

Village at The Park Care Limited

Date of audit: 02-Mar-11

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

Village at the Park provides residential care for up to 71 consumers at dementia, rest home, and hospital service levels. Rest home level care is a new addition to services provided and the Governing Body is in the process of negotiating a contract with the Capital and Coast District Health Board to receive funding to provide rest home level care. Occupancy on the day of the audit was at 71 (31 hospital and 29 dementia level care).

The audit has identified 27 areas for improvement relating to: the lack of documented evidence of communication with families following adverse events; consumers not being able to identify who their caregiver is each shift; the comprehensiveness of written information provided for family members and consumers entering the dementia unit; the frequency of quality meetings; the development and implementation of corrective action plans to address areas requiring improvement; recording of adverse events; staff education; consumer documentation; review of the activities programme; medication management; monitoring of fridge and food temperatures in the two kitchenettes; the timeliness of staff responding to call bells; frequency of the review of the infection control programme; infection control education; and restraint and challenging behaviour / de-escalation education.

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

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

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.		A number of shortfalls that require specific action to address

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.		A number of shortfalls that require specific action to address

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 		A number of shortfalls that require specific action to address

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

AUDIT RESULTS

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumer and family members interviewed stated their satisfaction with the service and report that staff are providing appropriate care and treatment. However, some of the consumers interviewed report that not all staff come around at the beginning of each shift to advise who will be caring for the consumer during that shift. Some of the consumers also report that staff are sometimes slow to answer call bells. Visual inspection evidences the Code of Rights information is readily displayed along with complaint forms. Family members interviewed report they are kept well informed of any changes and adverse events involving

their family members, however, there is minimal documented evidence available in consumers notes to indicate family members are being contacted following adverse events.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and family/whanau interviewed demonstrate a good understanding of these processes. However, written information on minimising restraint and behaviour management is not available for consumers and family members that is specific to the Dementia Unit.

The service has appropriate systems in place to manage the complaints processes and a register is maintained. There have been complaint investigations undertaken by the Health & Disability Commissioner, Police, Ministry of Health, and Capital and Coast District Health Board since the previous audit at this facility in September 2009. These complaint investigations relate to standards of care.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided. All family members interviewed stated they were kept well informed and were complimentary of the procedures in place to ensure family involvement with consent processes. One area for improvement was identified that relates to resuscitation/advanced directives to be signed by the GP in the event the client is considered not competent or 'unable' to sign.

There are three low risk and one moderate risk areas for improvement identified in this standard relating to communication; informed consent; and the comprehensiveness of written information provided for family members and consumers entering the dementia unit.

Organisational Management

Systems are established and maintained by the governing body which defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a suitably qualified and experienced Village Manager / General Manager who started at Village At The Park in July 2010. The Village Manager is a non-practising registered nurse who worked in the aged care sector for 13 years between 1988 and 2001. A Clinical Manager / Assistant Manager, who has a current practising certificate, was appointed in December 2010 and is responsible for the oversight of clinical care of consumers. The Clinical Manager has worked in the aged care sector as a Nurse Manager between 2000 and 2009.

Village At The Park has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery, although several internal audits were reviewed where issues had been identified but there was no corrective action plan documented to address the issue/s identified, and there was no evidence that corrective actions had been taken and reviewed. Staff meetings are held monthly and quality and risk issues are discussed during these staff meetings. However, quality improvement meetings are not being held on a regular basis. The Village Manager provides a detailed monthly report to

Hurst Holdings who are the body responsible for managing the service delivery, and quarterly reports to the Board of Directors for Village At The Park Limited. An internal audit programme for Village At The Park is in place.

The adverse event reporting system evidences a planned and co-ordinated process, with service providers documenting most of adverse, unplanned or untoward events. It was noted during this audit that staff are not documenting all incidents of challenging behaviour on incident forms. An open disclosure policy is in place but has not been fully implemented as there was minimal documented evidence available indicating that family members have been informed of any adverse events. It is acknowledged that family members interviewed report they are kept well informed of any changes and adverse events involving their family member.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to orientation and education. An inservice education programme is provided and education sessions are provided two to three times a month, however, not all staff are attending at least eight hours of education annually. A sampling of ten staff records evidences human resources processes are followed e.g. reference checking, police checks are completed, and interview questionnaires are completed. Annual practising certificates are current for all health care professionals who require them to practice.

The service has a documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. Registered Nurses are on duty 24 hours a day, seven days a week, and there are always at least two care givers on duty in the dementia unit.

