

Presbyterian Support Services Otago Incorporated - Ross Home & Hospital

CURRENT STATUS: 06-Mar-12

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

Ross Home provides care for long term hospital, medical, rest home and psychogeriatric care for up to 124 residents. On the day of the audit there were 24 residents receiving psychogeriatric level care, 40 residents at rest home level care and 58 residents at hospital level care. There are currently no residents under the medical aspect of the contract.

The service has continued to implement a quality and risk management system since previous certification and continues to apply the principles of continuous improvement.

Ross Home has addressed improvements identified at the previous audit around meeting minutes and dissemination of quality data to staff, ongoing incident form documentation and informing families, staff files, care plan documentation, and ceasing transcribing of medication. This audit has identified further improvements required around care planning documentation.

AUDIT SUMMARY AS AT 06-MAR-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
	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 06-Mar-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 06-Mar-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.		No short falls

Continuum of Service Delivery	Day of Audit 06-Mar-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 06-Mar-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 06-Mar-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 06-Mar-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

Date of audit: 15-Apr-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

Ross Home and Hospital is the largest of the seven aged care facilities operated by Presbyterian Support Otago. Ross Home provides for long term hospital, medical, rest home and psychogeriatric care. The service currently provides care for 18 of 24 psychogeriatric residents, 40 of 40 rest home residents, and 60 of 60 hospital residents.

Ross Home is managed by an experienced and suitably qualified person (registered nurse) with support from four unit nurse managers.

Interviews with residents, relatives and GP were all positive about the clinical care and support provided.

This unannounced audit was completed as a follow up from a Ministry of Health inspection completed in December 2010. A review of documentation, interviews with management, staff, residents and relatives identified that Ross Home has made a number of improvements since December including training and competency of staff, and improvements around wound care documentation.

This audit has identified further improvements are required including; meeting minutes and dissemination of quality data to staff, ongoing incident form documentation including informing families, staff files, care plan documentation, and transcribing of medication.

Presbyterian Support Services Otago Incorporated – Ross Home and Hospital

Unannounced inspection: 2 December 2010

The following summary has been accepted by the service provider (Presbyterian Support Services Otago Incorporated – Ross Home and Hospital) as being an accurate reflection of the unannounced inspection conducted against the Health and Disability Services Standards (2008) on the day specified.

The Ministry of Health received information about a complaint from the Southern District Health Board about the care provided to a resident at Presbyterian Support Services Otago Incorporated - Ross Home and Hospital - Lindsay Unit.

In summary, the complaint alleged that a resident did not receive appropriate care. The purpose of the unannounced inspection undertaken on 2 December 2010 was to determine whether health care services being provided by, Presbyterian Support Services Otago Incorporated -Ross Home and Hospital were being provided in compliance with section 9 of the Health and Disability Services (Safety) Act 2001. That is, a person providing health care services of any kind must do so whilst meeting all relevant standards.

Corrective actions are required for the findings identified specific to the complaint and inspection in the following areas:

1. Organisational Management:

The organisation must ensure that the pressure ulcer prevention and management policy and guidelines is up to date, reflects current good practice and is available to staff. All care providers must receive relevant pressure ulcer prevention/care education to support safe and effective care of consumers. In addition care providers are required to be fully aware of the organisational requirements regarding recording and reporting adverse events.

2. Continuum of Service Delivery:

Service provision timelines must be documented (in accordance with policy, good practice guidelines, contracts, Health and Disability Services Standards). All consumers must be assessed and these assessments accurately documented and linked to the plan of care which is evaluated to safely meet the needs of the consumer. Issues identified through residents assessments must be communicated to all relevant staff, referrers and family and this communication must be documented. Interventions must be appropriate to the assessed needs and accurately communicated and documented, for all service providers to follow. Care evaluation must be completed in accordance with policy and as necessary to meet desired clinical outcomes and good practice guidelines.

3. Safe and Appropriate Environment:

The pressure relieving equipment must be reviewed and routine checks and maintenance carried out. Presbyterian Support Services Otago Incorporated - Ross Home and Hospital must ensure that appropriate equipment is available and used in accordance with assessed need. Staff should be educated in the use of all pressure relieving equipment. Equipment type and use must be specified in sufficient detail in the care plan to guide staff.

Presbyterian Support Services Otago Incorporated - Ross Home and Hospital is required to complete the required corrective actions by 6 January 2011.

Ongoing monitoring will be undertaken by the District Health Board in conjunction with the Ministry of Health.

Presbyterian Support Services Otago Incorporated - Ross Home and Hospital

Date of audit: 15-Jul-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

Ross Home and Hospital is the largest of the seven aged care facilities operated by Presbyterian Support Otago. Ross Home provides for long term hospital, medical, rest home and specialist dementia care (geriatric). There is 3 hospital units within the facility. On the days of the audit the service provided care for 24/24 psychogeriatric residents, 15/16 rest home residents in Kilgour unit, 25/26 hospital residents in Craig unit, 32/34 hospital residents in Dunrowan unit and 24/24 rest home residents in Dalkeith unit.

The service is managed by an experienced and suitably qualified person (registered nurse) with support from four unit nurse managers. The service has well developed policies, procedures, processes and systems that support the provision of clinical care and support (including care planning) for rest home care, dementia care, hospital and medical residents and also those requiring respite care. The staff and facilities are appropriate for providing these services and meeting the needs of residents. The service continues to implement a comprehensive quality and risk management system, supported and directed by the organisation. Since 2002, PS Otago have introduced and implemented a quality initiative organisational wide project called "Valuing the lives of Older People" (VLOP). The focus of the VLOP quality project being implemented at Ross Home includes a holistic model of support which acknowledges and responds to people's social and other human needs. Residents are actively encouraged to maintain their contacts with people and groups outside of Ross home. The service continues to achieve a positive outcome from their certification audit with only two improvements noted around medication documentation and evaluation of infection control training. The service is commended for achieving a number of continual improvement (CI) ratings around the implementation of the "Valuing Lives" quality project at Ross Home, achievements of the PSO better practice group, multidisciplinary focus of care, the overall quality improvement programme, and infection control programme.

