

New Vista Rest Home Limited - Rest Home

Date of audit: 04-May-11 (Surveillance audit)

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

New Vista Rest Home provides residential care for up to 50 consumers who require rest home level care, and occupancy on the day of the audit was at 33. The facility is operated by New Vista Rest Home Limited.

An unannounced surveillance audit of the facility was conducted and the audit included review of the 17 aspects of service provision identified in the previous audit as not fully compliant with the Health and Disability Services Standards. The service provider has made good progress towards addressing these issues, and four of these issues still require some further action to achieve compliance. The aspects of service provision from the last audit still requiring attention relate to evidence of orientation for staff, documentation of consumer goals in their care plans, multidisciplinary reviews of consumer care, and refurbishment of the facility. Three additional areas requiring improvement were identified during this audit relating to evidence of : calibration of medical equipment; GP reviews of medicines on the consumers medication charts; and education on challenging behaviour for staff has not been provided since May 2009. The service provider is required to take corrective actions to ensure full compliance with the Health and Disability Services Standards.

A new Clinical Manager was appointed in September 2010 and she is responsible for oversight of the clinical care provided to consumers at New Vista. A new 16 bed hospital wing, with associated facilities, is currently nearing completion and the Directors advise they are proposing to open this new wing in mid June 2011.

New Vista Rest Home Limited

Date of audit: 28-Jun-10 (Full audit)

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

New Vista provides residential care for 50 consumers at rest home level care. Occupancy on the day of the audit was at 42. The facility is operated by New Vista Home 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.

There are Maori consumers who live at New Vista. Each consumer had an individual Maori health care plan. It was identified that there had been an in-service on cultural values in the last year but there was low attendance by staff.

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 and a register is maintained. There have been no complaint investigations by the Health & Disability Commissioner, Police or ACC since the previous audit at this facility. There is an ongoing Coroners investigation in relation to a consumer who fell at the facility and later died in hospital. This is detailed in the body of the report.

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. 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.

There is one partially attained criterion as discussed in relation to low staff turn out at cultural safety training. This is rated at low risk.

Organisational Management

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a suitably qualified and experienced Manager. She is an enrolled nurse who has been in the Managers position for seven years. Documented evidence sighted demonstrated the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

New Vista has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality improvement meetings are held bi-monthly which report on all quality and risk issues and the Facility Manager provides a detailed monthly report to the Governing Body. A comprehensive internal audit programme for New Vista is in place and implemented. It was identified that corrective actions required from incident and accident reviews and audits need to be documented and signed off when responded to. At present there is no one who is trained in health and safety on staff.

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.

There is an incident and accident monthly register for documenting all events. This is taken to staff meetings and trends/issues discussed.

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. A sampling of staff records evidenced that care giving and domestic staff have had recent performance appraisals. The one exception is the Manager who requires a current performance appraisal. Annual practising certificates are current for staff.

Current new staff receive an orientation/induction programme prior to their commencement of care to providers. In the last year a very comprehensive orientation book has been introduced that is required to be completed by new staff within the first 3 months. This covers all areas of service delivery. However some longer standing staff files showed that orientation had not been completed or signed off by staff concerned. The Manager stated that she is retrospectively giving all staff the orientation book to complete but on the day of the audit not all of these books had been returned.

A staff in-service programme is implemented for the service. Staff training records and a staff training programme was sighted for 2009/10. The facility has close ties with staff at the Wanganui District Health Board who provide regular education that staff can attend.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery. The roster for the week of 28th June 2010 was sighted.

The service provider demonstrated that the information entered into the consumer/kiritaki information management system is done so in an accurate and timely manner.

There are 4 partially attained criteria as discussed above, all rated low risk.

Continuum of Service Delivery

Seven consumer files were reviewed and tracer methodology of 20% was utilised for this audit to validate the service delivery to the consumers. A general practitioner was interviewed by phone during this audit and stated that the standard of care provided is of a very good standard, and communication with the staff at New Vista has always been good. The provider has implemented systems to assess, plan and evaluate the care needs of the consumer, however, not all consumers' needs, outcomes and/or goals have been identified. Careplans are reviewed on a regular basis with the consumer and/or family member's input, however, there is an issue around care plans not being updated when a consumers condition changes. Multidisciplinary reviews of care have been implemented, however, none of these reviews have been completed, in that health professionals have completed the first section but the multidisciplinary meetings have not taken place with the consumer and/or their family. Risk assessments have been completed for consumers on admission; however, not all consumers have had registered nurse assessments completed on admission. There is also an issue concerning referring consumers when their condition changes.

