy in administration. The controlled drug register evidences weekly stock checks and accurate records.</p> <p>The records of temperature for the medicine fridge have readings documenting temperatures within the recommended range.</p> <p>The medicine prescription is signed individually by the GP. The GP's signature and date are recorded on the commencement and discontinuation of medicines. Residents' photos, allergies and sensitivities are recorded on the medicine chart. Sample signatures</p>

		<p>are documented. All medicine charts reviewed have fully completed medicine prescriptions and have signing sheets including approved abbreviations when a medicine has not been given. The three monthly GP review is recorded on the medicine chart.</p> <p>There are some residents' at Howick Baptist Home and Hospital who were self-administering their medicines at the time of audit, and appropriate processes were in place to ensure this occurred in a safe manner.</p> <p>Medication errors are reported to the RN and recorded on an incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors under the facilities 'first do no harm' initiative. Incidents of medication errors are low.</p> <p>The quality, infection and education co-ordinator monitors to ensure all staff who administer medications have current competencies. RNs are assessed for medication competency yearly and enrolled nurse and approved senior healthcare workers are certified as competent in medication administration in the rest home, under the direction and delegation of a RN.</p> <p>Standing orders are not used. Any pro re nata (PRN) (as required) medication administered requires authorisation on the resident's medication chart. PRN medication requests include indications for use.</p> <p>A number of quality initiatives are in place at Howick Baptist Home and Hospital aimed at 'first do no harm'. One such medication review initiative has resulted in the implementation of a formalised approach to minimise the risk to residents of drug interactions, reactions, over and inappropriate prescribing and polypharmacy.</p>
<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>	<p>FA</p>	<p>The food services at Howick Baptist Home and Hospital are provided by an external provider. The food, fluid and nutritional requirements of the residents are provided in line with recognised nutritional guidelines for older people as verified by the dietician's documented assessment of the planned menu (sighted). All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal</p>

		<p>comply with current legislation and guidelines.</p> <p>The effectiveness of chemical use, cleaning, and food safety practices in the kitchen is monitored by the external provider. The facility receives monthly reports and recordings on the effectiveness of the programme. A cleaning schedule is sighted as is verification of compliance.</p> <p>Evidence supports sufficient food is ordered and prepared to meet the resident's recommended nutritional requirements.</p> <p>A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences of the residents, special diets and modified nutritional requirements are known to the cook and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is sighted.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family/whanau interviews, sighted satisfaction surveys and resident meeting minutes.</p> <p>There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed. The dining rooms are clean, warm, light and airy to enhance the eating experience.</p> <p>Food is checked for 'use by date' and damage when delivered, then stored in well organised and appropriately temperature controlled storage. Fridge, freezer, and cooked meat temperatures are monitored daily. Records sighted verify records were within accepted parameters.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	<p>FA</p>	<p>An interview with the social worker verified a process existed for informing residents, their family/whanau and their referrers if entry was declined. The reason for declining entry would be communicated to the referrer, resident and their family or advocate in a timely and compassionate format that was understood. Where requested, assistance would be given to provide the resident and their family with</p>

