

Calvary Hospital Southland Limited

CURRENT STATUS: 03-Sep-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

The Calvary Hospital in suburban Invercargill, provides residential rest home services for up to 30 people and hospital care for up to 42 people. Other than an extension built onto the hospital wing, for which a verification audit was undertaken, this surveillance audit found there have been no other changes within the service since the last certification audit. Reports from residents and family members continue to be favourable about the services provided.

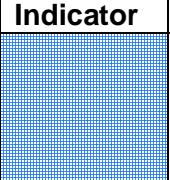
Management and staff made a commitment to address the required improvements raised at their last audit. Complaints management and restraint minimisation are now linked to the quality management system, quality improvement data is analysed and an orientation programme covers the essential components. Eleven areas relating to service delivery that required improvement have all been addressed, although the admission agreement still needs cultural discussion added. All heaters now have a guard on them, restraint and infection prevention education meet requirements, the infection control programme is reviewed annually and appropriate surveillance of infections is occurring monthly.

New areas identified that require improvement include the need to undertake assessments at the time of residents' reviews; that short term care plans are developed for short term problems; that individualised goals are used for activities plans; that medicines are administered and signed for according to prescriptions and that a registered nurse is on duty each night in the hospital area.

AUDIT SUMMARY AS AT 03-SEP-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 fully attained with some standards exceeded |

| Indicator | Description | Definition |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| | No short falls | Standards applicable to this service fully attained |
| | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
| | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
| | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

| Consumer Rights | Day of Audit 03-Sep-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. | | Standards applicable to this service fully attained |

| Organisational Management | Day of Audit 03-Sep-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. | | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |

| Continuum of Service Delivery | Day of Audit 03-Sep-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. | | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |

| Safe and Appropriate Environment | Day of Audit 03-Sep-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. | | Standards applicable to this service fully attained |
| Restraint Minimisation and Safe Practice | Day of Audit 03-Sep-13 | Assessment |
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. | | Standards applicable to this service fully attained |
| Infection Prevention and Control | Day of Audit 03-Sep-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. | | Standards applicable to this service fully attained |

AUDIT RESULTS AS AT 03-SEP-13

Consumer Rights

An open disclosure policy and procedure is being implemented. Information on changes experienced by a resident is passed onto family members, who are also advised of adverse events and the outcome of follow-up investigation processes.

Compliments and complaints are recorded on a dual purpose form and are being investigated within the required timeframes. A complaints register is in place and details the complaint, dates and follow-up process and outcome.

Organisational Management

According to minutes of the two monthly quality management team meetings, health and safety team meetings and the manager's on-going board reports, the quality management system is being maintained. The key components of complaint management, internal audits, health and safety reports, staff training, risk management, restraint minimisation and

infection control are all generating data that is now being analysed and evaluated for quality improvement purposes. This addresses an area requiring improvement from the last audit, as does the inclusion of complaints management and restraint minimisation into the quality management system.

Human resource processes are being maintained with new staff receiving a documented orientation and induction programme that is progressively signed off. This has addressed another shortcoming raised at the previous audit.

There are adequate staff on duty to ensure a high level of care is provided to all residents. However a required improvement is that a registered nurse needs to be on duty at all times, including on the night shift.

Continuum of Service Delivery

Admission agreements are signed on entry to the service. Previous omissions from this document have been added, although cultural considerations have yet to be included. An initial care plan written with the information gathered from the Needs Assessment and Service Coordination (NASC) assessment and the resident and family, is developed for each resident within forty eight hours of admission. A long term care plan is developed within twenty one days with further information gained from nutrition, falls risk and pressure area risk assessments, the diversional therapist, dietitian, physiotherapist and pastoral care facilitator. Care plans are developed by a registered nurse (RN), or written and signed off under RN direction. These actions address a previously required improvement, as does the fact the resident and family sign to confirm their involvement in development of the care plan and that the GP indicates if the resident requires either monthly or three monthly medical reviews.

A new area requiring improvement is that short term care plans are not being developed for new or short term problems. On-going six monthly assessments are carried out on falls risk, nutrition and pressure area risk, however there is no general assessment to inform current status of other possible needs, such as continence, mood/behaviour, cognition and activities of daily living function, prior to the six monthly evaluation and rewriting of the care plan and this is also a required improvement. Nursing progress notes are written for each shift and the physiotherapist integrates her documentation into the nursing progress notes.

A comprehensive activities programme covers large group, small group, community and individual activities. The diversional therapist displays an in-depth knowledge of all residents. A required improvement is to ensure all resident's activities goals are individualised.

Staff are making a concerted effort to ensure legal requirements related to medicine management are met and that guidelines are implemented. Although one criterion still has areas requiring improvement, previously identified areas for improvement have been addressed.

A part-time dietitian visits the facility once a fortnight and ensures that residents' nutritional needs are met. Food safety is ensured with the service participating in the Hazard Analysis and Critical Control Points (HACCP) programme.

Safe and Appropriate Environment

The facility has a current building warrant of fitness. All heaters throughout the facility now have guards installed on them to ensure they are safe. This addresses a required improvement.

Restraint Minimisation and Safe Practice

There are not currently any restraints being used at this facility. Policies and procedures on restraint minimisation and safe practice meet requirements and enablers in use are being used as a safety mechanism an on a voluntary basis.

Two aspects about staff training on restraint minimisation and safe practise were raised as requiring improvement at the previous certification. Both have been addressed with changes made to the content of the training package and computerised individual records now being made of staff training attendance and completion of questionnaires.

Infection Prevention and Control

There is an annually reviewed comprehensive infection control programme with a dedicated infection control coordinator. The infection control coordinator is a RN who takes responsibility for recording and collating identified infections, evaluating the results and reporting to the quality committee. Surveillance results are acted upon with the aim of reducing/preventing further infection. The action plan may include change in practice, education and policy/procedure review. The board of trustees is informed on the infection control programme by the nurse manager and the quality committee minutes. There is a comprehensive infection control audit programme. Infection control education takes place at orientation for all staff and annually for nursing staff. Three improvements required from the certification audit have been addressed with an annual review of the programme occurring, all infections now being included in surveillance activities and a record of infection control education sessions being maintained. These sessions can be group or individual.