A Diversional therapist is employed for 30 hours per week to provide activities to consumers. The activities programme is appropriate to the consumer group. Consumers interviewed reported that the activities provided is a highlight for them and a good number of consumers were observed during the audit, enjoying the activities offered throughout the day. Consumer files provided evidence that individual activities are provided either within group settings or on a one-on-one basis. Activity assessments and activity plans are up to date for all consumers.

An appropriate medicine management system is implemented with the Douglas Medico dispensing system being used. Policies and procedures clearly detail service provider's responsibilities. Three monthly medication reviews are completed by general practitioners. Appropriate systems are in place for consumers who wish to self medicate. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines. Staff responsible for medicine management have attended in-service education for medication management, however, not all staff responsible for medicine management have current competency assessments. Medication files sighted evidenced documentation of consumers' allergies/sensitivities, however, consumers who have 'nil known' in terms of any allergies, do not have this recorded.

Food services policies and procedures are appropriate to the service setting with current review by the Dietitian of the menu. Consumer's individual needs are identified, documented

and reviewed on a regular basis. Visual inspection evidenced compliance with current legislation and guidelines.

There was positive feedback from consumers interviewed re the food service.

There are eight partially attained criteria as discussed above - two are rated moderate risk and six 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. Service providers have received training and education to ensure safe and appropriate handling. Visual inspection evidenced compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service provider documentation evidenced appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. The Directors stated that there is a major refurbishment of the buildings planned for the latter part of 2010. Building consents have been obtained and work will start before the end of the year. The building was repainted externally in 2009. General maintenance of internal walls and floors is required. The Directors stated that this will be done when the refurbishment takes place.

Visual inspection evidenced all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers. Consumers interviewed stated their rooms 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. Ecolab supply chemicals to the facility and a representative visits monthly to monitor the effectiveness of the chemicals. Staff have completed appropriate training in chemical safety. Visual inspection evidenced 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 evidenced current training in relevant areas. Visual inspection evidenced alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

It was identified that a staff member with a current first aid certificate is required on each shift. First aid training by a RN did take place in early 2010 but care giving staff did not

receive a current first aid certificate. On the day of the audit the Directors organised external first aid training for the staff in the first two weeks of July.

There are two partially attained criteria as discussed above, one is rated high risk and one rated low risk.

Restraint Minimisation and Safe Practice

New Vista Rest Home has not used restraints since December 2008. There are four consumers using enablers. Documentation of policies and procedures, staff training and the implementation of the processes, demonstrated consumers are experiencing services that are the least restrictive.

The service has processes in place at both Governance Level and Facility level for determining restraint approval and processes. Staff interviewed and files reviewed provided evidence that responsibilities are clearly identified and known. Consumer files reviewed provided evidence of consumers input into the enabler approval processes. Restraint Committee evidenced an approval review process. Systems are in place to ensure assessment of consumer is undertaken prior to enabler usage being implemented. The consumers' files reviewed demonstrated enabler assessment and risk processes are being followed. Staff interviews and records evidenced that staff received current training on restraint minimisation and safe practice and have current restraint competency assessments.

Restraint and enabler evaluation processes are documented in the restraint minimisation and safe practice policy. Consumer files provided evidence that the use of enablers is being evaluated.

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. The Bug Control manual by the infection control specialist Judy Forrest, has been adopted as the facilities infection control manual. It was identified on the day of the audit that this manual requires some additions to ensure the procedures and infection control programme at New Vista is documented for staff to follow and is specific to the facility.

Service provider's documentation evidenced that relevant infection control education is provided to all service providers, support staff and consumers. However there has been low attendance at the 2010 infection control education session.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are outlined in the Bug control manual. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There are 2 partially attained criteria, 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 low risk partially achieved

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

Restraint Minimisation and Safe Practice	Assessment
Includes 3 standards with outcomes where: <ul style="list-style-type: none"> - 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 all criteria achieved

Infection Prevention and Control	Assessment
Includes 6 standards which require: <ul style="list-style-type: none"> - 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 	Standards applicable to this service attained with some criteria of low risk partially achieved

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.