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.		Includes commendable elements above the required levels of performance
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.		No short falls
Restraint Minimisation and Safe Practice	Indicator	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 		No short falls
Infection Prevention and Control	Indicator	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 specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and 		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

<p>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.</p>		
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AUDIT RESULTS

Consumer Rights

Residents and their families/whānau are informed of their rights as part of the resident information pack. Residents stated that caregivers always respected their privacy and this is reinforced through the VLOP (Valuing Lives) training with caregivers. Initial and ongoing assessment includes gaining details of people's beliefs and values. Interventions to support these are identified and evaluated. Residents are encouraged to continue with their spiritual activities.

Cultural awareness training occurred as part of the annual training programme. There is an organisational wide Maori Health Plan.

Ross Home's Valuing Lives philosophy and approach flows through into each person's lifestyle support Interdisciplinary assessment tool creates a focus on a wellness approach rather than a 'sick' role. Resident and family meetings occur regularly and the managers have an open-door policy. Resident choices are documented and staff described the focus around choices related the Valuing Lives of Older people philosophy. Client right to access advocacy and services is identified for residents and posted in the foyer. There is a complaints register that includes whether the complaint was resolved and action taken.

Organisational Management

The service has a well established quality and business 2010 - 2011 plan and risk management plan that continues to be implemented since previous certification. Ross Home has an overall quality monitoring programme that is part of the wider PSO quality programme, and together with benchmarking, quality improvement projects and staff training demonstrates Ross Home's commitment to ongoing quality improvement. The quality system includes input from residents and relatives. There is an effective document control process. A comprehensive education/in-service programme is in place. One of the unit nurse manager's is the appointed educator. The annual training plan covers a wide range of subjects. There are 22 topics across two years identified for PSO Ross Home to complete. External education is encouraged and supported with a generous budget available for staff use. There is a number of external speakers that are involved in delivering the training programme. Alzheimer's modules have been completed 2009 and VLOP training occurs regularly throughout the year. There are a number of registered nurses per shift across the facility.

Continuum of Service Delivery

Ross Home provides residents with a comprehensive assessment process that ensures all aspects of individualised needs are identified. This is apparent in all areas with the Lindsay unit being dementia specific, having extra input from families who were very complimentary of the provision of cares. The clinical care plan review is attended on all residents in a timely manner noted in 11 residents files across the three areas and is a multi disciplinary approach with staff required. Family and residents are fully involved in the process with registered nurses developing and signing the plan with support from enrolled nurses and care givers ensuring a holistic assessment and review of the resident. The service has specific information available for residents/families/whānau at entry and it includes associated information such as the Health and disability Code of Rights and complaints procedure. There is a specific information pamphlet on the special care dementia unit in the information pack.

The diversional Therapy programme is designed and managed by the Occupational Therapist with support by four diversional therapists with a specific dementia programme. A range of activities are available and these include the involvement of the residents into the community. The programme is well designed, is appropriate for the complexity of the service and residents have a choice in their level of participation. The service also has a community café onsite, which provides a meeting place for residents and families and is the social hub of the facility, as one resident stated it's like going out but being able to stay at home.

The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines, A Guide for Managers of Old People's Homes and Residential Care Facilities. One improvement is required around the documentation and recording of medication, and signing of standing orders across all areas of the facility.

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances, chemicals are labelled and appropriately stored. Protective equipment and clothing is available for staff.

Residents can and do bring in their own furnishings for their rooms. 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 45 degrees. Fixtures, fittings and floor and wall surfaces appear to be made of accepted materials for this environment. Communal toilets and showers are well signed and identifiable.

The service has many 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. The service has implemented policies and procedures for civil defence and other emergencies. There is staff on duty with a current first aid certificate. Fire drills are conducted 6 monthly and there is an approved evaluation scheme. Call bells are in use. Security procedures are established. Residents individual planning identifies additional needs as required.

General living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their rooms and there is adequate external light in communal areas. Smoking is only permitted in designated areas.

Restraint Minimisation and Safe Practice

There is a Restraint Minimisation and Safe Practice Policy is applicable to the service. There is a Restraint assessment tool available and falls risk and challenging behaviour assessments are completed. Residents with challenging behaviour include de escalation. Ongoing consultation with the resident and family/whanau is also identified. The restraint approval committee is at an organisational wide level and includes restraint coordinators from all PS Otago facilities.

Monitoring and observation process is included in the restraint minimisation policy. This identifies the frequency of monitoring and is being implemented.

The restraint policy outlines the evaluation and review procedures. The policy requires that restraints and risks are to be fully evaluated 3 monthly. Care plans are evaluated 3 monthly by the registered nurse and more frequently as necessary. The service undertakes 3 monthly multi-disciplinary meetings which include evaluating the use of restraint and considers the frequency of review. An evaluation form is completed when restraint is removed. The multi disciplinary review involves the resident/family and further support is identified at this time.

Infection Prevention and Control

Ross Home has a comprehensive Infection Control Programme that is underpinned by PSO policies and procedures and supported by the organisational infection control programme. The service has effective surveillance activities, subsequent actions and implementation of strategies for prevention and minimisation of infection. These are well documented and with comparative data with the other PSO facilities provides opportunities for measurement of outcomes and continuous improvement of practises. There is a need to ensure education is delivered in a way that is evaluated to ensure staff are receiving current and up dated information.