Presbyterian Support Services Otago Incorporated - Iona

CURRENT STATUS: 23-Jan-13

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

Iona Home and Hospital is part of Presbyterian Support Otago (PSO) group of residential facilities and is governed by the PSO board. The service is currently certified to provide rest home and hospital- geriatric and medical level care with a capacity of 72 beds. The current occupancy is 20 rest home level and 41 hospital, with six rooms unable to be occupied due to alterations. The service has completed stage one of rebuilding the hospital unit Kirkness, which includes16 bedrooms, service delivery areas and staff areas. This verification audit is in respect to stage one of the rebuild of the Kirkness hospital Unit. The total number of certified beds at stage one remains unchanged.

At the time of this verification audit Iona is being managed by acting manager (from PSO Ranui-Alexandra) until the incumbent commences in February (2013). The newly appointed manager is an experienced aged care manager (registered nurse). The unit manager of Kirkness wing has 24 years' experience with PSO Iona. She will continue to manage the new build. There is a roster for Kirkness unit that provides sufficient coverage for the delivery of hospital level care. Staffing levels and skill mix will essentially remain unchanged with staff currently working in 'old' Kirkness transferring to new building with residents.

There are developed systems and policies that will be implemented in the new hospital area. Resident rooms are single occupancy with sufficient space to manoeuvre equipment around the bed space. All of the 16 new resident rooms have hand washing facilities, with eight shared ensuites. In stage one there is a small lounge. Residents will dine in MacKay unit dining room until stage two is completed which will include a dining room. Mid-day meal service was sighted within MacKay unit dining room with adequate room to have Kirkness residents dine there. Food delivery to the new Kirkness Unit will continue to be via plated trolleys with dome covers.

Cleaning and laundry services will continue to be monitored through the internal auditing programme. There are external areas that can be accessed. An improvement is required around ensuring a code of compliance is obtained.

Presbyterian Support Services Otago Incorporated - Iona

CURRENT STATUS: 29-Nov-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

Iona Home and Hospital is part of Presbyterian Support Otago (PSO) group of residential facilities and is governed by the PSO board. The service is certified to provide hospital, medical, and rest home services. Iona home and hospital is situated in the north end of Oamaru and provides care for up to 69 hospital and rest home residents. On the days of the audit there were 64 residents - 48 hospital level residents and 16 rest home residents. The service is currently undergoing a change in management with an acting manager in place until the new permanent manager commences early in 2013. The acting manager is an experienced nurse manager who reports to the director of aged care services for PSO. Staff interviewed and documentation reviewed identified that the service has implemented systems that are appropriate to meet the needs and interests of the resident group. The care services are holistic and promote the residents' individuality and independence. Family and residents interviewed all spoke very positively about the care and support provided. The service is also in the process of building a further hospital bed unit adjoining existing wings, with completion expected in January 2013.

This audit identified the following improvements required by the service: linking of service delivery to the quality system, corrective actions are completed, complete annual staff appraisals, implement the in-service education plan, completion of appropriate assessments to support care planning, document all resident care requirements in care plans, develop and evaluate activities care plans for all residents, making changes to care plans following evaluations, aspects of medication management, temperature monitoring and recording within the food service, hot water temperatures are maintained within acceptable limits, first aid training is provided to staff and volunteers, restraint use and infection prevention and control is monitored within the quality programme.

AUDIT SUMMARY AS AT 29-NOV-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

Indicator	Description	Definition
	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 29-Nov-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 29-Nov-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 29-Nov-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 29-Nov-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Restraint Minimisation and Safe Practice	Day of Audit 29-Nov-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Infection Prevention and Control	Day of Audit 29-Nov-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 29-NOV-12

Consumer Rights

The Health and Disability Commissioner's Code of Health and Disability Consumers' Rights is available in formats appropriate to the needs of residents. The service gathers appropriate spiritual, religious, and cultural information to support the needs of residents. There are implemented polices to support rights such as privacy, dignity, abuse / neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces an understanding of the rights of residents and their ability to make choices. Care planning accommodates individual choices of clients and/or their family/whānau and packages of care are agreed and determined by the residents. Complaints records are documented. Discussions with residents and relatives were positive about the service.

