Addendum:
Milton Adams Limited

Date of audit: 22-Oct-10

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

This 'Unannounced Surveillance' audit has been undertaken to establish compliance with the Ministry of Health Surveillance Standards/Criteria detailed in the Designated Auditing Handbook (August 2010) and with the ARRC contractual requirements that are aligned with the surveillance standards/criterion. Cromwell House provides residential care for 47 consumers at three service levels - Hospital [21 beds], rest home [6 beds] and a secure dementia unit [20 beds]. Occupancy on the day of the audit was at 42. The facility is operated by Milton Adams Ltd. Of the 44 partial attainments noted from the previous certification audit 33 are now fully attained and staff are working on completing the remaining partial attainments within the next month. One further partial attainment is noted at the surveillance audit. There is also one area of continued improvement regarding a quality initiative to externally benchmark their infection surveillance data.

Milton Adams Limited

Date of audit: 19-Apr-10

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

Cromwell House provides residential care for 49 consumers at three service levels - Hospital [21 beds], rest home [7 beds] and a secure dementia unit [20 beds]. Refer comments under Organisational Management re other 'semi secure' beds. Occupancy on the day of the audit was at 45. The facility is operated by Milton Adams Limited.

Consumer Rights

Services were found to be provided in a manner that was respectful of consumer rights, facilitated informed choice, minimized harm, and acknowledged cultural and individual values and beliefs. Consumer and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidenced the Code of Rights information is readily displayed along with complaint forms. However there are 3 partial attainments which relate to: Not being able to evidence that staff have received recent training on cultural safety, ongoing contact with local Iwi not maintained and the Open Disclosure policy which was provided for the off site documentation review is not included in the manual index or filed in the manual for staff to refer to.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and/or family/whanau interviewed demonstrated a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes however there is one partial attainment relating to the implementation of the complaints register. There have been no complaint investigations by the Health & Disability Commissioner, Police, ACC or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. The staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes. Consumers interviewed confirmed they have been made aware of and understand the informed consent processes and that appropriate information has been provided. Some consumers' resuscitation status forms are incompletely recorded.

There are a total of 5 partial attainments in this section. all rated low risk.

Organisational Management

Systems are established and maintained by the governing body which defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The Manager commenced in this facility in May 2009 and meets monthly with the Directors as well as providing a report on quality and risk issues. As she is a non-nurse she is supported clinically by 2 RNs. There are 3 partial attainments under governance and service management which relate to: no formal process being documented regarding who is responsible for the clinical oversight for the facility, the designated responsibilities and authority for the staff member responsible for deputising as the manager is not documented, appropriate assessments of consumers in accommodated in the secure dementia unit/rest home area and the external grounds for the secure dementia unit consumers to access.

Quality and risk management systems are established and implemented. Results are communicated to the governing body, service providers and where appropriate consumers. Although Cromwell House is currently providing hospital, rest home and secure dementia level care, there is some confusion over the actual number of

secure dementia beds which is commented on below. There are five partial attainments which relate to: a number of policies/procedures are overdue review, forms being used do not always align to the forms held in the manual, the internal audit schedule for 2010 has not been fully implemented as per stated schedule, the consumer satisfaction survey completed in March 2010 is yet to be analysed, issues identified following completion of an audit are not always being listed with appropriate corrective actions and not all corrective actions on the completed audits had been completed and/or signed off that the action has been completed.

The adverse event reporting system evidenced a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy has been implemented including informing consumers and/or family/whanau of any adverse events, however there is one partial attainment relating to there being no section on the accident/incident form to evidence that family members have been advised of recent accident/incidents. It is noted that these are recorded in the consumer's progress notes. the documenting of this which is commented on below.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to training and performance coaching. The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. There are 4 partial attainments relating to: no position descriptions for the infection control coordinator, restraint coordinator and activities coordinator roles, registered nurse annual practising certificates held on some staff files were out of date, the orientation checklist in the policy manual does not include a detailed review of infection control and restraint minimisation and safe practice, no completed orientation checklists were sighted on new staff members on their files, the orientation programme does not meet contractual requirements for staff assigned to work in the Dementia Unit, performance appraisals have not been completed for staff.

The service provider demonstrated that the information entered into the consumer/kiritaki information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the requirements of NZHIS. There are two partial attainments which relate to: progress records for 1 consumer not available in hard copy or computer records and the ability to track all records is therefore not possible and the staff signature register does not contain a general practitioner signature record.

There are 13 partial attainments in this section, three are rated moderate risk and 10 rated low risk.

Continuum of Service Delivery

Tracer methodology has been utilised for this audit to validate the service delivery to the consumers. A 24% sampling of consumer files [5 hospital, 3 rest home and 3 secure dementia unit] evidence that the provider has implemented systems to assess, plan and evaluate the care needs of the consumers. The consumers' needs,

outcomes and/or goals have been identified and these are reviewed on a regular basis with the consumer and/or family member's input. There are five partial attainments in this section which relate to: electronic enquiry records relating to entry to the facility have not been maintained for 2010, 1 consumer's NASC form was not available for audit review, 3 consumers require re-assessment by the NASC and /or Taikura Trust Team, initial risk assessment tools (registered nurse) are not all being appropriately utilised and/or being updated with reviews of care plans, there is no consistently documented evidence that consumers and families have communication from service providers about assessment and intervention outcomes.

