Summary

**At midpoint of certification cycle for St John of God**

|  |  |
| --- | --- |
| **Name of provider:** | St John of God  |
| **No of houses (5 or more beds) visited# and locations - suburb and town only:** | 1 | Karori Wellington  |
| **Date visit/s completed:** | 5 July 2017  |
| **Name of Developmental Evaluation Agency:** | Split Ridge Associates Ltd |

**General Overview:**

|  |
| --- |
| St John of God provides 24 hour support to people with physical and/or sensory disabilities.Staff work together in an effective manner, staff orientation, training and support systems are in place. Systems and processes are sound and comprehensive. Policies and procedures are implemented by staff. Residents spoke positively about how St John of God staff support them and uphold their rights. Personal care and health needs are being supported according to residents’ plans. The organisation has developed and maintained effective working relationships with external parties as evidenced by the numbers of visiting health professionals to support Residents equipment and allied health needs. The Rehabilitation and Therapy service as well as Activities and Pastoral Care are an integral component of the service and work across the organisation. There are opportunities for Residents to access external recreational, social and learning activities.Families/Whanau and friends are able to be involved in the Residents lives and are welcome in the Facility.  |

**Adherence to the service requirements – evaluative comment on how well the service is contributing to people achieving the goals of their plans**

|  |
| --- |
| 1. **Identity**

Service planning is in place and Residents have a Registered Nurse as their Key Worker. Plans are personalised to each Resident and goals are reviewed. A wide range of health assessments and plans are included. The Needs Assessment Service has a good relationship with the organisation. The organisation is responsive to Maori needs. Staff work effectively as a team. The activities programme has a range of internal and external activities. Residents reported that they are a happy family. Residents have friendships and family contact on an ongoing basis. There is no barrier to relationships. There are avenues for Residents to have input including discussion groups, meetings, inclusion on staff interview panels and a satisfaction survey. Residents’ documentation is current, accurate and thorough. There is a high level of satisfaction with the meals. 1. **Autonomy**

Decision making is facilitated to the extent possible depending on clinical needs. Rooms are personalised and reflect the Residents interests and choices. Documentation is treated in accordance with the Health Information Privacy Code. Residents’ capacity to act for themselves is respected unless there are legal barriers in place.1. **Affiliation**

There is an activity programme with dedicated staff. This includes internal and external activities. There is transport available to attend activities. Some Residents volunteer in the community. 1. **Safeguards**

Clinical and other risks are identified and managed according to needs. The organisation works with external organisations to train staff in effective behaviour support. Medication is managed according to the policies and procedures. There is an internal audit system covering the implementation of policies and procedures and environmental matters.1. **Health and Wellness**

Access to health and personal care services is facilitated by the staff. There are policies and procedures to ensure vulnerable Residents are safeguarded from abuse and neglect. There are no restraints practiced. Personal care is managed according to a plan. Staff are assigned to work in teams to facilities safe manual handling and team work. Equipment is individually prescribed and maintained. There is a Therapy and Rehabilitation programme and an internal Gym. 1. **Government Standards for Accreditation**
	1. **Financial Management and Systems**

The organisation has effective financial systems and processes, the accounts are audited on an annual basis by a recognised accounting firm. Managers have comprehensive information to manage their budget. The Board of Trustees monitors the budget through their meetings.  * 1. **Resolution of Complaints related to Service Provision**

The St John of God Trust has implemented a robust and thorough complaints system. The complaints process is provided to new residents and families. Complaints are monitored to ensure resolution with timeframes in the health and Disability Consumers Code of Rights. Feedback from the residents and families spoken with indicated that 100% understood the rights, and complaints process and would be willing to raise any concerns. There is an active Residents Committee who are prepared to raise any issues with Management.* 1. **Staffing**

There have been some staff vacancies which are being recruited for. Staff are composed of Registered Nurses, Support Workers, Administration and Household Staff and Therapy and Activities staff. There are currently 3 Support staff and .9 Registered Nurse vacancies which are covered through staff doing additional duties, casual staff and agency staff. Agency staff utilisation has reduced on a planned basis. Staff orientation, training and support systems are implemented. Residents spoken with are concerned that some agency staff are not as familiar or supportive of their personal care needs. Concerns about agency staff capacity was also expressed by one family member. Staff have police checks prior to commencing employment. There is a pool of volunteers who provide support with activities and befriend individual Residents. * 1. **Health and Safety**

The St John of God Board of Trustees takes an active interest in Health and Safety across the organisation having endorsed a set of objectives for Health and Safety. A senior manager is accountable to the CEO to ensure Health and Safety programme is being maintained. There is an active Health and safety Committee and internal auditing of hazards. Civil Defence Supplies are available and there is a generator for any power outages. Staff are trained in Health and Safety obligations. Staff have training in management of behavioural or physical issues through an external trainer on an annual basis at the planned professional development days. * 1. **Governance and Management**

St John of God is registered with Charities Services as a Charitable Trust. The Board and Management have relevant skills, qualifications and personal attributes. All delegations are documented on the Management Authority Matrix which has delegations according to the level of management within the organisation. The organisational policies, procedures, governance and management oversight provide evidence that they are operating in line with St John of God Philosophy and Values, legislative and contractual obligations. There is a Conflict of Interest policy which covers Governance and staff. All senior management and trustee conflicts are documented and any changes declared at each Board of Trustee meeting. The register contains the date of disclosure, role/relationship, organisation/individual, actual or perceived risk (including financial risk) and mitigation strategy. Strategies are in line with best practice governance and management policies. Considerable work has been completed on the Business Continuity and Disaster Plan which is relevant to each site as well as the corporate area.  |

**Progress on meeting the most recent certification audit requirements – summary of findings**

|  |
| --- |
| The specific requirements of the Certification Audit in 2015 were* Informed Consent processes and adherence to current legislation regarding resuscitation
* More opportunities for residents to undertake study and/or skill development programmes
* Evaluation of plans to ensure that progress is documented
* Development of a clearly defined specific infection control programme

Documentation was provided to the Designated Audit Agency and signed off as compliant as at 10 May and 24 June 2016.  |

**Outline of requirements and recommendations** **(not including those relevant to support for specific individuals)**

|  |
| --- |
|  Requirements are either low or moderate relating to * ensuring Agency Staff have full knowledge of Residents personal care needs
* staff performance appraisals are kept current
* finding a solution to the laundry not being washed over a weekend

The recommendations relate to* Implementing specific suggestions from Residents to reinstate happy hours more regularly
* Family requests to reinstate the management support committee
* Adding topics to the internal audit programme and Staff orientation
* New Residents medication to be in line with St John of God requirements
* Enablers are placed on the St John of God register
 |