

New Vista Rest Home Limited

CURRENT STATUS: 14-Jun-12

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

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board contract. New Vista Rest Home and Hospital provides residential care for up to 52 consumers who require rest home, and hospital level care. Occupancy on the day of the audit was at 46.

The facility is operated by New Vista Rest Home Limited. Eleven rest home rooms have been converted to eight hospital rooms since the last audit.

Improvements are required for nine aspects of the standards. These relate to: communication with family; complaints management; quality and risk management documentation; reporting of adverse events; management of consumer documentation; consumer care planning including involvement of families and completion of risk assessment tools; medication management.

AUDIT SUMMARY AS AT 14-JUN-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 14-Jun-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.		A number of shortfalls that require specific action to address

Organisational Management	Day of Audit 14-Jun-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.		A number of shortfalls that require specific action to address

Continuum of Service Delivery	Day of Audit 14-Jun-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 14-Jun-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 14-Jun-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 14-Jun-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

AUDIT RESULTS AS AT 14-JUN-12

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Consumers and family members interviewed stated their satisfaction with the service and report that staff are providing appropriate care and treatment. Visual inspection evidences the Health & Disability Commissioner (HDC) Code of Health & Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms.

Systems are in place to ensure consumers are advised on entry to the facility of the complaint processes. Consumers and family interviewed demonstrate an understanding of these processes. The service has appropriate systems in place to manage the complaints processes although review of complaints documentation indicates that Right 10 of the Code is not always fully complied with as written progress reports are not always provided to complainants. The provider is required to take action to address this issue. A Complaints Register is maintained. The Facility Manager advises there has been one complaint investigation by the Health and Disability Commissioner since the last audit, and that this complaint has not been resolved yet. The Facility Manager advises there have been no complaint investigations by the Ministry of Health, District Health Board, Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers and family interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

Organisational Management

Systems are established and maintained by the governing body which defines the scope, direction and goals of the facility and monitoring and reporting processes against these. A new Facility Manager was appointed on 8 May 2012 who is an experienced Enrolled Nurse with extensive aged care management experience. The Facility Manager is supported by a Clinical Manager who is a recently graduated registered nurse and is new to the aged care sector. The Clinical Manager is responsible for the oversight of clinical care in the facility. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

There is a documented quality and risk management system in place that is currently being reviewed by the newly appointed Quality Manager. There is an internal audit programme for New Vista in place. There is evidence that quality improvement data is analysed to improve service delivery and that reporting of quality improvement data occurs via scheduled meetings. Quality and risk management issues and quality improvement data has historically been reported via Staff meetings but a new meeting schedule has been developed and this information is now reported via combined Quality Improvement/Infection Control/ and Health and Safety meetings and via Registered Nurse/Enrolled Nurse meetings. An area requiring improvement with the quality and risk management documentation has been identified as internal audits and meeting minutes were reviewed where areas requiring improvement have been identified but corrective action plans have not been consistently developed, the person/s responsible and time frames have not been identified, and evidence of implementation and review not documented.

There is an adverse event reporting system in place. Areas requiring improvement have been identified with the adverse event reporting system as staff are not consistently completing accident and incident forms for all adverse events. Families are not always being contacted following adverse events involving the consumer, or when there is any change in the consumers condition. However, family members interviewed during this audit advise they are contacted if their family member has an accident/incident, and if there is any change in their condition.

The human resource management system provides for the implementation of processes both at the commencement of employment and ongoing in relation to staff education. The Facility Manager is responsible for oversight of the in-service education programme at New Vista and in-service education is provided at least twice a month. A sampling of seven staff records provides evidence human resource processes are followed are completed. Annual practising certificates are current for all staff who require them to practice. An orientation/induction programme is available and all new staff are required to complete this prior to their commencement of care to consumers.

The service has a documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery that is based on best practice. Twenty four hour registered nurse cover is provided. The minimum amount of staff is provided during the night shift and consists of one registered nurse and three caregivers. The Clinical Manager is available after hours for clinical issues, and the Facility Manager for business/administration issues if required. All care staff interviewed report there is adequate staff available and that they are able to get through their work.

The service provider demonstrates that the information entered into the consumer information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the legal requirements. There is an area requiring improvement relating to not all staff who write in the progress notes are recording their designation.

Continuum of Service Delivery

Consumers and families interviewed are satisfied with the standard of care provided by staff. Staff are educated, and qualified to perform their roles and deliver all aspects of service provision. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to consumers assessed as requiring rest home level care, and hospital level care. The registered nurses develop, review, update, and evaluate the care plans for consumers at least six monthly, or more frequently as the needs of consumers change. A variety of risk assessments are completed on admission. There are four areas requiring improvement relating to care plans have no evidence of consumer or family input into the development of care plans, risk assessments are not being completed on a regular basis following admission, consumers who are receiving treatment for wounds, have no evidence of wound assessments and monitoring documentation, consumer's care plans goals are not individualised and have no timeframes, and registered nurses are not allocated a certain number of consumers they have primary responsibility for, resulting in consumer documentation not being consistently completed within required timeframes.

The two activity programmes support the interests, needs and strengths of consumers, and incorporates activities that are appropriate for the two consumer groups. Consumers and family members interviewed confirm this.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competencies. Medication files reviewed evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who have been assessed as competent to self-medicate, and currently there is one consumer who has been assessed as competent to self-medicate. There are two areas requiring improvement relating to photos of consumers in the medication file are not signed and dated, and controlled drugs are not being reconciled at the bottom of each page of controlled drug register. A corrective action was completed during the audit relating to the controlled drug register.

Food services policies and procedures are appropriate to the service setting with current review of the summer and winter menus by a Dietician. Consumer's individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection evidences compliance with current legislation and guidelines. Consumers and family members interviewed were very complimentary of the food service provided and report their individual preferences are well catered. Additional snacks are available if the kitchen is closed.

Safe and Appropriate Environment

Documented processes for the management of waste and hazardous substances are in place and incidents are reported on in a timely manner. Service providers receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Visual inspection provides evidence of compliance with appropriate legislative requirements and protective equipment and clothing is provided and used by service providers.

Service providers' documentation provides evidence there are appropriate systems in place to ensure the consumers' physical environment and facilities are fit for their purpose. An extensive renovations and refurbishment programme is underway including a staged programme to enlarge all rest home bedrooms to enable them to accommodate hospital level consumers. New carpet has been laid throughout, internal walls painted, and new furniture and equipment purchased.

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. Staff have completed appropriate training in chemical safety. Visual inspection evidences 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 review of files provides evidence of current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

Documentation of policies and procedures, staff education and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. On the day of audit there are 11 consumers using restraint and two consumers using an enabler.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed and files reviewed evidence responsibilities are clearly identified and known. Consumers' files sampled evidence consumer/family input into the restraint approval processes. Restraint evaluation processes are documented in the restraint minimisation and safe practice policy. Consumers' files evidence that each episode of restraint is being evaluated and based on the risk of the restraint being used.

Systems are in place to ensure rigorous assessment of consumers is undertaken prior to restraint usage being implemented. Consumers' files reviewed demonstrate restraint assessment and risk processes are being followed. Clinical staff have received current education on restraint management and have current restraint competency assessments. All staff have received ongoing education on challenging behaviour and de-escalation techniques.

Infection Prevention and Control

There are documented infection control management systems in place at New Vista to minimise 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 on infection prevention and control.

Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access.

Service provider's documentation evidences that infection control education is provided to all service providers as part of their initial orientation and is provided as part of the ongoing in-service education programme. Infection control education is also provided to staff on a one-to-one basis.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported in a timely manner.