		<p>other options for alternative health care arrangements or residential services. Reasons for declining entry in the past were related to the service not offering the services the resident required.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Within 24 hours of admission residents of Howick Baptist Hospital and Rest Home have their needs identified through a variety of information sources that includes the gerontology nurse specialist, the gerontologist, the Needs Assessment and Service Coordination (NASC) agency, other service providers involved with the resident, the resident, family/whanau and on-site assessments using a range of assessment tools. The information gathered is documented and informs the initial care planning process. This takes place in the privacy of the resident's bedroom or the whanau room with the resident and/or family/whanau present if requested.</p> <p>Over the next three weeks, the RN undertakes more comprehensive assessments. Assessments enable data to be collected around continence, hygiene, rest and sleep, skin integrity, nutrition, communication, elimination, mobility and risk of falling, memory, vision, hearing, cultural, spiritual, social, sexual, pharmaceuticals and daily activity needs. This identifies the needs outcomes and goals of residents and serves as the basis for care and activity planning.</p> <p>The assessments are reviewed three monthly as needs, outcomes and goals of the resident change.</p> <p>A medical assessment is undertaken within 24 hours of admission and reviewed as a resident's condition changes, monthly or three monthly if the GP documents the resident is stable. Evidence of this is sighted in files reviewed. Resident and family interviews, verified they are included and informed of all assessment updates and changes. Staff interviewed confirms they used the information.</p> <p>Howick Baptist Home and Hospital have eight RNs trained in using the interRAI assessment tool and are in the process of reassessing residents using this tool.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The care plans at Howick Baptist Home and Hospital are developed in consultation with the resident and/or family/whanau and describe the required support the resident needs to meet their goals and desired outcomes.</p> <p>Evidence of the care provided was sighted in files reviewed. Progress notes, activities notes, medical and allied health professionals notations were clearly written, informative and relevant to the care provided. Any change in care required was written down in progress notes and the resident's care plan and verbally passed on to those concerned.</p> <p>Acute care plans documented the existence of short term problems and the required interventions. Care plans were evaluated three monthly or more frequently as the resident's condition dictated. Resident and family interviews verified they were included in the planning of their care.</p> <p>The staff education records sighted demonstrated that staff received appropriate training. The RNs participated in in-service training, a monthly journal club and professional development offered by the DHB. Staff were observed to be respectful and deliver care in accordance with current accepted good practice on the days of the audit. The facility had access to up-to-date information on current accepted good practice, clinical care protocols and referenced procedures.</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>	<p>FA</p>	<p>Files reviewed, observations and interviews with staff verified the provision of care provided to residents was consistent with residents' physical, social, spiritual, behavioural and emotional needs and desired outcomes. Interventions were detailed, accurate and met current best practice standards.</p> <p>Interviews with residents and family/whanau members expressed satisfaction with the care provided.</p> <p>There were sufficient supplies of equipment seen to be available that complied with best practice guidelines and met the resident's needs.</p> <p>A number of quality initiatives are in place at Howick Baptist Home and Hospital aimed at 'first do no harm'. In conjunction with 'the older</p>

		<p>people's clinical network', Howick Baptist Home and Hospital have focussed on a falls prevention programme, which has resulted in a reduction in falls.</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>CI</p>	<p>The activities programme is provided and overseen by an occupational therapist (with a current first aid certificate) and eight activity assistants. Photographs around the facility offer insight into the events that have taken place.</p> <p>Residents are assessed on admission to ascertain their needs and appropriate activity and social requirements. The activities assessments and plans include the resident's preferences, social history, and past and present interests. Activities assessments are analysed to develop an activities programme that is meaningful to the residents. The planned monthly activities programme sighted matches the skills, likes, dislikes and interests evidenced in the activity assessment data. Activities reflect ordinary patterns of life and include normal community activities. Family/whanau and friends are welcome to attend all activities. Group activities are developed according to the needs and preferences of the residents who choose to participate.</p> <p>Individual activity assessments are updated or reviewed at least three monthly with a monthly summary of the resident's response to the activities, level of interest and participation recorded. The goals are developed with the resident and their family, where appropriate.</p> <p>A residents' meeting is held monthly. 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. Resident and family interviews verify satisfaction with the activities programme.</p> <p>A quality initiative was implemented at Howick Baptist Home and Hospital in January 2014 after documentation, interviews and observations evidenced the planned activities programme was too formalised and was not meeting residents' needs. The initiatives put in place aimed at improving the lives of residents specifically around the</p>