Planned activities are appropriate to the group setting. Consumers interviewed confirmed their satisfaction with the programme. Consumer files evidenced individual activities are provided either within group settings or on a one-on-one basis. Some limitations of the activities programme are noted.

An appropriate medicine management system is implemented with the robotic dispensing system being used. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management.. Medication files sighted evidenced documentation of consumers' allergies/sensitivities. Appropriate systems are in place for consumers who are self medicating. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines, except for 2 partial attainments with several issues which relate to: staff medication competency assessments are not all current, pharmacy dispensed labels on 'PRN' medications do not record the expiry dates, 6 monthly physical stock takes of Controlled Drugs by Pharmacist / Staff are not consistently recorded in the Controlled Drug register, weekly RN checks of Controlled Drugs are not consistently recorded in the Controlled Drug register and 3 monthly medication updates by General Practitioner are not all current.

Spotless catering services are contracted to provide the food services for facility. They have their food safety plan and hygiene and safe food manuals. As well, the facility has their own food services policies and procedures which are appropriate to the service setting. Current review by the Dietitian of the menu was sighted and a 4 weekly seasonal cycle is provided. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidenced compliance with current legislation and guidelines however there are two partial attainments with several issues which relate to: dietary profile sheets completed on admission are not being evaluated regularly with updated copies being provided to the cooks, food certificate for one cook is not available for sighting, chemicals were not securely stored in the kitchen, there is no first aid box with coloured band aids in the kitchen, there is no monitoring of the hospital fridge. However, monitoring was implemented on the day of the audit.

There are a total of 11 partial attainment in this section, two are rated moderate and 9 are rated low risk.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place. Any incidents are reported on in a timely manner. Visual inspection evidenced compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers. There are two partial attainments noted which relate to: the hazard register is out of date for the facility and not being able to evidence that staff have received recent training in the management of waste and hazardous substances.

Service provider documentation evidenced appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidenced all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers apart from two partial attainments with several issues which relate to: a planned maintenance programme for 2010 has been written but is not implemented, there is no process in place to ensure equipment requiring calibration has current calibration testing, there are two hospital shower doors that do not have either engaged / vacant signage and/or a safe locking system. It is noted that consumers in this wing require 2 staff for assistance when showering and report to be sighted regarding the hot water monitoring. Consumers interviewed stated their room and equipment is well maintained and that they are able to move freely around the facility.

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. Laundry services are contracted out. Visual inspection evidenced compliance regarding safe and hygienic storage areas of cleaning/laundry equipment and chemicals. There is one partial attainment relating to staff training in chemical safety.

Documented systems are in place for essential, emergency and security services. Staff interviews and files evidenced current training in relevant areas apart from first aid training which is commented on below. Visual inspection evidenced alternative energy and utility sources are maintained apart from the water supply. An appropriate call bell system is available and security systems are in place.

There are a total of 9 partial attainments in this section, all are rated low risk.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff training and the implementation of the processes, demonstrated consumers are experiencing services that are the least restrictive. There is 1 consumer who is being restrained and 1 using an enabler.

The service has processes in place for determining restraint approval and processes. Staff interviewed and files sampled evidences that responsibilities are clearly identified and known. Consumer files sampled evidenced consumer/family input into the restraint approval processes. Restraint Committee evidences an approval review process.

Systems are in place to ensure rigorous assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrate restraint assessment and risk processes are being followed. There are three partial attainments which relate to: one consumer using a lap belt enabler did not have any risk assessment tools implemented or consent form signed, there was no record that the ongoing restraint evaluations are (i) undertaken in collaboration with the consumer and/or family/whanau, and (ii) utilise the evaluation process and form contained in the Cromwell policy and there is no record of a quality review of the service's restraint usage.

Staff interviews and records evidenced that staff received current training however not all records sampled evidenced current RMSP competency assessments.

There are a total of 4 partial attainments in this section all rated low risk.

Infection Prevention and Control

Infection control management systems are documented and implemented to minimize the risk of infection to consumers, service providers and visitors.

The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Service provider's documentation evidenced that relevant infection control education is provided to all service providers, support staff and consumers however there are two partial attainments which are related to: the orientation checklist in the policy manual does not include a detailed review of infection control and evaluation forms are available but these have not been implemented for IC education sessions.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There are a total of 2 partial attainments in this section, both rated low risk.

Standards have been assessed and summarised below:

Key

Five point scale	Description
Standards applicable to this service attained with some criteria exceeded	Includes commendable elements above the required levels of performance
Standards applicable to this service attained with all criteria achieved	Complies with standards

Standards applicable to this service attained with some criteria of low risk partially achieved	Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or unachieved	A moderate number of shortfalls that require specific action planning to address
Some standards or this standard unattained that are applicable to this service	Major shortfalls, significant action is needed to achieve the required levels of performance

Consumer Rights	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.	**Standards applicable to this service attained with some criteria of low risk partially achieved**

Organisational Management	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.	**Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved**

Continuum of Service Delivery	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.	**Standards applicable to this service attained with some criteria of moderate or high risk partially achieved or any criteria unachieved**

Safe and Appropriate Environment	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,	**Standards applicable to this service**

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.	**attained with some criteria of low risk partially achieved**

Restraint Minimisation and Safe Practice	Assessment
Includes 3 standards with outcomes where: - 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	**Standards applicable to this service attained with some criteria of low risk partially achieved**

Infection Prevention and Control	Assessment
Includes 6 standards which require: - 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.	**Standards applicable to this service attained with some criteria of low risk partially achieved**