

Sylvia Park Rest Home Limited

CURRENT STATUS: 10-Jun-13

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

Sylvia Park Rest Home and Hospital provides hospital and rest home level care for up to 75 residents. On the day of audit there were 41 hospital residents and 22 rest home residents.

A new clinical nurse manager (registered nurse) was appointed in February 2013. The owner/manager is supported by an assistant manager, the clinical nurse manager and registered nursing and care staff.

Since the previous certification audit a number of improvements have been addressed. These include, the admission agreement, privacy and security of residents files, staff training on the Treaty of Waitangi, informed consent, advanced directives, complaint register, clinical management, quality plan review, corrective actions from internal audits, staff orientation, file integration and implementation of a planned activities programme.

Improvements have also been made to the food service including; meals are now provided from a menu approved by a dietitian, there is routine cleaning of the kitchen, stock rotation in the freezer is now occurring, dry and frozen food is dated and education in food safety or food handling has been provided.

Other environmental improvements made since the previous audit include; environmental temperature is comfortable and constant; there is a documented cleaning and laundry policy and chemicals in the locked cupboard are now labelled.

Improvements made by the service in regards to restraint management and infection control management include; restraint assessment, restraint approval group, enabler usage; policy and compliance, monitoring, evaluation and documentation. Infection Prevention and Control (IPC) policies address all the requirements of the standards and the responsibility for developing the infection control policies. Contents of education sessions are maintained, education has been evaluated and caregivers receive infection control education.

This audit identified that improvements continue to be required in regards to; the strategic plan, review and implementation of revised policies to direct care, ensure archiving of documents no longer in use occurs, minutes of management meetings are to be documented, ensure that essential notification occurs when required, that rosters document the days and times that the clinical nurse manager is on duty and that all staff education is documented. Nursing assessments and care plans are to be updated and reflect assessed

need, short term care plans for acute care needs are to be implemented. There are also further improvements required around aspects of medication documentation, maintenance, infection control and restraint documentation.

AUDIT SUMMARY AS AT 10-JUN-13

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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit	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.	10-Jun-13	Standards applicable to this service fully attained

Organisational Management	Day of Audit 10-Jun-13	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 standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Continuum of Service Delivery	Day of Audit 10-Jun-13	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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 10-Jun-13	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 standards applicable to this service partially attained and of low risk

Restraint Minimisation and Safe Practice	Day of Audit 10-Jun-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Some standards applicable to this service partially attained and of low risk

Infection Prevention and Control	Day of Audit 10-Jun-13	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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 10-JUN-13

Consumer Rights

Residents and their families/whānau are informed of their rights as part of the resident information pack. Information is available in different languages when required. Residents stated that caregivers always respected their privacy. Initial and on-going assessment includes gaining details of people's beliefs and values. Interventions to support these are identified and evaluated. Residents are encouraged to continue with their spiritual activities. Cultural awareness training occurred as part of the annual training programme. There is Maori Health Plan. There are currently no residents who identify as Maori.

Residents and relatives spoke positively about care provided at Sylvia Park Rest Home and Hospital. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community.

Organisational Management

There is a strategic plan for 2012-14 in place. A new quality and risk management system that supports the provision of clinical care and support has yet to be fully implemented. The facility is in a transition process of changing from one quality system currently in use to a different system. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported to the management team. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice.

There is an in-service training programme covering relevant aspects of care and support and external training is well supported. The staffing policy aligns with contractual requirements and includes skill mixes.

The following improvements are required by the service around; updating the strategic plan to reflect the changes to the quality system, review and implement revised policies to direct care, ensure archiving of documents no longer in use occurs, minutes of management meetings are to be documented, ensure that essential notification occurs when required, that rosters document the days and times that the clinical nurse manager is on duty and that all staff education is documented.

Continuum of Service Delivery

The service has a policy for admission and entry for rest home and hospital level of care. A service information pack is made available prior to entry or on admission to the resident and family. Relatives confirmed the admission process and that the admission agreement is discussed with them. The registered nurses are responsible for each stage of service provision. There is an improvement required around meeting timeframes for initial assessments and development of care plans.

The staff are caring and knowledgeable and provide a supportive service for the residents who speak little English. All residents (with the exception of four) are Asian. There is no language barrier as the families are very supportive and visit frequently providing translation services. A number of staff are fluent in Cantonese or mandarin. Culturally acceptable care is provided.

The residents' needs, interventions, outcomes/goals have been identified in the long-term lifestyle care plans and these are reviewed at least six monthly or earlier if there is a change to health status. There is improvements required around the use of short term care plans for acute episodes or short term needs, consultation with the resident/family regarding the development of the care plan is documented , reviews and evaluations of long term cares plans is documented.

The activities team coordinate a programme to meet ethnic, cultural and spiritual needs for all residents. Resident files are integrated and include notes by the GP and allied health professionals.

Medical care is consistent with a home GP who provides a locum to cover for leave. Education and medicines competencies are completed by all staff responsible for administration of medicines. All medication is reconciled on delivery and stored safely. There are improvements required to aspects of medicine documentation.

Food services and all meals are provided on site. Residents individual food preferences, dislikes and dietary requirements are met. The food services cook an English and Asian menu daily. There is dietitian review and audit of the menus. All staff are trained in food safety and hygiene.

Safe and Appropriate Environment

Sylvia Park is a modern two level hospital and rest home facility. The building has a current building warrant of fitness and fire service evacuation approval. All rooms are single, personalised and spacious with an ensuite. The environment is warm and comfortable. The interior, exterior and gardens are well maintained. There are plans to continue with re-decorating bedrooms and extending the gardens. The outdoor areas are safe and provide

seating and shade. There is adequate room for residents to move freely about the home using mobility aids. Several small lounge and dining areas the group and individual needs for socialisation, recreation and dining. There is adequate equipment for the safe delivery of care. Equipment is maintained and on a planned schedule. New hoists have been purchased. There is an efficient laundry and cleaning service. All chemicals are stored safely.

Restraint Minimisation and Safe Practice

There is a restraint minimisation policy which is implemented. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of enablers. The policy includes that enablers are voluntary and the least restrictive option. There are five residents requiring the use of an enabler and five residents requiring the use of a restraint (bedrail). Staff receive training on restraint minimisation and managing residents' behaviours that can be challenging. Review/evaluation of restraint use is discussed at monthly staff and Quality Improvement meetings and six monthly at restraint review meetings. There is an improvement required for care plans to document the frequency of monitoring required when a restraint is in use.

Infection Prevention and Control

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The Infection control co-ordinator role is a shared role between a registered nurse and the clinical manager. The infection control team are responsible for coordinating/providing education and training for staff. Infection prevention and control training is provided at orientation and is on-going throughout the year. The infection prevention and control manual outlines a range of policies, standards and guidelines. The infection control nurse uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility and surveillance of infections. There is an improvement required around the documenting of infections in care plans.