		issues of loneliness, helplessness and boredom and create a vibrant, empowered existence for the residents they serve and the people who work with them as care partners. The recent satisfaction survey, and complimentary letters verifies the improvement
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Resident care is evaluated daily and reported in the progress notes. If any change is noted it is reported to the RN.</p> <p>Formal care plan evaluations measuring the degree of a resident's response in relation to desired outcomes and goals occur every three months or as residents' needs change and are carried out by the RN. Where progress is different from expected, the service is seen to respond by initiating changes to the service delivery plan. An acute care plan is initiated for short term concerns, such as infections, wound care, changes in mobility and the resident's general condition. Acute care plans are reviewed daily, weekly or fortnightly as indicated by the degree of risk noted during the assessment process.</p> <p>Evidence of evaluation is sighted in files reviewed. Resident and family interviewed, verified they are included and informed of all care plan updates and changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Residents are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist service provider assistance from the DHB. Referrals are followed up on a regular basis by the registered nurse or the GP. The resident and the family are kept informed of the referral process. Residents are supported to access other health and/or disability support services, and where possible a family member accompanies the resident. Acute/urgent referrals are actioned immediately, sending the resident to accident and emergency in an ambulance if the circumstances dictate. Families are informed, as sighted in file reviews and verified by interviews.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are clearly described policies and procedures for the safe and appropriate disposal of waste, infectious or hazardous substances which comply with local government and legislative requirements and the requirements of this standard and the ARC contract.</p> <p>Visual inspection on the days of audit revealed that chemicals were stored securely and that there is safe disposal of body waste and contaminated or potentially infectious products. Sluice rooms are conveniently located to service areas and are being well maintained as clean and functional. Personal protective equipment is available and seen to be used on the days of audit.</p> <p>Staff interviewed demonstrated knowledge and understanding of safety issues around managing waste and hazardous substances. Staff are being provided with ongoing information, education and support by the organisation and external suppliers.</p>
<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>	<p>FA</p>	<p>The buildings are very well maintained, in good repair and fit for purpose. There is a current building warrant of fitness which expires in March 2016.</p> <p>Interview with the property manager, review of records and observations on the days of audit showed that electrical testing and tagging is completed by a certified electrician, and calibrations of scales and medical equipment occurs. Fire safety equipment and hoists are regularly checked for safety. All vehicles have a current warrant of fitness and registration.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	<p>FA</p>	<p>Most of the bedrooms have toilet and shower en-suites. Shared toilet/bathing/shower facilities are used where full staff support is required. There have been no issues with maintaining consumer privacy when attending to personal hygiene needs. Hot water monitoring is occurring monthly and temperatures are well within safe limits of below 45 degrees. Residents and families interviewed were very happy with the facilities.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All rooms have a single occupant in them. The rooms are spacious and contain a generous king size single bed, at least one easy chair, wardrobe and clothes storage units and bedside tables. There is enough room for the resident to move around safely with or without a mobility aid. Residents and families interviewed were very happy with the facilities. The service meets the requirement of the ARC contract and this standard.
<p>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.</p>	FA	Each wing has its own lounge and dining room and these are located within easy walking distance from the resident's bedrooms. One of the dining rooms had recently been repainted and decorated with colours and designs that provided visual stimulation for cognitively impaired residents.
<p>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.</p>	CI	Sufficient numbers of cleaning and laundry staff are allocated enough hours seven days a week to carry out these services. The organisation 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. There has been a change of chemical supplier. The supplier provides ongoing support and information to staff about safe handling of the products in use. Current material safety data sheets about each product are located with the chemicals. Service improvements have been introduced to prevent staff injury and increase efficiency.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	The service has clearly documented emergency plans, and the emergency and security systems are well established and known by staff. There is an approved fire evacuation scheme which was reviewed in 2014. Fire drills are occurring every three to six months and staff attendance is monitored. Staff receive extensive information on emergency procedures at orientation and there is ongoing training about civil defence processes and keeping residents safe during

		<p>emergencies.</p> <p>Review of staff training records and rosters and interview with the property manager, CEO, QIEC and rostering staff showed there were sufficient numbers of registered nurse on site and on call twenty-four hours a day, seven days a week to manage emergencies. There is a known and effective system for staff to respond to emergency call outs from residents in the attached retirement apartments. A senior caregiver from the rest home wing investigates initially to assess the situation and determine the need to call an RN who may decide to call an ambulance. RNs are not permitted to leave their designated wings. Records show there were on average four call outs a month which are reported and reviewed by the CEO.</p> <p>All RNs, ENs, activities staff and drivers are being supported to maintain certificates in first aid.</p> <p>Interview with the property manager and inspection of the emergency/civil defence stores confirmed there was sufficient stock of water, food, equipment and essential supplies in the event of a natural disaster or power outage. The facility has back up lighting. The call bell system was observed to be functional during the onsite audit and residents and families interviewed confirm that staff respond to call bells in a timely ways. The provider meets the requirement of ARC contract.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Visual inspection revealed sufficiently sized windows and large opening doors for ventilation in all areas of the facility. Temperatures in all areas are moderated by underfloor heating with individual controls in resident's bedrooms. Residents expressed satisfaction with the heating, light and ventilation of their rooms and the communal areas.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	<p>FA</p>	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control programme. There is a documented infection control programme that aims at establishing, maintaining and monitoring procedures covering infection control</p>

