

The Selwyn Foundation - Sunningdale RSA Veterans Home (Rest Home)

CURRENT STATUS: 28-Jul-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit / Partial provisional 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

Selwyn Sunningdale is part of the Selwyn Foundation group. The service provides rest home level care for up to 33 residents. On the day of the audit, there were 20 residents (including one for carer support). The manager is a registered nurse who has been in the role for 12 years. She is supported by a part-time clinical co-ordinator and by the Selwyn Foundation Group's executive staff. The organisation has adopted a quality approach towards service delivery and incorporating quality into all aspects of care. There is a robust quality and risk management system in place at Sunningdale that is implemented and monitored and this generates improvements in practice and service delivery. This audit also includes assessing the service as suitable to provide hospital level care and 24 rooms have been assessed as suitable. The management team stated, they believe that a hospital level certification would enable them to improve their occupancy level, and subsequently their ability to deliver a more seamless continuum of care to their residents. Improvements are required by the service around; care planning documentation, activities care plans, short term care plans, and medication management.

AUDIT SUMMARY AS AT 28-JUL-11

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

Indicator	Description	Definition
	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	Day of Audit 28-Jul-11	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	Day of Audit 28-Jul-11	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	Day of Audit 28-Jul-11	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	Day of Audit 28-Jul-11	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	Day of Audit 28-Jul-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 28-Jul-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 28-JUL-11

Consumer Rights

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and relatives interviewed spoke very positively about care provided. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

Organisational Management

The Selwyn Foundation Group (SF Group) is governed by a board of trustees. The trust board develops the strategic vision, values and direction for the Selwyn Foundation Group. The SF Group business plan is developed annually in line with the strategic direction and an annual business plan is also developed at Sunningdale. The organisation has a robust quality and risk management system that is well implemented at Sunningdale. The service should be commended for the implementation of the quality programme at both the organisational and facility levels. Improvements are made and there is a benchmarking programme with other Selwyn Foundation Group facilities and with another group of aged care providers. Resident satisfaction surveys are completed and regular resident meetings are held. Key components of the quality management system link to the monthly staff and quality meetings. Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in

health status. The organisation has well implemented human resource processes. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. There is a documented rationale for staffing which has been developed to meet national guidelines and acuity levels. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of Service Delivery

The service has a well developed assessment process and resident's needs are assessed prior to entry. 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 the general practitioner 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 improvements required by the service around care plan interventions and short term care plans. 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 (Robotics) follows recognised standards and guidelines for safe medicine management practice. There was one improvement required around the medication fridge temperatures and expiry dates. 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 their care plans and these needs 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. Further equipment has been arranged for adding hospital services. There are adequate number of mobility toilets suitable for hospital rest home residents. 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 lounges and a dining area. 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 six monthly and fire training is held.

Restraint Minimisation and Safe Practice

The service has policies and procedures that aim to actively minimise the use of restraint. There is a restraint co-ordinator. There are no residents that require restraint or enablers. Staff are trained in restraint minimisation and safe practice.

Infection Prevention and Control

The infection control programme has been reviewed by an infection control consultant (Bug Control) and combined with healthcare providers infection control policies. There is an organisational infection control review group that meets six monthly and includes the infection control coordinators from each site. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities, oversight, and education of staff. Infections are recorded on infection forms for each infection. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility.