

Milton Adams Limited

CURRENT STATUS: 15-Jan-13

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

Cromwell House provides residential care for up to 48 residents who require hospital, rest home, and dementia level care. Occupancy on the day of the audit was at 41. No changes to the facility or management have occurred since the last audit.

This unannounced surveillance audit was undertaken to monitor compliance with specified parts of the Health and Disability Services Standard and the District Health Board contract and included review of eight aspects of service provision identified in the previous audit as requiring improvement. The service provider has effectively addressed seven of these issues. Further improvement is required to maintaining records of reference check on new staff. Six additional areas requiring improvement were identified during this audit relating to updating policies and procedures, document control, maintaining records of staff reference checks prior to employment, appropriate observation of residents after a fall, family involvement in planning activities, and completing medical reviews within required timeframes. The service provider is required to take corrective actions to address these areas.

AUDIT SUMMARY AS AT 15-JAN-13

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 15-Jan-13	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 15-Jan-13	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 15-Jan-13	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 15-Jan-13	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 15-Jan-13	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 15-Jan-13	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

Milton Adams Limited

Date of audit: 20-Apr-11

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

Cromwell House and Hospital provides residential care for 48 consumers at three service levels - Hospital [21 beds], rest home [6 beds] and a secure dementia unit [21 beds]. Occupancy on the day of the audit was at 42. The facility is operated by Milton Adams Ltd. A certification audit of the facility was conducted to establish compliance with the Health and Disability Sector Standards and the Aged Related Residential Services Agreement. There are eight areas for improvement required in relation to documentation in consumer files, consumer meetings, documentation in staff files, staff training and minor maintenance requirements. The service provider is required to make improvements to ensure full compliance with the standards.

There have been no changes made to the building since the previous audit.

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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

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.		A number of shortfalls that require specific action to address

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: <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 		No short falls

<p>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.</p> <ul style="list-style-type: none"> • 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 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. 		
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AUDIT RESULTS

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimizes harm, and acknowledges cultural and individual values and beliefs. Consumer and family members interviewed stated their satisfaction with the service and that staff are providing appropriate care and treatment. Visual inspection evidences the Health and Disability Commissioner (HDC) Code of Health and 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/or family/whanau interviewed demonstrate a good understanding of these processes. The service has appropriate systems in place to manage the complaints processes and a register is maintained. There have been no complaint investigations by the Health & Disability Commissioner, Police, Accident Compensation Commission or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family/whanau are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate an understanding in relation to informed consent and informed consent processes. Consumers and family members interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided. There is an area for improvement required relating to some consumers needing to have copies of enduring power of attorney documents held on file.

Organisational Management

Systems are established and maintained by the governing body which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by a suitably qualified and experienced Manager who maintains professional development. The manager is supported by a clinical coordinator who is a registered nurse. Documented evidence sighted demonstrates the service provider complies with legislation and the service is managed in a safe, efficient, and timely manner.

Cromwell House and Hospital facility has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. Outcomes data is analysed to improve service delivery. Quality improvement meetings are held monthly which report on all quality and risk issues and the Facility Manager provides a detailed monthly report to the Governing Body. An internal audit programme for 2011 is in place. There is an area for improvement required in relation to providing documented evidence of consumer meetings.

The adverse event reporting system evidences a planned and coordinated process, with service providers documenting adverse, unplanned or untoward events. An open disclosure policy is implemented including informing consumers and/or family/whanau of any adverse events.

The human resource management system provides for the implementation of processes both at the commencement of employment and on-going in relation to training and performance coaching. A sampling of seven staff records evidences human resource processes are followed e.g, education/qualifications are checked, police checks are completed and interview questionnaires are completed, however, not all records evidence reference checking and there is an area for improvement required in relation to this. Annual practising certificates are current for all staff.

New staff receive an orientation/induction programme prior to their commencement of care to providers. A staff education programme is implemented for the service, however there are areas for improvement required in relation to developing a process to ensure staff attend training provided, and that all staff commencing work in the dementia unit have undertaken a documented orientation relating to dementia care and activities.

The service has a clearly documented rationale for determining service provider levels and skill mixes in order to provide safe service delivery.

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 legal requirements.

Continuum of Service Delivery

Food services policies and procedures are appropriate to the service setting with current review by the Dietician of the menu. Consumer's individual needs are identified, documented and reviewed on a regular basis. Visual inspection evidences compliance with current legislation and guidelines.

A sample of the clinical files validates the service delivery to the consumers i.e.[3 hospital, 2 rest home and 3 Dementia]. The consumer files reviewed, provided evidence that the service provider implements systems to assess plan and evaluate the care needs of the consumers, however there are two areas for improvement required relating to a consumer's care plan not updated when the consumer's condition changes, and general practitioners' documentation. A registered nurse assessment, including a variety of risk assessments are completed on admission and at least six monthly following admission. The consumers' needs, and goals are clearly identified and interventions documented that clearly guide staff. The consumer and or family have input into the development of care plans. Care plans are reviewed on a regular basis at least six monthly and multidisciplinary reviews of care are held annually. Family communication sheets provide evidence that families are kept well informed. The house general practitioner was interviewed via phone during the audit.

Planned activities are appropriate to the three consumer groups and are provided seven days a week. Consumers and family members interviewed stated there are lots of activities to choose from and observation during the audit showed consumers joining in and being kept busy. Consumers' files evidence individual activities are provided either within group settings or on a one-on-one basis.

An appropriate medicine management system is implemented. Policies and procedures clearly detail service provider's responsibilities. Staff responsible for medicine management have attended in-service education for medication management, and have current competency assessments. Medication files sighted evidenced documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. There are no consumers currently self-medicating, however appropriate systems are in place. A visual inspection of the medication systems evidenced compliance with respective legislation, regulations and guidelines.

Safe and Appropriate Environment

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

Service providers' documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are fit for their purpose. Visual inspection evidences all buildings, plant and equipment comply with legislation and that both the internal and external areas are safe for consumers, although there is an area for improvement required in relation to bathrooms 6 and 56 having wall boards repaired. Consumers interviewed state their room and equipment is well maintained and that they are able to move freely around the facility.

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 files evidence 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

There are currently five consumers using restraint and no consumers using enablers. Documentation of policies and procedures, and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive. Documentation of policies and procedures, and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive.

The service has processes in place at both governance level and facility level for determining restraint approval and processes. Staff interviewed and files sampled evidence responsibilities are identified and known. Consumers files sampled evidence consumer/family input into the restraint approval processes. The restraint committee meeting minutes evidence an approval review process.

Systems are in place to ensure assessment of consumer is undertaken prior to restraint usage being implemented. Consumers' files sampled demonstrate restraint assessment and risk processes are being followed.

Staff interviews and staff records evidence that all clinical staff have received current education on restraint minimisation and safe practice and have current competency assessments. All staff have received education on challenging behaviour and de-escalation,

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

Infection Prevention and Control

Infection control management systems are documented and implemented to minimize 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.

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 relevant infection control education is provided to all service providers, support staff and consumers.

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 to relevant personnel in a timely manner.