

Springvale Manor Limited

CURRENT STATUS: 03-Oct-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

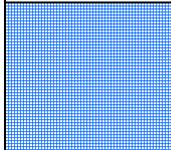
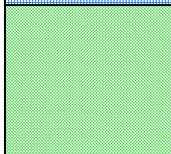
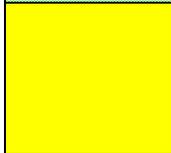
Springvale Manor Limited, trading as Springvale Manor Rest Home is a 39 bed certified rest home care facility located in Wanganui. The occupancy was 28 residents on the day of this certification audit. The dementia ward, which opened in November 2010, is certified for eight beds and this was full.

There are nine areas required for improvement identified from this audit relating to: training records of staff and attendance kept; current policies being available for staff; corrective actions being signed off in relation to internal audits; documentation of open disclosure; securing the controlled drugs safe; and ensuring hot water temperatures are at safe level.

AUDIT SUMMARY AS AT 03-OCT-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
	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 03-Oct-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 03-Oct-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 03-Oct-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 03-Oct-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.		A number of shortfalls that require specific action to address

Restraint Minimisation and Safe Practice	Day of Audit 03-Oct-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 03-Oct-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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

AUDIT RESULTS AS AT 03-OCT-12

Consumer Rights

Consumer rights and the need for informed choice is known by staff whilst also acknowledging cultural and individual values and beliefs of residents. When interviewed residents and their families/whanau said that they are pleased with the service and that staff are providing appropriate care. The Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed in the facility along with complaint forms. An improvement is required to include reference to right 10 of the Code in the complaint process. Residents and family/whanau said they are aware of the complaints process. The service has appropriate systems in place to manage any complaints and a register is maintained. There have been no complaint investigations by the Health and Disability Commission, Police, Accident Compensation Corporation or Coroner since the previous audit at this facility.

Organisational Management

The facility is managed by the owner/manager. The previous manager retired in April 2012. The owner/manager works at the facility 40 hours a week and shares call with the registered nurse who works at the facility 24 hours a week. The manager has owned the facility for eight years in partnership with her husband and another director. Springvale Manor has an established, documented, and maintained quality and risk management system. An improvement is required to ensure all policies are updated in a timely manner and out of date policies removed. Staff meetings are held monthly which report on all quality and risk issues. An internal audit programme for Springvale Manor is in place and implemented. An improvement is required to ensure all corrective actions are followed through after audits. Areas for improvement were identified around: developing and signing off corrective action

plans and ensuring all obsolete policies are replaced and new policies issued by Care association of New Zealand, are distributed to staff.

The incident and accident management system provides evidence of a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. Trends and issues are discussed at staff meetings. Evidence of informing residents and relatives of incidents or implementing an open disclosure policy where relevant, is a required improvement.

The human resources management system provides for the implementation of processes both at the commencement of employment and on an ongoing basis in relation to training. The manager is a verifier and assessor for Career force and staff are encouraged to commence this training. All staff who work in the dementia unit are trained in dementia care. An area for improvement is identified around documenting attendance at education sessions. One on one training is given to staff by the registered nurse.

Springvale Manor has a clearly documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery. Staffing includes the manager, registered nurse, care givers and support staff. Registered nursing cover is provided four days a week from 8am to 2pm. There is always at least one staff member on duty in the dementia unit as well as staff in the rest home area. The manager and registered nurse share on-call cover.

Continuum of Service Delivery

The service provides rest home care, transitional care and secure dementia care. Residents are assessed as requiring the appropriate level of care prior to entry. All care is delivered by suitably qualified and competent staff who are experienced in aged care services. Assessment, care planning and evaluations meet the requirements of the aged related residential care (ARRC) contract. Review of clinical files showed that service is coordinated in a manner that promotes continuity and a team approach. Residents and their family members interviewed were very complimentary about the service and commented that the staff are lovely.

Policies and procedures are implemented that cover all aspects of medication management are in place. Medications are in blister packaging and are checked in from the chemist and stored securely. Staff administer medications only when they have demonstrated competence, these were viewed on file. Allergies are recorded on the medication chart. Prescription and administration records comply with legislative requirements. The metal container used for storage of controlled drugs requires to be fixed to the inside floor or wall of the locked drug cupboard.

Policies and procedures are in place for nutrition and food management. The menu has been review by a New Zealand registered dietitian. Meals are based on a four week menu cycle with the main meal served at mid-day. Snacks and hot drinks are available between meals. Monthly weighs are recorded. Residents interviewed expressed a high level of satisfaction with the meals, saying the food was wonderful.

Safe and Appropriate Environment

There are policies in place that cover maintenance, cleaning laundry, management of waste and hazardous substances and transportation. Staff are trained in policies and procedures. The physical environment is appropriately heated and ventilated, furnishings and equipment fittings are well maintained to meet resident's needs. Call bells are in place. All rooms have an external opening window. All bedrooms have a hand basin in them. Communal toilets and showers are available and identified. Wet areas and surfaces are easily cleaned and well maintained. All laundry is done on site.

There is a safe secure fenced outside area for residents in the dementia unit with shade and seating. The facility has a current building warrant of fitness. The organisation has a nine seater van which has a current registration and warrant of fitness. There is a smoking area outside where consumers are able to smoke.

An improvement is required to verify that all resident bedrooms and showers have water temperatures no more than 45 degrees Celsius.

Restraint Minimisation and Safe Practice

There are policies and procedures fully implemented for restraint minimisation, use of enablers and safe practice. The registered nurse acts as the restraint coordinator. Training records showed that restraint education has been provided. The restraint register was viewed and showed that currently there are no residents using either enablers or restraint.

Infection Prevention and Control

The service has a documented infection prevention and control programme and policies and procedures. Infection control is a standard agenda item at the staff meetings. The infection control nurse who is a registered nurse, has access to external information from the general practitioners and the local laboratory. An area for improvement was identified around the documentation of content and attendance of infection control training. Another improvement required is a process to evaluate infection control education for relevance and effectiveness. Surveillance is undertaken by the service.