

## Presbyterian Support Central - Reevedon

**CURRENT STATUS: 09-Aug-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

Reevedon Rest Home provides residential care for up to 42 residents at rest home level care. There were 33 residents at the facility on the day of the audit. The facility is owned by Presbyterian Support Central. The service has continued to implement a quality and risk management system since previous certification and continues to apply the principles of continuous improvement.

The three identified shortfalls from their previous certification audit have been addressed and all staff now have completed abuse and neglect training and suitable orientations and there are clearer links with tangata whenua. This audit identified three further areas for improvement around activities plan reviews, medication reviews and challenging behaviour assessment and planning.

### AUDIT SUMMARY AS AT 09-AUG-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  |
|           | 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 |

| Indicator | Description  | Definition   |
|-----------|--|--|
|           | 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<br>09-Aug-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. |                           | <b>No short falls</b> |

| Organisational Management   | Day of Audit<br>09-Aug-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. |                           | <b>No short falls</b> |

| Continuum of Service Delivery  | Day of Audit<br>09-Aug-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. |                           | <b>A number of shortfalls that require specific action to address</b> |

| Safe and Appropriate Environment   | Day of Audit<br>09-Aug-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. |                           | <b>No short falls</b> |

| Restraint Minimisation and Safe Practice  | Day of Audit<br>09-Aug-11 | Assessment            |
|---|---------------------------|-----------------------|
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |                           | <b>No short falls</b> |

| <b>Infection Prevention and Control</b>   | Day of Audit<br>09-Aug-11 | 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. |                           | <b>No short falls</b> |

### **Presbyterian Support Central - Reevedon**

**Date of audit: 16-Nov-09 (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.**

PSC Reevedon is certified under the Health and Disability Services (Safety) Act 2008 to provide rest home care.

Reevedon was established in 1975 after the home and grounds were donated to Presbyterian Support. Neighbouring land was since purchased and Reevedon now consists of a Stage 2 rest home with 42 fully serviced single rooms, 27 licence to occupy villas and two rental flats. The home is ideally situated within 5 minutes walking distance from Levin town centre.

Reevedon standards of care and support statement acknowledge they are committed to the principles of resident focus, leadership, teamwork, continuous quality improvement, achievement of best practice and management of processes and outcomes.

The Nurse Manager has been in the role for over 4 years and has 16 yrs aged care nursing experience. She is supported by two Care Managers that job share across 5 days and the PSC Regional Manager.

The service has well established quality and risk management systems that have been implemented over a number of years. There is a quality coordinator. The service collects internal monitoring data (internal audits). It also collects data in relation to: a) incidents and accidents, b) complaints (where these occur), c) resident family/whānau satisfaction, and so on.

The service Quality Monitoring Programme is current for the 2009 year and identifies a broad scope of internal audit information that supports the quality monitoring as well as quality improvement and risks associated with the service. The data collected is analysed to

ascertain improvement actions and these are communicated to staff. There is active communication to residents at resident meetings.

Families and residents spoke very highly of the care being provided at Reevedon and the high standard of staff and support.

Documented competencies are included as part of orientation. There is an annual training programme that is implemented that includes over 8 hours of training annually and the majority of staff have completed national certificates. The service has recently employed a staff educator to facilitate staff education and oversee career force programme.

Residents plans of care are current and informative; assessments are conducted on admission and reviewed regularly, evaluations are completed at least 6 monthly and involve input from resident and their dedicated NoK.

The activity programme is comprehensive and the provision of activities by the Qualified Diversion Therapist has been commended by the audit team. The service has a large recreation room that includes areas such as a long raised bowling table, library area, TV area, Mystery café, pool table and computer area, etc. Outings are regularly on the agenda and residents spoken to are enthusiastic about the programme and believe it more than meets their needs.

Medication management is safe and managed within legislative guidelines. Dietary services are well managed and residents have dietary needs assessed on admission and if health status changes. Like and dislikes are identified and managed.

There is a Preventative maintenance schedule in place. The service has made improvements over the last 3 years and re-carpeted a number of rooms, repainting and provision of new furniture for one lounge.

Interview discussions with a range of staff, review of resident plans and other discussions with family provided supporting evidence that PSC Reevedon is providing a high standard of care. Infection control is included as part of the overall Quality Monitoring system and residents suffering from an infection are commenced on a short term care plan and appropriate treatment commenced.

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).

Standards have been assessed and summarised below:

Key

| Four point scale   | Description  |
|--|--|
| <b>Standards applicable to this service attained with some criteria exceeded</b> | Includes commendable elements above the required levels of performance |
| <b>Standards applicable to this service attained with all criteria achieved</b>  | No short falls   |

|  |  |
|--|--|
| <b>Standards applicable to this service attained with some criteria partially achieved or unachieved</b> | Some minor shortfalls, no major deficiencies and required levels of performance seem achievable without extensive extra activity |
| <b>Some standards or this standard unattained that are applicable to this service</b>                    | Major shortfalls, significant action is needed to achieve the required levels of performance                                     |

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|--|--|
| <b>Consumer Rights</b>   | 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. | <b>Standards applicable to this service attained with some criteria partially achieved</b> |

|   |  |
|---|--|
| <b>Organisational Management</b>  | 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. | <b>Standards applicable to this service attained with some criteria partially achieved</b> |

|  |  |
|--|--|
| <b>Continuum of Service Delivery</b>   | 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. | <b>Standards applicable to this service fully attained with some criteria exceeded</b> |

|  |   |
|--|---|
| <b>Safe and Appropriate Environment</b>  | 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. | <b>Standards applicable to this service attained with all criteria achieved</b> |

|   |   |
|---|---|
| <b>Restraint Minimisation and Safe Practice</b>   | Assessment  |
| Includes 3 standards with outcomes where: <ul style="list-style-type: none"> <li>- Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>- Consumers requiring restraint receive services in a safe manner</li> <li>- Consumers requiring seclusion receive services in the least restrictive manner</li> </ul> | <b>Standards applicable to this service attained with all criteria achieved</b> |

| Infection Prevention and Control  | Assessment   |
|---|--|
| <p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>- 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.</li> <li>- The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>- Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>- 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.</li> </ul> | <p><b>Standards applicable to this service attained with all criteria achieved</b></p> |