

## Editorial

JOHN STACEY

Well with Certification beginning to fade in people's memories and more pressing tasks such as how to avoid receiving endless socks and ties for Christmas and where to find sun in January, it is worthwhile considering some of the achievements and challenges ahead.

In this Newsletter I have asked various people to comment on their experience of certification. Rhonda Heather gives her views on the worthwhile involvement of families and consumers in the process of auditing, but she expresses concern with what happens when the bandwagon packs up and leaves town – do things go back to as they were?

Beverley Bates, manager of a service for six people on the North Shore in Auckland, talks about the work involved in meeting the standards, and what it has meant for small organisations to battle with the compliance requirements, some times at the expense of spending time with the residents, which she says is her prime focus.

At the other end of the spectrum Ralph Jones, CEO of IHC – a large national provider, represents a service with different challenges with homes in most towns in New Zealand. He says that ensuring consistency, which the stan-

dards require, without affecting the goal of providing a normal life for people is a major concern.

Finally, I have asked Philip Patston to make a contribution to the discussion. Philip a leading advocate, entertainer and also a user of services, challenges us all to aim for excellence and not accept mediocrity.

EQS has conducted well over 300 audits in the area of community disability and psychiatric services against the standards. It never fails to amaze me the efforts of those involved in the sector to do the best they can for the people they support.

It is a sector that perhaps does not have the glitz or glamour of some of our well known health care institutions in this country, but without the contribution this sector makes to health and social outcomes, New Zealand society would be much poorer.

Talking of poorer this sector traditionally does not have the same resources as other sectors, but dollar for dollar when it comes to quality and commitment it punches well above its weight.

In terms of meeting the standards, the biggest challenge for the sector was coming to terms with sets of standards designed for institutional services, when the overriding philosophy driving the disability and mental health sectors are Normalisation and Recovery. It was difficult to rec-



John Stacey

oncile these philosophies with the emphasis in some standards on areas that are often managed no differently than in any other household in New Zealand, e.g. infection control and waste management.

In the area of intellectual disability support, the role of families and engagement in informed consent created confusion with families believing they could naturally provide consent for their adult son or daughter.

For some of the smaller trusts meeting the criteria around services for Maori and creating links with local iwi was, and will continue to be, a struggle.

Where smaller organisations also struggled was with the two stand alone standards which were audited alongside the HDSS, Restraint Minimisation and Infection Control, which were developed clearly with larger organisations in mind

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## Editorial Continued

and seem to ignore the situation of smaller organisations where often the person in charge is the person who carries out most, if not all, the mandated functions in the standards.

Hopefully the current review of the standards conducted by Standards New Zealand will look at simplification and areas of duplication. However the sector rose to the occasion and as a consequence found sensible solutions to these areas in keeping with the intention of the standards and the philosophies driv-

ing the sector.

According to Philip Patston quality can be described as a journey, a hard and bumpy one at that, another analogy is that quality is an effective anti-rust agent, without attention systems and services corrode, often unnoticeably to those close to them.

Because the first flush of Certification has passed it is not sufficient for people to rest on their laurels and wait for it to come around again before putting in another burst of activity.

In this Newsletter we outline some of the steps and requirements post Certification, and what you need to be doing to both keep your system maintained and going forward.

On that note of encouragement I would like to wish all those that have been engaged with the process of Certification, service users, staff and auditors, a peaceful and restful break over the Christmas holiday period.

Check out the EQS website for information resources on Certification: [www.eqs.co.nz](http://www.eqs.co.nz)

## EQS Gets a New Look

EQS has a new logo. The logo incorporates a cross or plus sign, depending on how you wish to view it.

The cross is the universal symbol for health care, which emphasises the fact we only work in the health and disability area. The plus sign because we wish to add value to the work of providers who use our service and as our name implies enhancing the work of services that have quality at their centre.

Hopefully people will like the new design and become

familiar with the logo which we hope is simple and effective and sums up what we are all about.



## Shore Family Trust Survive Certification

BEVERLEY BATES

We can now think of certification in a rational manner. At times during the process it seemed it would never be accomplished. Hours of preparation were required to formalize all the things we do here. Policies and Procedures ruled our lives. Everything we did would be commented on as to whether the 'auditors would agree with it'. All Staff members and Trustees were involved with writing, checking and making sure it is what we were doing. The Residents would look at us in a strange way and say, "It's just boring".

The workload was horrendous and never ending. Without my colleagues in other small services we wouldn't have made it – bonds with them have been strengthened.

