Summerset Care Limited - Summerset at the Course

CURRENT STATUS: 24-Jun-11

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

Summerset at the Course provides rest home and hospital level care for up to 60 residents. There are currently 44 residents which includes; 31 hospital, nine rest home residents and four rest home level residents in the serviced apartments. The village manager has been with the service for the last two years and is an experienced manager of health services. She is supported by an experienced nurse manager. The service continues to implement a comprehensive quality and risk management system. A review of documentation and interviews with staff demonstrate a culture of quality improvements. Residents and relatives interviewed spoke very positively about the care and support provided by staff. The service has addressed the majority of actions required from the previous certification audit, however an improvement is still required around transcribing of medication. This surveillance audit has identified the following improvements required by the service around; updating the hazard register, documentation and timeframes in care plans, and incident reporting documentation.

AUDIT SUMMARY AS AT 24-JUN-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 24-Jun-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.		**No short falls**

Organisational Management	Day of Audit 24-Jun-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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Day of Audit 24-Jun-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 24-Jun-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 24-Jun-11	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		**No short falls**

Infection Prevention and Control	Day of Audit 24-Jun-11	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.		**No short falls**

Summerset Care Limited - Summerset at the Course (Trentham)

Date of audit: 26-Feb-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

Summerset at the Course - Trentham continues to meet the assessed standards. Trentham has a 40 bed care facility which has full occupancy with 33 hospital residents and 7 rest home residents. The facility also has identified another 20 serviced apartments which are attached to the care facility and is included as part of this certification.

Summerset continues to provide a comprehensive business planning and quality/risk framework that each of its services applies for an annual cycle of operational plans. These site specific plans include a business action plan, quality plan, risk management plan, infection control plan, Maori Health plan and health and safety. Trentham has identified four business objectives for 2010. Summerset on the Course - Trentham has developed their own approach for their meetings and staff resources to implement its plans. This is supported by a site specific annual staff training programme and monitoring of achievement by way of analysis of incidents/accidents, complaints, internal audits, hazard identification, infection rates, restraint monitoring/evaluation and resident/family feedback.

The policies/procedures, staff and facilities are appropriate for providing geriatric, medical and rest home care services in meeting the needs of its residents. The service has comprehensive clinical policies and procedures and provides ongoing /regular training for staff including specific training related to the needs of the residents.

There is 24 registered nurse cover. The service also described accessing a community physiotherapist, OT, and Dietician as needed for residents. The service is currently covering two night shifts with agency nurses - RN's and are advertising for another RN. There is a Nurse Manager responsible for the clinical oversight. There is a comprehensive yearly in-service provided with staff 2009 and 2010 plan sighted. The training plans exceed 8 hours annually. The content of training sessions is documented and individual training records are maintained.

Staff are supported to complete career force training. There are currently 25 caregivers, 4 have completed foundation level 2, and 3 have completed ACE. 18 are currently enrolled and working towards.

Care Plans are developed by the service's registered nurses who also have the responsibility for maintaining and reviewing care plans. Staff complete progress notes which are integrated with care plans. Family/whanau are kept informed about the resident's care.

Short term Care plans are well used. Care plans are up to date and regularly reviewed. Families were supportive of the services provided and the needs of their family member being met.

The service has a Diversional therapy/activities programme that is well established and overseen by a qualified therapist from the village. Activity officer works 30 hour + per week. The programme reflects resident's interest in the environment and they have choice in their level of participation.

There is a food safety programme in place and menu planning appropriate for this type of service. Dietician input is obtained. Residents' food preferences are identified and this includes consideration of any particular dietary preferences or needs. The food is contracted to Medirest (Eurest) and is 'heat chill'. There has been some dissatisfaction with the meals in the past most of which has been addressed.

Furniture and fittings are selected with consideration to residents' abilities and functioning. Rooms are personalised. There is enough room throughout the service for residents to mobilise safely.

The audit identified some low - high risk criteria for corrective actions and these include (but not limited to); a) complaints management, b) closing the quality loop, c) medication administration/documentation, c) secure chemicals, and d) call bells.

Interview discussions with a range of staff, review of resident plans and other discussions with clients/family provided supporting evidence that, based on the information and evidence available for this audit, Summerset at the Course - Trentham is meeting the sector standards.

