Presbyterian Support Central - Levin War Veterans

CURRENT STATUS: 24-Jan-12

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

Presbyterian Support Central (PSC) Levin Home for War Veterans is certified to provide rest home, hospital and dementia level care for up to 72 residents. On the day of the audit, there were 60 residents. The service was previously certified to use 17 beds for either rest home or hospital level care. This surveillance audit also included verifying that the current rest home beds were appropriate for providing either rest home or hospital level care. Eleven rest home beds have been checked and are considered suitable for hospital use.

Since the previous audit, the management role and the care manager's role have been re-structured. Management hours are extended through both days of the weekend. The Home for War Veterans and another PSC facility in Levin is now managed under one management team. A nurse practitioner is employed for eight hours a week. She supports the nursing team by reviewing complex cases such as wound care and management of chronic infections, and completes medical reviews as requested by the nursing team.

The service continues to implement the Quality Monitoring Programme (QMP) that is designed to monitor contractual and standards compliance, and the quality of service delivery in the facility, and across the organisation.

Two of the identified improvements from the previous audit have been addressed. These were around care plan interventions, the garden area. Improvements are yet to be fully implemented around the activities programme in the dementia unit. This surveillance audit has identified further improvements required around implementation of the quality system, consumer participation, medical reviews, pain assessments and medication documentation.

AUDIT SUMMARY AS AT 24-JAN-12

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

Indicator	Description	Definition
	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
	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-Jan-12	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-Jan-12	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Continuum of Service Delivery	Day of Audit 24-Jan-12	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-Jan-12	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-Jan-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**No short falls**

Infection Prevention and Control	Day of Audit 24-Jan-12	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.		**No short falls**

Presbyterian Support Central - Levin War Veterans

Date of audit: 14-Jun-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

Levin War Veterans is one of Presbyterian Support Centrals residential/hospital care facilities. The service has well developed policies and procedures at a service level and organisation plan is structured to provide appropriate safe quality care to people who use the service including residents that require hospital and medical care, rest home and dementia level care. On the day of the audit the service was providing hospital level care for 40/40 residents, rest home care for 17/19 residents and a secure unit for 12/13 residents. The

service is managed by a suitably qualified person (RN) whom is, supported by two Care Manager (RNs), one oversees the Hospital and safe care unit and one oversees the Rest home. The service has made considerable improvement since previous audit and has achieved two continual improvement ratings around the implementation of their quality system.

SUMMARY

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
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	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	Indicator	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.		**Includes commendable elements above the required levels of performance**

Continuum of Service Delivery	Indicator	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Safe and Appropriate Environment	Indicator	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 minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Restraint Minimisation and Safe Practice	Indicator	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	Indicator	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		**No short falls**

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.		

AUDIT RESULTS

Consumer Rights

Provision of services complies with the Code of Health and Disability Rights. There is a resident advocate that takes resident meeting every two months. There is a part time chaplain involved with the service. Discussions with Residents and family stated they were welcomed on entry and stated that the management have an open door policy. Informed consent processes are completed. Residents can access community services as they require and the service has recently implemented the Eden philosophy and staff stated that the service involves children and animals into their activities programme. Complaints information is provided at entry to the service and is readily available to residents and complies with right 10 of the Code. Complaints include follow up and resolution.

Organisational Management

Levin Home for War Veterans mission/vision is to provide quality care in a homely, safe environment where the unique identity of the individual is acknowledged and respected. There is a comprehensive monitoring system in place that includes key and relevant aspects of services delivery (QMP). The service also submits key data to an external benchmarking organisation (QPS) and this data is used to align the performance of the service Levin War Vets continues to implement a quality and risk system that supports the purpose and direction of the service. Corrective actions are implemented where areas of improvement are identified. An annual training plan which exceeds 8 hours annually is being implemented and staff training records are maintained along with performance appraisals. Registered Nurses attend external training through midcentral primary healthcare development team. All caregivers working in the dementia unit have completed or in the process of completed specific dementia training. Staffing is planned and the layout of the facility is considered.

Continuum of Service Delivery

Pre-admission procedures and admission documentation is implemented with residents and family at admission. Residents can receive visitors at any time. There is a comprehensive information package provided for entry and admission. The referring coordinator 'Support Links' is advised when a resident is declined access to the service and families are notified of the reason. RNs are responsible for assessment and care planning in each area. Where specialist advice has been sought plans of care reflect these recommendations. Plans of care are overall comprehensive and goal oriented. Evaluations are conducted and changes

reflected in the plan of care. The activity programme embraces the 'Eden' philosophy. The programme is varied and appears to meet residents needs during the day. Dietary services are appropriate and all aspects of food service meet with nutritional and legislative guidelines. The kitchen supplies food for another PSC facility in the Levin area. Medications are managed appropriately and safely. R.N's administer medications in the hospital and the Care Manager or Care Givers in the Rest Home and Dementia Unit. All staff are assessed for competency when administering medications. Most families and residents were complimentary of the service.

There is two areas for improvement identified around ROM exercises and activities in the Dementia Unit.

Safe and Appropriate Environment

The laundry at PSC Levin Home for War Veterans War Veterans is appropriate for the size and service provided by the service (Hospital, Rest Home and Dementia Unit). Satisfaction is included in the regular residents meetings and annual satisfaction surveys. The facility is warm and inviting, with several lounges, and dining rooms and activity room. Corridors have hand rails and residents can move freely throughout the facility. There are adequate communal toilets and showers, also some en suites. All communal areas are in close proximity to service areas and readily accessible to residents. Residents' rooms are roomy, personalised and of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Rooms are personalised and there is natural light ventilation and heating is constant. The service provides appropriate information, training and equipment to respond to emergency situations. Smoking is restricted to external covered areas. Regular maintenance is carried out and external areas are attractive and safe. There is one improvement identified around external areas off the Dementia Unit.

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. There are no residents that require restraint or enablers. Training has been provided to staff.

Infection Prevention and Control

Infection Control policies and procedures reflect current and best practise, the IC team, training and education of staff and is appropriate for the size and complexity of the service. There is an infection control policy and procedure manual which is readily accessible to all staff. There is an established and implemented Infection Control programme developed at an organisational level which has been implemented at Levin Home for War Veterans. Infection control is a standing agenda item at the monthly staff meetings where all issues and infections are discussed and feedback to staff. The I.C. coordinator, Care Manager and Quality Manager uses the information obtained through surveillance and benchmarking to determine infection control activities, resources, and education needs within the facility.