

Millvale House Waikanae Limited

Date of audit: 22-Dec-10

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008;NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Millvale Waikanae provides specialised dementia care to people with high dependency and behaviours. There are a total of 28 beds with 27 residents on the day of audit. In October 2009, Millvale was split into two smaller homes (North and South) in keeping with the Director's small homes concept. One unit has 13 residents and the other unit has 15 resident. The service has made improvements since previous audit. The gardens at Millvale have undergone extensive development. More space and secured area provided. A footpath is established. An additional walking space /area was created in the South wing. More seating was provided in the garden. Also, the service continues to develop and implement a number of good practice initiatives under the guidance and leadership of the Directors and management team. The aim is to better support residents and families through their journey of dementia using a "best friends" approach. The manager is a Registered Comprehensive Nurse and has been in this role for 3.5 years.

SUMMARY

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	Assessment
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.		Includes commendable elements above the required levels of performance

Organisational Management	Indicator	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Indicator	Assessment
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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Indicator	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner 		No short falls

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians. 		No short falls

AUDIT RESULTS

Consumer Rights

There are implemented Policies and Procedures in place that include (but not limited to); a) abuse and neglect, b) code of rights, c) complaints, d] values and beliefs, e) sexuality and f) professional boundaries. Good practice developments over the past 18 months include: new 3 week orientation course for families, best friends approach presented at two conferences in 2010, team of employees completed train the trainer inter-cultural training with Dept of Internal Affairs and is being adapted to aged care to roll out with staff, presented 6 seminars on dementia with Health Ed trust, and invited families to join the "Sharing the Journey" course. There is an established and up to date complaints register and specific quality improvements are raised from complaints.

Organisational Management

There is a well established quality/risk programme and plan supported by staff participation and involvement with oversight from the quality team. There are 6 week post admission surveys and an annual Family / friends survey. Family Focus Group feedback (Oct /10) is completed with feedback such as; to be clearly informed if loved one is dying, menus to be more visible (made up each day on boards in each lounge) and discussed decoration in the home. Comprehensive quality team meetings occur and they receive reports and data across all areas of service delivery. Internal benchmarking is in place. The Health and Safety Policies are implemented and monitored by the Health and Safety Committee monthly meetings. The service is tertiary level ACC Workplace Safety Management Programme . A comprehensive annual training plan is implemented and staff training records are maintained along with performance appraisals. The Directors continue to invest significantly into staff, management and leadership development. The Staffing Levels policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. Roster is in place that include 1 Registered Nurse (RN) per shift, Clinical manager is Monday - Friday and there are 2 care givers and 1 RN at night. Improvement identified for more consistent use of the significant event form.

Continuum of Service Delivery

The service conducts an assessment of needs on entry of a resident to the service. Long-term care plans are integrated, and developed to incorporate care across 24 hours. This includes input from activities staff, physiotherapist, GP, and dietician. Relatives/Enduring Power of Attorney (EPOA) are involved in all stages of care planning. The six files reviewed identified that information gathered at admission is used to set care plan goals and objectives for residents. Care plans are evaluated 3 - 6 monthly and more frequently when clinically indicated. There is at least a three monthly review by the medical practitioner of the resident. The service has comprehensive policies/procedures to provide hospital level with a focus on dementia specific care. The organisation has an embedded approach to implementing their vision and values. The philosophy is the grounding for delivering care and is evident in documentation, interviews and feedback. The service has implemented a mentoring programme, which ensures current accepted good practice. There is an activities programme that reflects resident's interest in the environment as appropriate to dementia care and they have choice in their level of participation. Discussion with six relatives all confirmed the care and support provided by the staff at Millvale Waikanae is excellent. The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice. A nutrition and dietetic assessment is undertaken on admission with input from a dietician that includes a nutrition care and treatment plan. Dietician input is provided for menus and resident assessment and needs. Care plans include clear instructions for nutrition needs across the 24 hours.

Three improvements were identified in relation to two care plans and medication.

Safe and Appropriate Environment

There are systems in place (including relevant policies and procedures) for the management of waste and hazardous substances. The service has an equipment preventative

maintenance programme in place to ensure that buildings, plant, and equipment are maintained appropriately. There is a current building warrant of fitness. Residents are able to move freely inside and within the secure outside environment. Corridors and doorways are wide enough to allow access/egress with mobility aids and communal areas are easily accessible. The facility is divided into two smaller units. The facility has lounges in each unit, with dining areas and other day rooms to allow choice for residents. The service has in place policies and procedures for effective management of laundry and cleaning practices. There are implemented policies and procedures for civil defence and other emergencies. There is staff on duty with a current first aid certificate. Fire drills are conducted 6 monthly and the New Zealand Fire Service has approved the evacuation scheme. General living areas and resident rooms are appropriately heated and ventilated. An improvement is identified as maintenance checks of the hoists are yet to occur.

Restraint Minimisation and Safe Practice

There is a Restraint Minimisation and Safe Practice Policy and Procedure applicable to the type and size of the service. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. Restraint training is provided at orientation and is scheduled as part of the services annual training schedule. Individual restraint interventions are evaluated monthly and documented in the care plan and on the restraint register. The register is updated and re-written monthly. The restraint coordinator is a registered nurse. There are monthly restraint committee meetings with the RN, care giver and clinical manager. These review the restraints, include discussion of resident specific matters, and education. A six monthly approval group meeting occurs and this includes a wider review of the effectiveness of the restraint processes and staff education.

Infection Prevention and Control

The Infection Control (IC) programme objectives 2010 - 2011 include clear lines of reporting and responsibilities. The infection control committee is appropriate for the size of the organisation. The service has a comprehensive infection control manual that is reviewed annually. The IC nurse and committee manages and oversees IC practice at Millvale Waikanae. Infections are reported to infection control committee by the infection control nurse following surveillance activities. The infection control education programme is implemented by the IC nurse with support from the IC committee/clinical manager.

The organisation management team have identified key performance indicators, and progress is reviewed annually against the Key Performance Indicator's. The collated data is discussed at the monthly IC committee and quality committee meetings and disseminated through staff meetings. Practises have been addressed where identified. Infection rates at Waikanae are benchmarked against the other two psycho geriatric units owned by the Directors. Internal audits are completed. The benchmarking uses Quality Performance Systems (QPS) criteria and results are analysed for trends.