It is the view of the audit team that:

1. The Health and Disability Services Standards 8134:2008 (Core) are met.
2. The Restraint Minimisation and Safe Practice Standard are met (NZS 8134.2:2008).
3. The Infection Prevention and Control Standard are met (NZS 8134.3:2008).

Consumer Rights

Discussions with staff identified their familiarity and training/orientation around code of rights, regular review of care plans (and other documentation) confirms that the service functions in a way that complies with the Code of Rights.

There are implemented policies and procedures in place around privacy and confidentiality. Values and beliefs information is gathered on admission with family involvement and is integrated with the residents care plans. Spiritual needs are identified and church services made available on a regular basis. Residents are addressed by their preferred name. The service has in place an Abuse and Neglect Policy and training is provided annually.

A Maori Health Plan and policies are in place to support Maori residents and whanau. Staff training includes cultural awareness. The policies for Maori identify the importance of whanau. The service has a linkage to a local Maori Advisor/contact.

There is a comprehensive Staff training - internal, and external (Career force). Registered nurses are encouraged to attend and access external training. Regular meetings with all delegations of staff occurs.

4 Residents and 3 family stated they were welcomed on entry and were given time and explanation about services, procedures etc and all stated they were kept well informed. Resident meetings occur regularly with a local advocate and the Nurse Manager and Manager has an open-door policy. Staff wear name badges. The service procedures support access to translation and interpretation services and identifies local access to interpreter services.

Organisational Management

Summerset uses an overarching business planning approach that is implemented by each site. Trentham has identified 4 business objectives for 2010. Trentham Quality Improvement plan 2010 includes one objective " The development and implementation of a QI programme that facilitates an excellent standard of care". Summerset by the Course (Trentham) has completed annual plans (for Risk management, Business plan, quality plan, IC plan, H&S plan and training plan).

The review of each programme includes a) findings outcomes and/or risks identified and b) carried over to 2010. However, this documentation has not been fully completed and the review is not clear if any actions are carried over to 2010. It is managed by a suitably qualified person with support from a Nurse Manager.

In the absence of the service manager an individual with relevant experience is delegated with the responsibility of fulfilling the manager role. The level of resources, expertise and equipment provided by the service is appropriate to meet residents care and support needs.

The policies/procedures, staff and facilities are appropriate for providing geriatric, medical and rest home care services in meeting the needs of its residents. The service has comprehensive clinical policies and procedures and provides ongoing /regular training for staff including specific training related to the needs of the residents i.e.: Peg Regime, Oxygen therapy, clinical observation and wound healing etc .

The Nurse Manager completes a monthly report to Summerset Clinical Manager that includes clinical areas of concern.

Staff could describe how Quality improvement data is analysed to identify trends and variances at a facility and organisational level. This includes incidents, infections, hazards, audits, and complaints. The associated information is communicated to staff and residents, family/whānau wherever appropriate. From review of meeting minutes, audit summary sheets and tabled reports to the quality meeting, it is not evident that quality data is analysed and corrective actions always identified where required. Where they are identified in documentation, these are not signed when implemented or followed up for effectiveness. The service has a developed and implemented H&S programme.

The incident/accident reporting policy in place. The service documents and analyses incidents and provides feedback to staff so that improvements are made to the service. Staff can describe the incident reporting process and their role. Discussions with the service confirms that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There is an implemented Open Disclosure policy.

There are job descriptions established and appropriate human resource policies/procedures in place for staff recruitment, training and support. Staff orientation programme is established and includes a programme/checklist for completion. Completed orientation is on files and staff described the orientation programme. An annual training plan is being implemented and staff training records are maintained along with performance appraisals.

Human Resources Planning document provides the rationale for staffing and skill mix by way of its generic rostering guidelines and labour portioning/ratio mix for the different types of aged care facilities.

The service retains relevant and appropriate information to identify residents and track records. Resident records are integrated and support the effective provision of care services. They are accessible to relevant staff.

Continuum of Service Delivery

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The service liaises with assessment services and service coordinators as required. There are entry and admission procedures in place. The service has information available for residents/families/whanau at entry and information such as the H&D Code of Rights, advocacy and Informed consent.