		<p>practices, monitoring, reporting and analysing data, education and training, cleaning, housekeeping, waste disposal, outbreak management and laundry operations. It is the responsibility of the infection control and prevention nurse (ICPN) to ensure appropriate resources are available for the effective delivery of the infection control programme and it is her responsibility to implement the programme.</p> <p>The infection control practices are guided by the infection control manual and assistance from an external infection control advisor and the DHB infection control nurse where needed. It is the responsibility of all staff to adhere to the procedures and guidelines in the infection control manual when carrying out all work practices. Evidence of practice relating to these policies was sighted at audit. Reporting lines are clearly defined, as verified in staff interviews. The ICPN records monthly infection rate data, as evidenced in files reviewed and infection records, and presents a monthly report to the quality committee and to staff meetings every two months. All infection statistics and the results of analysis are displayed on the staff notice. Every three months the infection data is reported to an external provider of benchmarking services, to enable information to be analysed against other care facilities. The ICPN liaises with the hospital and rest home manager and the chief executive officer (CEO) over any serious infection related issues. The infection control programme is reviewed annually or as necessary and was last reviewed in January 2015.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>The infection control nurse (ICPN) is responsible for implementing the infection control programme. A position description is included in the infection control (IC) programme and in the RN's personnel file.</p> <p>The ICPN and observation verified there are enough human, physical and information resources to implement the infection control programme. Training records sighted and interview verified the ICPN attends regular ongoing training through the DHB, the ICPN's professional body and attendances at ICPN conferences.</p> <p>The ICPN facilitates the implementation of the infection control programme as evidenced by data collection records, action plans, completed audits and competency assessments, resources on-site to</p>

		prevent infections and manage outbreaks and in-service records of infection control training for staff. Any IC concerns are reported at the monthly quality meeting and two monthly staff meetings. IC data is collected monthly and statistics and data are graphed and analysed.
<p>Standard 3.3: Policies and procedures</p> <p>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.</p>	FA	<p>The service has an infection control programme that is reviewed annually, and includes compliance with policies and procedures. These cover infection control surveillance, standard precautions, hand hygiene, safe management of sharps, collection of specimens, infectious spills, needle stick injuries, management of an outbreak, isolation precautions, disinfecting and sterilisation, antibiotic and antimicrobial, influenza, vaccination, wound care, risk management, building renovations, waste management and cleaning and laundry management. Policies are current and signed off by ICPN</p> <p>Staff interviewed are able to describe the requirements of standard precautions and could say where the IC policies and procedures are for staff to consult. Cleaning, laundry and kitchen staffs are observed to be compliant with generalised infection control practices. A staff member verified training in infection control during orientation.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>Staff have received orientation and ongoing education in infection control and prevention as verified by staff training records and interviews. The content of the training is documented and evaluated to ensure the content is relevant and understood. A record of attendance is maintained. Audits are undertaken to assess compliance with expectation.</p> <p>Resident education occurs in a manner that recognises and meets the residents' and the families' communication style, as verified by resident and family interviews.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed</p>	FA	In line with the infection prevention and control policy and procedures, monthly surveillance is occurring. The type and frequency of surveillance is as determined by the infection control programme. All