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Beverley Bates in discussion with John Myers Chairman of the Shore Family Trust at the Trust's Christmas party.

## Shore Family Trust Survive Certification *Continued*

The results have been satisfying. Our structures have all been updated and I hope rationalized. Trustees and Staff are all more aware of their roles. There are still some areas such as restraint that do not really "fit" with our service. However our paperwork is up to date, our policies and procedures are relevant, used and we have forms to cover all activities.

We were extremely lucky to have an Auditing Team who understood our service. They were both supportive, available and helpful. They assisted to make the process a little easier.

However more guidelines and consistency of what was required by the Ministry would have been helpful – having to comply with guidelines that encompassed

all services was at times very confusing and difficult for small family orientated services.

At the end of it all. I do not think there has been any change to the quality of service we provide for our Residents apart from the fact that we now have the paper work to prove what our service provides.

Family members have no idea of the work that was involved to obtain certification, and the Residents are just pleased that all of our time is not spent in the office and that they now have more time spent with them.

## The Family Auditor's Perspective

*What was your involvement in the audit process?*

I was employed as a family auditor and had to interview families prior to the audit. Families were very keen to talk if they had problems. I was also responsible on the day of audit for examining Part 1 of Standards Consumers Rights, needs and wants which included recreation activities, family contact, health and welfare. I was also interested in looking at lifestyle planning part 4 to see that the goals were being achieved and to check on the review process of the goals.

*In your opinion can the standards help lead to better quality services?*

Yes, they can lead to better services, but only if monitored on a regular basis. The risk is that the standards are only taken into account at the time of the audit but what guarantee have we that the standards are maintained all the time and it was not just a show for the audit team.

*Is the consumer voice adequately reflected in the standards?*

Yes and no. The standards are technical and not necessarily designed for consumer/family input. It is good that the Ministry has stated that there is that involvement. Some consumers and families wouldn't express concerns to a provider or auditor but are prepared to do so to a family or consumer auditor.

Within services families can find it hard to raise issues or take an active involvement in the life of their family member, it often depends on the relationship the family has with the staff and how much the person who supervises the home welcomes their involvement.

*Are there any other comments you want to make on the standards or your involvement in the audit process?*

As explained the standards are technical, not designed for a community or 'ordinary' home and have to be adapted to reflect the reality of the service. We were asked to look at outcomes, but of course these are influenced by what resources are available. This went for areas such as community participation to the quality and quantity of food, yet we didn't know what should be available or the budget the staff were working to.

The lead auditors were excellent and great to work with although I believe there is room for more consistency in the audit team, as each lead auditor conducted the audit in a different way.

I was surprised that staff were so nervous of the audit as I believe we are all in this together to improve services for the people with a disability but I must say I enjoyed my time as a family auditor.



Rhonda Heather has been involved as a family representative in 27 Certification Audits.

## IHC's experience of the Standards

WENDY RHODES  
Quality Manager, IHC

Our overall view of the standards is that they provide minimum safety requirements, some of which are more attuned to aged care residential services than typically for community based residential services or more specifically the disability sector. Much rests on the interpretation of the standards by the auditors.

IHC being a large national provider was required to be audited across a large sample of its 5 bedded homes,

151 homes were audited From Whangarei through to Invercargill, including the specialist services run by Timata Hou.

The audit programme commenced in the last quarter of 2003 and ended in July 2004 so it has demanded a lot of attention and effort for a prolonged timeframe for the organisation. The organisation has applied any improvements required to meet the standards across all residential services (homes not requiring certification) we provide which has been a big ask of our staff.

Prior to our certification we had a good look at the gaps which existed and it was no surprise to us that the particular areas included increasing staff awareness around the Code of Rights and informed consent, making families more aware of the complaint process, and maintenance of homes and to develop guidelines covering nutrition, infection control, laundry and waste management. So since then until the time of the certification audit there has been a lot of work to meet the requirements of the standard.

## An Ordinary Life



John Stacey Congratulates IHC Chief Executive Ralph Jones on achieving Certification.

Late last year Ralph commenting in Community Moves (October /November edition) reflected on the release of the National Health Committee report focusing on individual needs and greater choice. At the same time IHC was about to undertake audits, conducted by EQS against the HDS standards:

"There is an interesting paradox between the report and the service standards. The report wants us (IHC) to be less institutionalised, to ensure people live in houses just like every-

one else. On the other hand, the audit process requires us to record everything that happens in a house and to have policies covering areas like infection control.