The service has an Admission Policy that outlines the assessment and admission process. Information gathered at admission is retained in resident's records

The service has a process for declining entry and a register should that occur. Staff are generally current and up to date with their knowledge and experienced and are considered competent in their role. Care Plans are developed by the service's registered nurses who also have the responsibility for maintaining and reviewing care plans. Staff complete progress notes which are integrated with care plans. Family/whanau are kept informed about the resident's care. The Care Plan is developed on admission and reviewed 3-6 monthly. There is an appropriate hand-over briefing between shifts.

Assessments are completed on admission and reviewed monthly. Short term Care plans are well used. Care plans are up to date and regularly reviewed. Families were supportive of the services provided and the needs of their family member being met. There are policies in place to support service delivery planning. The service being provided is consistent with the needs of residents.

The service has a Diversional therapy/activities programme that is well established and overseen by a qualified therapist from the village. Activity officer works 30 hour + per week. A range of activities are available and these include the involvement of the residents into the community. The programme reflects resident's interest in the environment and they have choice in their level of participation. The Activity officer has developed individual booklets for residents one on one sessions which is meaningful to the resident and has been identified at this audit as continuous improvement (CI).

Care plans are evaluated by the registered nurses 3-6 monthly or when changes to needs happen. There is at least a three monthly review by the medical practitioner. There is evidence that regular updates are made when health status changes. There is a comprehensive monthly review/evaluation of all residents and any changes are documented in the plan of care.

The service facilitates access to other services (medical and non-medical) and where access occurs referral documentation is maintained. Residents' and or their family/whanau are involved as appropriate when referral to another service occurs and is followed up. The service has transfer and discharge procedures.

A Policies and protocols are in place to manage the safe and appropriate prescribing, dispensing, administration, review, storage and disposal of medicines in order to comply with

legislation, regulations and guidelines. There is a contract with the pharmacy. The facility uses the robotic dispensing system. There were several signing sheets that were incomplete and transcribing was evident on some prn signing sheets. Staff comply in general with the service medicine management policies/procedures and there is evidence of on-going education and training of staff in relation to medicine management. Medication competency is assessed during orientation and re-assessed annually during nursing performance appraisals. Medication errors are followed through and advised if one staff member has more than 2 a competency is performed.

There is a food safety programme in place and menu planning appropriate for this type of service. Dietician input is obtained. Residents' food preferences are identified and this includes consideration of any particular dietary preferences or needs. Special equipment is available where the assessed needs are identified. The food is contracted to Medirest (Eurest) and is 'heat chill'. There has been some dissatisfaction with the meals in the past most of which has been addressed.

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is an incident reporting system that includes investigation of these types of incidents. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. During the tour of the facility chemicals were not always secured. The service has a current building WoF which expires on 2-Oct-2010 and maintenance is carried out. Furniture and fittings are selected with consideration to residents' abilities and functioning. Rooms are personalised. There is enough room throughout the service for residents to mobilise safely. Floor surfaces are appropriate and equipment is obtained as identified.

There are adequate numbers of toilets and showers with access to a hand basin and paper towels. Hot water temperature is monitored at 40-45 degrees. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Resident en suites and communal toilets/bathrooms are identifiable.

Residents rooms are of sufficient space to allow care to be provided and for the safe use and manoeuvring of mobility aids. The corridors are wide enough for residents to be moved in their beds. Equipment can be transferred between rooms.

The service has a lounge and dining areas. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged that enables residents to mobilise

The service has in place policies and procedures for effective management of laundry and cleaning practices. Laundry and cleaning processes are monitored for effectiveness. There is a designated area for the storage of cleaning and laundry chemicals.

The service has implemented policies and procedures for civil defence and other emergencies. Staff have a current first aid certificate. Fire drills are conducted 6 monthly and the approved the evacuation scheme on 30 October 2002. Emergency lighting, heating and cooking is available in the event of a power failure. Call bells are in use, yet there have been several complaints that staff disarm the bell and say they will come back but don't.

There is no evidence that this has been addressed. Security procedures are established. Residents individual planning identifies additional needs as required.

All communal and individual areas have natural light and ventilations, heating is under floor and smoking areas are outside.

