

Sprott Care Limited

CURRENT STATUS: 28-Nov-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

Sprott House provides care for up to 96 residents including a 72 bed rest home and hospital unit and 24 dementia beds in a secure unit. On the day of the audit, there were 52 hospital level residents, 17 rest home level residents and 23 residents in the secure dementia unit.

Sprott house has a new organisational total quality management plan.

The general manager is a registered nurse with extensive experience in managing services. She is also a member of the Sprott House Board. The general manager is managing a period of change with Sprott House and has built up a secure and committed management team.

The following improvements are required by the service including; complaints documentation, quality process and documentation, care plan and assessment documentation, medication management, and human resources.

AUDIT SUMMARY AS AT 28-NOV-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-Nov-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 28-Nov-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-Nov-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-Nov-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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 28-Nov-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-Nov-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-NOV-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 and training is provided for staff.

Care planning accommodates individual choices of residents' and/or their family/whānau. Residents and relatives interviewed spoke very positively about care provided at Sprott House. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

Improvements are required around providing health and disability information to complainants and cultural safety training.

Organisational Management

Sprott House has an updated and newly implemented quality system. Key components of the quality management system are documented in reports. The service is active in analysing data. Improvements are required by the service around further embedding the quality system into practice, meeting minutes, and follow up. Client satisfaction surveys are completed and regular resident meetings are held.

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. 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. Improvements are required with appraisal and orientation process.

Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of Service Delivery

Pre-entry and entry to the service is organised by the admissions co-ordinator supported by policies and entry information material.

Any risks are identified and planning is arranged to support the identified needs in the initial care plan.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. A team approach and continuity of care is promoted for all three services; rest home, hospital and dementia care. Within the hospital, rest home and dementia care area, the care managers and registered nurses oversee all assessments and planning with support from the GP, family/whanau and other service providers.

Medicines are managed safely and appropriately and meet all legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted. No residents self-administer medicines.

The activities programme is facilitated by an occupational therapist and one fulltime and one part time recreation officer. The diverse activities programme provides varied options and activities are enjoyed by the residents. Community activities are encouraged, van outings are arranged on a regular basis and family/whanau are welcome to join in with activities. The programme is displayed in each area and staff encourage residents to attend. There is evidence of a 24 hour holistic approach to activities for those residents with dementia.

The food service policies and procedures are appropriate for the frail and elderly in this aged care setting. All food is cooked on site by Compass catering. All residents' individual needs are identified, documented and choices available and provided. Meals are well presented, homely and the menu plans have been audited. Staff have completed appropriate food hygiene education and food hygiene and legislative requirements are met. Snacks, fruit and beverages are available at any time during the day or night.

Improvements required include; documenting medication route of administration, results of clinical risk assessment tools used are to be reflected back into lifestyle/care plans, and care plans are to reflect current care.

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.

Service providers' 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, with documented evidence available to indicate that hot water temperatures are being monitored and recorded on a regular basis. 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.

There is a swipe card entry system into the dementia unit. The dementia unit is spacious with single rooms with en-suites. 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 appropriate training 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 files evidence current training 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.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service has one resident assessed as requiring restraint in the form of a lap belt and one resident with an enabler in the form of bedrails. There is a restraint and enabler register. Restraint assessments are based on information in the care plan, discussions with residents and on staff observations of residents.

Restraint is reviewed for each individual at least three monthly and as part of the six monthly multidisciplinary review. Multidisciplinary reviews include family/whanau. Spratt House also reviews restraints and enablers at monthly restraint meetings and other relevant meetings.

Restraint usage across the facility is monitored each month. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Infection Prevention and Control

Spratt House have a comprehensive Infection Control Programme that is underpinned by policies and procedures and supported by the Quality Manager, Infection Control Co-ordinator and staff. The service has effective surveillance activities, subsequent actions and implementation of strategies for prevention and minimisation of infection. These are well documented and with comparative data with the other facilities provides opportunities for measurement of outcomes and continuous improvement of practices. Education is provided and evaluated for effectiveness.