It's a balancing Act. We obviously have to be able to show that we meet the audit requirements, but at the same time we have to provide services that support people with intellectual disabilities to live ordinary lives."

*Arguing with an auditor is like wrestling with a pig in mud ...*

*Sooner or later you realize the pig enjoys it!*



# Information Exchange

The EQS Provider Information Exchange day last month proved a big success .

The following are some of the main points covered.

## ON-GOING MONITORING OF QUALITY - Post Certification

▪ **Monitoring Requirements**  
DAA's are required to monitor corrective programmes, agreed with the provider. The corrective actions are developed from requirements for those areas in the standard, identified in the certification report, where less than full attainment is achieved. In some instances the Ministry may have altered an attainment level in a report submitted by the DAA, in which case the provider is still expected to take action to meet the standard but there may not be a requirement agreed with the DAA.

▪ **Progress Reports**  
In addition the Ministry of Health has, for some providers, requested separate progress reports on areas that the Ministry of Health wants evidence that the provider is working toward attainment. These are conditions of certification and must be completed by the date specified on the certificate. The DAA is required to provide a written report to the

Ministry.

▪ **S u r v e i l l a n c e**  
Surveillance visits are a requirement on certificates where providers have received 2-3 years certification. The DAA must monitor progress at the half way point - this will require, information sent to the DAA prior to the audit and a visit on site. The areas of the standards the Ministry requires auditing are listed below.

Failure to meet any condition of certification may place the provider's certification status in jeopardy.

▪ **MoH Surveillance Requirements**  
The visit will include a specific focus on:

- HDSS 1.2 Recognition of Maori values and beliefs.
- HDSS 2.2 Quality and Risk Management Systems
- One randomly selected outcome of Part 4 or 5

Review of completion or progress on addressing all partially attained or unattained criteria.

The DAA is required to provide a written report to the Ministry following the visit.

## THE REQUIREMENTS FOR 2.2 QUALITY AND RISK INCLUDE:

- Documented quality plan clearly identifying management commitment.
- Appropriate standards identified and monitored (e.g. through internal audit systems).
- Policies and procedures regularly reviewed as part of Quality and Risk Management process.
- Quality improvement data is analysed (trends, variances) and communicated to staff, service users and families.
- Corrective action plans - implemented and measured for effectiveness.
- Consumers, staff and visitors are protected from harm (OSH, infection control).
- Risks are identified, analysed and evaluated. Processes are put in place to minimise risk.

The quality and risk process should clearly identify the areas shown in the diagram, linking good business practice and those parts of the standards that require monitoring.



# Infection Control and Restraint Minimisation

It would be fair to say that providers have struggled to link the two standards Infection Control and Restraint Minimisation to their own practice, particularly where their practices reflect those of any household in New Zealand. The two standards have formal committee structures and processes that in a small organisation often have to be embodied in one person. So what are auditors looking for when they are auditing the standards?

## 1. RESTRAINT MINIMISATION

- Awareness of policy amongst staff.
- Each member has an individual record of education and competency in relation to the standard

(de-escalation techniques, knowledge of what to do in an emergency, breakaway techniques).

- Regular review of plans incorporating restraint.
- Restraint register providing an auditable record of restraint.
- Processes for debriefing clients/staff.
- Evidence of evaluation of restraint.
- Quality and Review (comprehensive review of restraint practice at set intervals, linked to the Quality Risk management process of the provider).

## 2. INFECTION CONTROL

- Awareness of policy amongst staff.
- Documented training on policy and procedures.
- Linkage of Infection Control Programme (IFP) to the working of the Infection Control Committee (ICC).
- Reporting process through to the Governing Body/Senior Management of the organisation (linked to the wider quality and risk management process of the organisation).
- Evidence of surveillance occurring (developed by the ICC, data Analysis, audits of Practice).

# Training on the Restraint Minimisation Standard

As a DAA we are not able to recommend any one particular training course provider or event over another, however, as identified earlier a number of people are struggling with the interpretation of the restraint minimisation standard.

One of the few organisations providing training specifically on the RMSP standard NZS 8141:2001 is Acorn Healthlink. We have received good feedback from different providers and auditors who have attended the course. EQS has no relationship with this organisation but suggests if you are seeking training for staff in this area this is a training agency who is worth investigating.

Bronwyn Farnell is the Manager of Education, and as she explains:

“HealthLink have developed a

course that provides staff, working in hospital or community settings with the appropriate technical skills necessary to manage challenging behavior so as to operate safely and in accordance with the standard on restraint minimisation.”

