

Selwyn Care Limited - Selwyn Park

CURRENT STATUS: 16-Apr-12

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

Selwyn Park is part of the Selwyn Foundation group. Selwyn Park provides hospital, rest home and dementia level care for up to 90 residents. On the day of the audit there were, 39 rest home residents, 34 in the hospital area and 15 residents in the dementia unit. The philosophy of the organisation and service includes; to provide quality Christian care for residents and provide outstanding care to the elderly. The facility manager is a registered nurse who is experienced in elderly care. She is supported by an acting clinical coordinator.

The Selwyn Foundation has a comprehensive organisational total quality management system that is monitored through the central office. This is currently not embedded into practice at Selwyn Park.

This audit has identified improvements that are required around, complaints documentation, staffing, aspects of assessment and care planning documentation, fully implementing the quality system including infection control and restraint documentation.

AUDIT SUMMARY AS AT 16-APR-12

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 16-Apr-12	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 16-Apr-12	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	Day of Audit 16-Apr-12	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 16-Apr-12	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 16-Apr-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Infection Prevention and Control	Day of Audit 16-Apr-12	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.		A number of shortfalls that require specific action to address

AUDIT RESULTS AS AT 16-APR-12

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 to the service. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. There is a Māori Health Plan and a range of supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The service provides an environment that encouraged good evidenced-based practice. There is a strong commitment to staff development by way of education and in-service training. 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. Families interviewed spoke very positively about care provided at Selwyn Park. The audit has identified an improvement required around service complaints documentation.

Organisational Management

Selwyn Foundation has a robust and comprehensive quality and risk management system in place. Policies and procedures are reviewed regularly and are updated to reflect best practice, legislation and standards. An annual resident and relative satisfaction survey is completed. The organisation is active in analysing data. Monthly benchmarking reports are

produced that include incidents/accidents, infections and complaints. These are used to provide comparisons with other organisations. Health and safety policies, systems and processes are implemented to manage risk. This audit has identified that the quality system is not fully implemented at Selwyn Park with improvements required around; documentation of meetings, full implementation of internal audits, and reporting of quality data at meetings. Improvements are also required around ensuring safe staffing oversight by the registered nurse.

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. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes.

Continuum of Service Delivery

Registered nurses and the clinical coordinator are responsible for each stage of service provision. Interdisciplinary assessment includes input from team members. Families interviewed are very supportive of the care provided.

Selwyn Park ensures that comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident on entry to the service. There is sufficient information gained through the initial support plan, specific assessments, the short-term care plan, and the long term support plan to guide staff in the safe delivery of care to residents. There are short term care plans to focus on acute and short-term issues, however improvements are required around aspects of care planning documentation including assessments, interventions and evaluations.

Medications management was reviewed in each of three units. Competencies are completed, medication profiles are legible, up to date and reviewed by the general practitioner three monthly or earlier if necessary. Improvements are required around aspects of the medication management system. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. There are food service policies and procedures and a link to a dietitian. Changes to residents' dietary needs are communicated to the kitchen and special diets are noted. There is evidence that there is additional nutritious snacks available over 24 hours.

Safe and Appropriate Environment

Selwyn Park provides appropriate information, training and equipment to respond to emergency situations. Residents have access to nurse call bells to summon assistance when required. The dementia unit has a secure external area with seating and shaded areas for residents to use. The building holds a current warrant of fitness and approved evacuation scheme. All electrical equipment is checked and tagged annually this is current. Residents are able to bring their own possessions to create home like environment. The facility is spacious and external areas are attractive and well kept.

Selwyn Park utilises six existing rest home beds to provide hospital level care. Two further rooms in the facility were renovated into new resident rooms. These rooms were verified as part of this audit and were all considered suitable for hospital level care. The service has

appropriate equipment to manage an increase in hospital residents and the roster allows for flexibility of staffing depending on the needs of residents.

An improvement is required around environmental management in the dementia unit.

Restraint Minimisation and Safe Practice

There is a restraint minimisation procedure. The procedure includes definitions of restraint and enablers, cultural safety, privacy and dignity, approved restraints, use of enablers and the role of the restraint co-ordinator; alternative interventions; external doors; implementing restraint; assessing risk; consent; monitoring; evaluation; quality review; education; related documents.

The restraint minimisation procedure states the purpose of restraint is 'To minimise the use of restraint while providing a safe environment for residents, staff and visitors. To ensure that when restraint is practised, it occurs in a safe and respectful manner for the minimum length of time'. The service currently has eleven residents requiring restraint and four with enablers. Restraints in use are bed rails, brief restraints and table tops. Enablers in use are bed rails. Improvements are required around individual resident restraint evaluation process and review/ evaluation of restraint at a facility level.

Infection Prevention and Control

The infection control policies are comprehensive and reflect best practice. Infection Control (IC) training is provided to staff annually. There is an infection control register in which all infections are documented monthly. A monthly infection control report is completed. A six monthly comparative summary is completed with organisational meetings and review. The IC manual includes definitions of common infections. This audit has identified improvements required around reporting and discussion of surveillance data and the surveillance process.