Restraint Minimisation and Safe Practice

There is a Restraint Minimisation and Safe Practice Policy is applicable to the service. The policy includes comprehensive restraint procedures, assessment guidelines, timeframes, monitoring and observation, and evaluation and review. The policy includes a definition of enablers.

The service currently has 6 residents requiring restraint, most bed sides and one with an enabler. They are registered as restraint and the service advised that enablers will be treated the same way. The restraint standards are being implemented and implementation is reviewed through internal audits and at an organisational level.

The restraint coordinator is the clinical Manager who is an RN experienced in aged care. Assessment and approval process for a restraint t intervention includes the RN, resident/or representative. the service has a flow chart which demonstrates the process to be followed the people who must be involved and the forms which are to be used Education is comprehensive and includes de-escalation and alternatives to restraint.

The Restraint Assessment form identifies that the key relevant aspects of this standard is included in any assessment of restraint. There is a restraint approval form that is completed and a 3 monthly evaluation form completed as well as monthly reviews as part of the monthly resident care plan review process. There is an authorisation/assessment process and it includes consultation with the resident and family/whanau.

Monitoring and observation process is included in the restraint minimisation policy. There are approved restraints documented in the policy, including personal restraint, physical restraint, environmental restraint and enablers. The care plans identifies interventions and care required. Falls risk and challenging behaviour assessments are completed. A restraint register is in place.

The restraint internal audit Jan 10 identifies that the policy and procedures were followed The service actively reviews restraint as part of the internal audit and reporting cycle.

Infection Prevention and Control

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a monthly benchmarking system in place across Summerset sites. There is an established and implemented Infection Control programme that is linked into the quality Risk Management system. There are monthly IC meetings in conjunction with Quality meetings there is discussion and reporting of infection control matters and the consequent review of the programme. Minutes are available for staff. Information is communicated to staff in an understandable and informative manner. Staff are encouraged to be involved with infection control with monthly ideas and feedback sheets.

Infection control and health information for staff health and wider community education is provided with monthly education boards set up in the home entrance.

The Infection Control programme is well established at Summerset Trentham with external advice available from GPs, Med lab and DHB IC nurse.

The GP and pharmacist review prescribing on a monthly basis.

It was noted that not all meeting show a documented process when issues are raised. The service has an enthusiastic and capable IC team . The IC Committee is made up of a cross section of staff from all areas of the service. The I.C. coordinator, committee and Nurse educator along with the Governing Body contribute to facilitation of the programme.

There are internal and external seminars available for training as well as access to the IC Nurse, Microbiologist, Pharmacist, IPA and Med Lab for additional education. The infection control coordinator can, in a confidential manner, access all relevant resident information including laboratory results that are required to undertake surveillance, audits, and investigation.

The service has enabled understanding of the programmes for some staff by publishing the polices in their own language. The Infection Control Manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the IC team, training and education of staff.

External expertise can be accessed as required, to assist in the development of policies and procedures. Policy development involves the I.C. coordinator, the I.C committee and expertise from the governing body. The Infection Control Coordinator and the Nurse Manager are responsible for coordinating/providing education and training to staff.

There are internal and external seminars available for training as well as access to the DHB IC Nurse, Microbiologist, Pharmacist, IPA and Eco Lab for additional education for both the co-ordinator and the staff. The infection control nurse attends regular Infection control special interest meetings. Orientation package includes specific training around hand washing and standard precautions. Education records of attendance at infection control training are maintained on the staff personal file.

The Surveillance Policy describes and outlines the purpose and methodology for the surveillance of infections. The IC Co-Coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Internal infection control audits also assist the service in evaluating infection control needs.

There is close liaison with the GP's and Med lab that advise and provide feedback /information to the service. The service follows up on infection gathering data and can demonstrate a process that results in improved resident care .However not all internal audits relating to Infection control are reported on in meetings .

GPs are notified if there is any resistance to antimicrobial agents. Infection control data is collated monthly and reported to the Infection Control Committee via the IC, Quality and Health and Safety meeting. The results are subsequently included in the Manager's report on quality indicators

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 moderate or high risk partially achieved or any criteria unachieved**

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

- 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.	