The course content covers:

- Identification of consumers at risk, and understanding the process of escalation.
- Appropriate interventions to minimise restraint – de-escalation techniques
- Practical measures
- Documentation
- Legislation
- De-briefing

- Breakaway techniques

HealthLink has trained over 200 health professionals in Restraint Minimisation.

Bronwyn says: “As per the requirement of the standard we have formed an Evaluation Committee, members of this group meet quarterly to review the course content, re-evaluate policies and share knowledge.”

If you are interested in contacting Bronwyn, ph: 623 8050  
mob: 021 708 855



# The Quest For Excellence

PHILIP PATSTON  
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When John Stacey asked me to write an article on auditing and certification encompassing my thoughts on better service outcomes, quality improvement and future directions, he told me not to feel constrained by his ideas.

A few weeks later, as I sit down to write, I realise I don't feel constrained at all. To the contrary, I am marveling at the serendipity. I am currently involved in several significant projects looking at these exact issues.

In my humble opinion, they are the future of disability support in this country and they can be summed up in two words: service excellence. It's a phrase not often heard in the disability sector (and, at the risk of sounding harsh, it is a reality that I experience even less).

So, what is service excellence.

Look at the dictionary on your PC and you may find several different meanings for 'service'. Mine says that a service may be, "A job, a duty, a punishment or a favour." Fascinating - I've found evidence of disability support being all those things!

But look further and we see a more complex meaning emerging. A service is also a system to provide something to meet people's needs. Dictionary.com suggests it is, "The performance of work or duties for a superior or as a servant", "Work done for others as an occupation or business" or, in the sense being 'of service', "To be ready to help or be useful."

Now, I don't know about you, but there seems to be a big difference between enduring (or delivering) a punishment, managing a system and being truly useful. But I sense that, in the disability industry there is a huge diversity in our understanding about what service is.

But what about excellence? Is excellence as varied a beast? Actually, no. Excellence is defined, simply, as, "The quality or state of being outstanding and superior." Synonyms



Philip Patston, Disability Advocate

include fineness, brilliance and distinction. The antonym is mediocrity.

So, the question begs: "Are we providing fine, brilliant and distinctive services?" Here's another: "Are the systems that meet people's needs outstanding and superior?" And one more: "Does the disability industry have a strong, coherent vision of excellence?"

If you're answering, "Yes," then I'm telling you, you need to learn to say, "No."

No, no, no. I'm sorry, but when it comes to providing services to disabled people in this country, we are often decidedly mediocre.

I'm not judging, blaming or guilt tripping, so please, don't get defensive. The Wright brothers, when asked, didn't defend the right of people not to fly. They simply observed the fact that something could change in aviation and set about finding a solution.

In the disability industry, we (and I am deliberately including myself) need to acknowledge there is a gap in the quality of outcomes our services are creating. We are missing something. Whether we are funders,

providers, consultants or consumers, we have to observe and acknowledge that disabled people are not flying (metaphorically nor literally, thanks to our national carrier).

We need a new way.

Just as I believe 'The War On Terrorism' should be 'The Quest For Peace', service auditing and standards compliance has to become a 'Quest for Excellence'. We have to become absolutely clear about what we mean by excellent service. We have to be certain about what detracts from and adds to it. We have to know, not just what it costs, but what it's worth.

Most importantly, we have to know, as in any quest, that we have the motivation and inspiration to embark on what may be a long, hard journey (and let's hope we don't come across too many Weapons of Mass Destruction).

As I have said, we have begun already. I know of several examples of initiatives that are starting to define the territory, plot the map and plan the itinerary. But we need more passengers.

So, welcome aboard. You are about to begin The Quest for Excellence. It may be a bumpy ride, but it'll be worth it when we get there.

From everyone at EQS, we wish you a very Merry Christmas  
and a Happy New Year.



*Without an effective  
Infection Control Policy ...*

*Santa knew he was in  
trouble after the fungus  
started to take hold!*



*Just as he was about to set off on his long night's  
work, a voice rang out crystal clear in the cold night  
air:*

*"Santa have you got your policy manual and  
complaint forms on board ?!"*

## Auditor Training

Yes it might not be on top of everyone's Christmas list however an update for those interested in receiving training in auditing. EQS in partnership with UNITEC is developing a course which will provide a

foundation course in auditing. The course is aimed at providing a practical introduction to auditing against the HDS standards. As the course takes shape we will give you further information next year.



**ENHANCING QUALITY SERVICES**

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