<p>objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>new incidents of urine, chest, eye, gastro-intestinal and soft tissue infections occurring each month are recorded on an infection report form and graphed. Incidents of infections are sighted and are low. These are collated each month and analysed to identify any significant trends or possible causative factors. Incidents of infections are presented at the quality meeting every month and the staff meeting every two months. Any immediate action required is presented to staff at hand over. Any ongoing actions required are presented to staff at staff meetings and any necessary corrective actions discussed, as evidenced by meeting records, IC records and verified by staff interviews. Incidents of infections are benchmarked by an external provider. A comparison based on previously agreed key performance indicators is used to analyse the effectiveness of the programme.</p> <p>A number of quality initiatives are in place at Howick Baptist Home and Hospital aimed at 'first do no harm'. The focus to reduce urine infections has resulted in the reduction of the yearly key performance indicators for urine infections in the hospital from 40 to 17.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service restraint policy meets the standards and the definition of an enabler is congruent with the definition in the standard.</p> <p>On the days of audit the restraint register listed 19 residents using bed rails and/or lap belts when sitting. This included five using bed rails as enablers. Seven resident records contained evidence that assessment for use had been conducted prior to use, alternatives had been tried, approval granted by the restraint committee and valid consent obtained by either the resident or their welfare guardian. There was evidence of ongoing monitoring and review of each restraint intervention.</p> <p>Training records and interviews showed that all staff attend at least one education session on restraint and management of challenging behaviour and use of de-escalation each year. All new staff are provided with information about the restraint policy, philosophy and approach during their orientation.</p>

<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Policy and procedures for restraint use and approval are clearly defined in the policy. A long time employed senior RN with extensive experience in aged care is the designated restraint coordinator. The role and responsibilities are described in the coordinator's position description and include oversight of all restraint in use with support from the restraint committee. The restraint committee is comprised of suitably skilled senior management clinicians including the physiotherapist. The committee convenes as needed to review and consider restraint assessments and make approval. There was clear approval for use of restraint on the records reviewed.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Each of the resident records reviewed for restraint use, contained a comprehensive account of the assessment made prior to use. These included current falls risk, a history of incidents, alternatives tried and reasons for the assessment being conducted. Any risks associated with the bed rail or lap belt were identified and highlighted.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service is aiming to reduce the amount of restraint in use through the purchase of low low beds, alarm mats and 'noodles' to prevent any rolling out of bed. Records of restraint use show a steady decline in the past 18 months. The alternatives considered and trialled were documented in the restraint forms and in the care plan. Caregivers and staff are aware of alternatives and seek new ideas. All staff must pass an annual restraint competency test. The restraint register records the type of restraint in use, the frequency of monitoring and review and the date it was initiated.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>Documents, including resident care records and staff interviews confirm that ongoing restraint use is appropriately evaluated and reviewed every three months by the restraint coordinator. Staff state they try different approaches to reduce restraint use and minimise unwanted behaviour. The restraint coordinator maintains ongoing communication with families and support to staff. The service provider has complied</p>

		with the requirements of this standard.
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>The restraint committee continue to meet at least every three months or sooner when required for quality review which includes reviewing the care and treatment of residents with challenging behaviour and any events related to this, monitoring how staff manage the events, and review of staff training needs. An annual quality review in February 2015 of restraint use, practices, staff interventions and skills and the service philosophy confirmed that interventions were safe and effective and that strategies to reduce the use of restraint are succeeding.</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>The service is rated continuous improvement for the positive outcomes achieved by the implementation of a number of quality initiatives and projects which have improved service delivery and residents' welfare. The falls prevention programme which has been in place since 2013 has significantly increased staff awareness of falls risks. This programme has progressively introduced more initiatives gleaned from falls prevention evaluation, such as the introduction of falls clocks in each wing. A recent 'hourly rounding' initiative produced a 33% decrease in falls in the February 2015 quarterly results. The service has worked on becoming an Eden Alternative Facility and when they applied to be audited against two principles it was suggested they be audited against four. The results of their 'Eden Warmth' survey were</p>	<p>The service has achieved positive outcomes through the implementation of a number of quality initiatives and projects which have improved service delivery and residents' welfare. These have included a falls prevention programme which has reduced the numbers of falls; a project to reduce urinary tract infections; development of an Eden Alternative Facility with the results of the 'Eden Warmth' survey indicating better than the benchmark for all aspects of culture measured; the development of a 'meaningful visits' brochure; a project to improve interaction and activity for residents with poor communication; improvements in the activities programme. These and other projects have focused on improving quality and safety for residents and families and have led to</p>