Organisational Management

Presbyterian Support Otago (PSO) has recently implemented a new quality framework that includes 16 Continuous Quality Improvement (CQI) groups that includes a number of clinically focused work streams. Work from CQI groups is reported to an organisational clinical Governance Advisory group that includes board representation. PSO has a current business and quality plan to support quality and risk management at each facility. Iona is implementing an internal audit programme and collating clinical data. There is a benchmarking programme in place across the organisation. Resident/relative surveys are undertaken annually. Staff requirements are determined using an organisation service

level/skill mix process and documented. There is a documented rationale for staffing. Duty schedules are available for all shifts. Staffing rosters indicate there is suitable staff on duty to care for residents. The service has a documented training plan. Improvements are required around: quality management and corrective actions, staff appraisals and implementing the in-service education programme.

Continuum of Service Delivery

A needs assessment is completed prior to entry. There is a well-developed information pack that is provided to residents/family/whanau at entry. A registered nurse is responsible for each stage of service provision. Residents and relatives are involved in planning and evaluating care and communication with family is documented. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. Care plans are holistic and goal oriented. They are evaluated at least three for all residents or more frequently when clinically indicated and assess progress towards goals. Short term care plans are available for use for short term changes in health status. Referral to other health and disability services occurs when required. Activities are provided that are meaningful and ensure that the resident maintains involvement in the community. Residents have a choice in their level of participation. A medication management system is implemented in line with accepted guidelines. There are comprehensive medication management policies. These direct staff in terms of their responsibilities for each stage of medication management. Meals are prepared on site by in-house staff. There are food service policies and procedures and the menu is designed by a registered dietitian. A dietary profile of residents is developed on admission and food preferences are identified. Improvements are required whereby behaviour and continence assessments are conducted for residents with identified issues; lifestyle support plans describe the level of care residents require; activities care plans are developed and evaluated; changes in care requirements identified at evaluation are transferred to the lifestyle support plan; aspects of medication management align with best practice; and hot food, fridge and freezer temperatures are monitored and recorded.

Safe and Appropriate Environment

PSO Iona provides a safe, secure and appropriate environment for the care of residents requiring rest home and hospital level care. Chemicals are stored safely and securely and staff are provided with personal protective equipment. The physical environment and fixtures and fittings are well maintained, appropriate and safe. The facility is spacious and provides sufficient space to enable the use of mobility equipment. There are appropriate numbers of toilets and bathrooms. There are cleaning and laundry policies and procedures that are monitored and adhere to safety standards. The service has a current building warrant of fitness and there is an approved evacuation scheme. Furniture and fittings are selected with consideration to residents' abilities and functioning and rooms are personalised. The service has implemented policies and procedures for civil defence and other emergencies and fire drills are conducted. Staff receive training in CPR and are able to respond to emergency situations. There is a call bell system in all areas. General living areas and resident rooms are appropriately heated and ventilated and have good lighting. Improvements are required whereby issues with hot water system are resolved; and staff and volunteers receive and maintain current first aid training certificates.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service has 14 residents assessed as requiring restraint in the form of bedrails; and four residents assessed as requiring enablers in the form of bedsides. There is a restraint register and an enablers register. Restraint assessments are based on information in the care plan, discussions with residents and on staff observations of residents. Restraint is reviewed for each individual at least three monthly as part of the individual care plan reviews review. Staff are trained in restraint minimisation and restraint competencies are completed regularly. One improvements is required whereby the service reviews restraints and enablers as part of the quality review system.

Infection Prevention and Control

The service has a range of infection control policies and procedures and the content and detail of the programme is appropriate for the size, complexity, and degree of risk associated with the service. Governance of the infection control programme is provided by the PSO infection committee. The infection control nurse is a registered nurse. Infection control data is collated monthly and is included in the benchmarking programme being managed by organisation. There is one required improvement around monitoring infection control at facility level.