

Selwyn Care Limited

Date of audit: 10-Feb-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

Gracedale is at the end of a quiet cul-de-sac at the foot of Mt Roskill. Opened in 2004, the purpose-built facility is managed by Selwyn Care, a member of the Selwyn Foundation Group. The service provides for residents requiring hospital care - medical and geriatric and or rest home care and on the day of the audit there were 33 of 34 beds occupied (seven rest home and 26 hospital beds occupied).

Gracedale's building design and small size means that they are able to provide service delivery in line with a household model of care. Gracedale was the pilot facility for the "Selwyn at Home" model of care which won the "Innovation in care" and overall "Excellence in care" awards at the 2010 INsite / NZACA awards.

The resident and staff satisfaction surveys at Gracedale have gone from being low in the Selwyn Foundations Group to being amongst the highest in recent years. Staff turnover is well below the industry average.

As a team the Selwyn Foundation is committed to developing relationships with residents and families and support resident directed care models. 100% compliance in mandatory education was attained in 2010.

The service is commended for achieving two continual improvement ratings around implementation of the quality programme both at an organisational level and the flow through to the service and good practice.

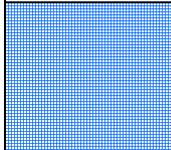
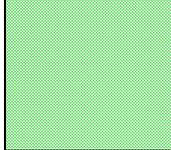
The service is managed by an experienced manager (registered nurse) who is supported by a clinical manager (registered nurse).

There are four areas for improvement required around resuscitation understanding, medication documentation, care plan interventions and infection surveillance documentation

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.		Includes commendable elements above the required levels of performance

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.		No short falls

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

AUDIT RESULTS

Consumer Rights

Residents receive services in accordance with the Code of Consumer Rights. Staff, residents and family members interviewed knew where the information on the Code was and felt that it was well displayed and easy to access. Residents physical, visual, auditory and personal privacy is respected. The Selwyn philosophy is based on Christian values and all residents have access to the spiritual care of their choice. There is a documented complaints procedure which complies with the Health and Disability Code of Consumer Rights and information around this is well displayed for residents with forms available. Implementation of an organisational data base ensures all complaints are monitored and closed out as required. Gracedale has adequate implemented policies and procedures on informed choice and consent and resuscitation orders are signed appropriately. There are

areas for improvement required to ensure that the Registered Nurses understand obligations around resuscitation if there are no advanced directives documented in resident files

Organisational Management

The Selwyn Foundation Group (SFG) is governed by a Board of Trustees. The Trust Board develops the strategic vision, values and direction for the Selwyn Foundation Group. The business plan is developed annually in line with the SFG strategic directive and this reflects Gracedale. The organisation has a robust quality and risk management system which is well implemented and communicated. Risks are documented and monitored both proactively and in response to service shortfalls. The service should be commended for the implementation of the quality programme both at an organisational level and the flow through to the service. Improvements continue to be made and there is a benchmarking programme with another organisation that enables the organisation to see how well it is performing against a similar organisation. The organisation has well implemented human resource processes. A robust education and training process is implemented with mandatory training days for all staff three to four times a year. Each training day was well attended by staff. There is a documented rationale for staffing which has been developed to meet national guidelines and acuity levels. The manager and staff interviewed stated that there were sufficient staff on duty at all times and this was supported by reviewing rosters and through family and resident interviews. There are currently 32 staff employed at the facility with an registered nurse on duty at all times.

Continuum of Service Delivery

The service has a well developed assessment process and resident's needs are assessed prior to entry by the Needs Assessment Service Coordination agency.

Six resident files reviewed were all completed by a registered nurse including assessment, care planning and evaluation. Services are provided through an integrated process including input from physiotherapist and other allied health .

Care plans are individually developed with the resident and family/whanau involvement is included where appropriate. Care plans are up to date and integrated.

There are six monthly multi disciplinary review of care and goals. Current care plan template includes interventions and evaluations under the same heading. As a result 'obsolete interventions or changes in interventions following health changes are not crossed out.

There is an activities therapist that works 35 hours a week across the facility. There is a large activities room. All new residents have an activities plan completed at admission as part of their support plan. A range of activities are provided which include involvement of family and the wider community. Residents spoke positively about the activities programme.

The service medication management system (using a Robotic packaging system) follows recognised standards and guidelines for safe medicine management practice. There was one area for improvement required around medication documentation.

The service has food service policies and procedures. A rolling menu is implemented and changes seasonally four times a year . Residents with special dietary needs have these needs identified in their care plans and reviewed periodically as part of the care planning review process.

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Education has occurred at orientation and through the mandatory training programme. Gloves, aprons, and goggles are available for staff.

In the facility residents are able to bring their own possessions and are able to adorn their room as desired. Consideration is given to residents when purchasing new furniture/equipment, furniture is designed for aged care facilities and equipment such as wheelchairs, pressure relieving mattresses and hoists are available.

Each resident room has an en suite toilet and hand basin, each wing has bathrooms/communal showers. Fixtures, fittings and floor and wall surfaces are made of accepted materials for the care environment.

Residents have sufficient room for mobility within their personal area. There is adequate space in rooms to provide hospital and rest home level of care.

The service has a lounge and dining area in each of the small units. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and needs of the residents and includes high and low chairs.

Civil defence kit is readily accessible and regularly checked. Fire drills are held 6 monthly and fire and emergency training was provided to staff at the mandatory training day. Registered nurses and senior caregivers hold current first aid certificates and there is a 'first aider' rostered on each shift.

Restraint Minimisation and Safe Practice

The organisation has policies and procedures that aims for the use of restraint to be actively minimised. All care staff receive training on restraint minimisation and challenging behaviours and were able to articulate how restraint is managed as per policy. There is a restraint coordinator (clinical coordinator) who is a registered nurse. An up to date register of residents using restraint was sighted and there are currently ten residents using restraints that include bed rails and four people who use an enabler e.g. a lap belt while in a wheelchair. The policy and staff training emphasise that restraint is used a last resort and alternatives discussed.

Infection Prevention and Control

The clinical coordinator has recently taken over the role of infection control (IC) Coordinator at Gracedale. The programme has been reviewed by an IC consultant (Bug Control) and combined with healthcare providers IC policies.

There is an organisational IC review group that meets three monthly and includes the IC coordinators from each site. The Infection Control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC team, training and education of staff.

Infections are recorded on infection forms for each infection. These forms are reviewed weekly and collated monthly. Infections are then transferred into the computer system for

the Quality Manager to graph/benchmark. The collated data is discussed at the registered nurse meetings and staff meetings as well as disseminated to staff via notice boards. The IC coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. While surveillance is well established, the statistics reviewed demonstrated that records were based around antibiotic prescribing rather than infections, and this will impact benchmarking accuracy.