		<p>better than the benchmark for all aspects of culture measured. There are many other quality initiatives being introduced and evaluated across all areas of service delivery.</p> <p>These include</p> <ul style="list-style-type: none"> - the development of a meaningful visits brochure - a guide for relatives visiting a resident with dementia or communication problems - a project to improve interaction and activity for residents with poor communication - new equipment for laundry staff to prevent strain and injuries - review of continence needs and practices - improvement to afternoon shift routines - improving residents safety by creating a side hand rail for stepping onto the mini bus, and designing padding for the standing hoists - purchase of 'ABSO' slide sheets - development of a centralized computer filing system - an upgraded hazard register and risk monitoring scheme. 	<p>measurable improvements.</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 order to comply with legislation, protocols, and guidelines.</p>	<p>CI</p>	<p>The identification by Howick Baptist Home and Hospital 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. Every month a visiting gerontologist, the GPs, the pharmacist and the RNs review selected residents' pharmaceutical</p>	<p>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 also reduced as verified by sighted records (Refer also criterion 1.3.6.1).</p>

		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>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	CI	<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 was analysed. Analysis found falls occurred at times when staff were less visible (e.g., 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 assessment including their balance, by the physiotherapist. A physiotherapy management plan to strengthen, modify environmental</p>	<p>Graphs sighted and benchmarking results show a reduction in residents' falls as a result of a number of initiatives aimed at reducing falls.</p>

		<p>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 at Howick Baptist Home and Hospital with twelve staff undertaking the three day Eden Alternative associate training. An 'Eden' staff group met fortnightly to brainstorm changes and implement actions. Minutes of meetings were displayed in the staff room to encourage participation. Task groups were formed round children, animals, plants and resident participation in daily activities. Thirty (30) staff undertook a half day supporter programme and a residents Eden focus group was formed, with meeting minutes recorded. Afternoon and evening meetings were held for residents and families. Toolbox talks on all Eden principles were held for all staff.</p> <p>The following key changes were implemented:</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 Howick Baptist home and hospital. - Teenagers from the local school help residents doing life books. - A pet policy was established to allow pets and 	<p>The quality initiative put in place 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 over 90% extreme satisfaction with activities and passing the time; 85% very to extremely satisfied with involvement and the social environment; 95% very to extremely satisfied with continuing community involvement. Resident interviews support these findings as does resident meeting minutes.</p>

		<p>enable residents to have their own cats and dogs.</p> <ul style="list-style-type: none"> - Residents join the pet group and help staff care for pets. - Raised gardens established. - Residents grow pot plants and present one to each new resident. - 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>Criterion 1.4.6.3</p> <p>Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.</p>	CI	<p>Service improvements have been introduced to prevent staff injury and increase efficiency. Different height linen bins and a new laundry transfer trolley are now in use to minimise repetitive strain on staff backs. New mopping equipment which is lighter and quicker to use has been introduced. This is saving time and money in chemical use.</p>	<p>Service improvements introduced in relation to cleaning and laundry activities have resulted in reduced staff injuries and improved services. These have included different height linen bins, a new laundry transfer trolley and new mopping equipment.</p>
<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 personnel and management in a timely manner.</p>	CI	<p>A quality initiative is ongoing at Howick Baptist Home and Hospital aimed at reducing the number of urinary tract infections (UTIs) that was considered acceptable, based on the client group, previous data and benchmarking results with other similar providers. The usual preventative initiatives to reduce the incidence of urinary tract infections were in place. A brainstorming exercise with staff suggested</p>	<p>Implementation of a quality initiative regarding UTIs has resulted in a decrease in the number of UTIs in the hospital and a subsequent decrease in the use of antibiotics.</p>

		maybe the use of communal equipment (i.e., showers chairs), which, despite wiping down between uses, could be a potential risk. A regular cleaning process with high pressure water was implemented. The resulting drop in urine infections is evidenced in surveillance records and benchmarking data which puts Howick Baptist Home and Hospitals incidence of UTIs urine well below the average of other similar facilities.	
--	--	---	--

End of the report.