The service identifies the information required to be entered into the consumer/kiritaki information management, however improvements are required. These include ensuring client progress notes are reflective of current events, staff sign for each event, monitoring records are maintained and discontinue the use of twink on client (medication) records.

There are areas for improvement identified in this standard relating to the quality and risk management programme, adverse event reporting; staff education, and consumer documentation.

Continuum of Service Delivery

A sampling of the clinical files evidences that the provider implements systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the consumer and/or family member's input. Service delivery is met within required timeframes.

Planned activities are appropriate to the group setting. Consumers interviewed confirm their satisfaction with the programme. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis. The activity programme is yet to be reviewed by a diversional therapist to ensure it best meets the needs of the consumer group.

An appropriate medicine management system is implemented. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files sighted evidence documentation of consumers' allergies/sensitivities and 3 monthly medication reviews completed by general practitioners, however some areas for improvement are required in relation to the administration records for some medicines.

A visual inspection of the medication systems evidences compliance with respective legislation, regulations and guidelines. Medication is stored appropriately and safely, however the medication fridge temperature has not been monitored weekly as required in the Medication Management Policy. It is currently being checked monthly.

Food services policies and procedures are appropriate to the service setting with a recent review of the summer menu by a Dietitian. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen evidences a current Certificate Of Hygiene and a Grading Certificate "Excellent" issued by Wellington City Council. Two issues were identified with the food service. Not all staff involved in food handling have completed food handling education - it is acknowledged they are booked on the next available course which is scheduled within the month, and temperatures of the fridge/freezers and food in the kitchenettes in the hospital and dementia units are not being consistently recorded.

The areas for improvement identified in this standard relate to the activities programme provided in the Dementia Unit, the documentation and review of medicines, kitchen staff food handling qualifications and monitoring records for food, fridge and freezer temperatures.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place. Incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling. Visual inspection evidences compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Four new single hospital beds with ensuite have been created out of a lounge in the hospital wing and these were reviewed as part of this audit. A Certificate of Public Use has not been issued for this alteration yet and the Village Manager advises it will be issued prior to the rooms being occupied. Service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have completed education in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and review of staff files provide evidence of current education in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place. However, consumers interviewed report that staff do not always answer the call bells in a timely manner.

There are three areas identified for improvement in this standard relating to evidence that a Certificate of Public Use for the four new hospital beds has been issued, the timeliness of staff answering call bells, and the level of light that is available in the new clean utility room in the hospital.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive.

The service has processes in place at both management level and facility level for determining restraint approval and processes. Staff interviewed and files sampled evidence responsibilities are clearly identified and known. Consumers' files sampled evidence consumer/family input into the restraint approval processes. Restraint Committee meeting minutes evidence an approval review process.

Systems are in place to ensure assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrate restraint assessment and risk processes are being followed.

There are currently 15 consumers who are using a restraint and/or enabler. The service has well documented processes for the safe use of restraint, however monitoring records have not been consistently maintained. There were several gaps in monitoring records sighted.

Staff interviews and records evidence that staff training on de-escalation and restraint minimisation is provided in an ongoing manner. Training includes both clinical and non-clinical staff. Five out of 68 staff are yet to complete the required restraint training.

Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Consumers' files evidence that each episode of restraint is being evaluated and based on the risk of the restraint being used.

There are two areas identified for improvement in this standard relating to staff training and maintaining documentaton in consumers' records.

Infection Prevention and Control

The Health Care Group infection control management systems have been implemented at Village At The Park to minimize the risk of infection to consumers, service providers and visitors. However, there is no documented evidence available to indicate this programme has been reviewed in the last 12 months. There is a system in place for staff to seek infection control advice and support from external sources.

The infection control programme meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. However, there is no stand-alone policy available for cleaning, disinfection, sterilisation, reprocessing of reusable medical devices (if applicable) and equipment.

Service provider's documentation provides evidence that infection prevention and control education was last provided in 2010 but was not well attended. The Clinical Manager reports informal infection prevention and control education sessions are provided but records of this education are not kept. The content and a list of attendees for the last infection prevention and control education session is available, but there is no evaluation for this session available.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported to staff and Hurst Holdings monthly. This information is presented as graphs and is discussed at the monthly staff meetings. Meeting minutes are available for staff.

There are five areas identified for improvement in this standard relating to policies and procedures, and infection prevention and control education.