

## Mary Doyle Healthcare Limited

**CURRENT STATUS: 04-Jun-13**

**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

Mary Doyle Lifecare provides rest home, hospital and dementia level care for up to 161 residents. On the day of the audit, there were 147 residents, (49 hospital, 54 dementia and 44 rest home).

There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for residents.

The General Manager provides monthly reports to Clinical Nurse Consultant and CEO at head office that provide an oversight on quality activities.

The service provides regular training sessions and competencies are completed by staff. All staff in the dementia unit have completed or are in the process of completing dementia qualifications. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

The service is commended for achieving three continual improvement ratings relating to Maori health care/cultural awareness, the activities programme and education programme.

This audit identified improvements required around aspects of medication management, the use of short term care plans and storage of chemicals.

### AUDIT SUMMARY AS AT 04-JUN-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
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	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	Assessment
	04-Jun-13	
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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Organisational Management	Day of Audit	Assessment
	04-Jun-13	
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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Continuum of Service Delivery	Day of Audit	Assessment
	04-Jun-13	
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.		<b>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 04-Jun-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.		<b>Some standards applicable to this service partially attained and of low risk</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 04-Jun-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 04-Jun-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.		<b>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 04-JUN-13**

### **Consumer Rights**

Residents and their families/whānau are informed of their rights as part of the resident information pack. Residents stated that caregivers always respected their privacy and this is reinforced through the training with caregivers. Initial and on-going assessment includes gaining details of people's beliefs and values. Interventions to support these are identified and evaluated. Residents are encouraged to continue with their spiritual activities.

Cultural awareness training occurred as part of the annual training programme. There is Maori Health Plan which has been revised and implemented.

There is a Maori Health Group at the facility who meet three monthly. A continuous improvement rating has been awarded around Maori Health.

Residents and relatives spoke positively about care provided at Mary Doyle Lifecare. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the code of

rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training supports staff understanding of residents' rights. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community.

### **Organisational Management**

The service has a well established strategic business plan and quality and risk management plan that continues to be implemented. Key components of the quality management system link to a number of meetings including staff and management meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk performance is reported across the facility meetings and also to the Clinical Nurse Consultant and the CEO. The robust systems for quality and risk management are continually reviewed. The last policy review occurring April 2013. Benchmarking occurs with four other facilities owned by the Hurst Holdings Group. Results from audits and quality data have resulted in a number of quality improvements for both residents and staff. There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support and external training is well supported. The facility employs a full time Education Coordinator to deliver the education programme. Staff working in the dementia unit have completed NZQA education modules in dementia care. The staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and resident input into rostering. A continuous improvement rating has been awarded around the implementation of the education programme.

### **Continuum of Service Delivery**

The service has a policy for admission and entry for rest home, hospital and dementia care units. A service information pack is made available prior to entry or on admission to the resident and family/whānau. Residents/relatives confirmed the admission process and that the admission agreement is discussed with them. The registered nurses are responsible for each stage of service provision. The assessments and lifestyle care plans are developed in consultation with the resident/family/whānau and implemented within the required timeframes to ensure there is safe, timely and appropriate delivery of care.

The sample of residents' records reviewed provide evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified in the long term lifestyle care plans and these are reviewed at least three monthly or earlier if there is a change to health status. There is evidence in the resident files that there is resident and/or family/whānau and multidisciplinary team input into the three monthly reviews. There is an improvement required around the use of short term care plans for acute episodes or short term needs. Resident files are integrated and include notes by the GP and allied health professionals.

The activity programme is varied and promotes resident independence, involvement, emotional wellbeing and social interaction appropriate to the level of physical and cognitive abilities of the resident group. Spiritual and cultural preferences and needs are being met. A continuous improvement rating has been awarded for the activities programme.

Education and medicines competencies are completed by all staff responsible for administration of medicines. All medication is reconciled on delivery and stored safely. The medicines records reviewed include photo identification, documentation of allergies and sensitivities and special instructions for administration. There are improvements required to aspects of medicine management. Food services and all meals are provided on site. Residents individual food preferences, dislikes and dietary requirements are met. There is dietitian review and audit of the menus. All staff are trained in food safety and hygiene.

### **Safe and Appropriate Environment**

Mary Doyle Lifecare has two buildings. One facility provides rest home and hospital level of care. The other facility provides a hospital level unit and two dementia care units. The buildings have a current building warrant of fitness and fire service evacuation approval. All rooms are single, personalised and spacious with an ensuite. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are spacious and well utilized for group and individual activity. The dining and lounge seating placement encourages social interaction within the rest home and hospital areas. There are communal and quieter areas in the dementia care units appropriate to meet the individual needs. There are outdoor areas that are safe and accessible. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. An improvement around the safe storage of chemicals in the kitchen and laundry was met on day two of audit. The main site laundry operates throughout the day. The cleaning service maintains a tidy, clean environment. Staff are trained in emergency management procedures and there is water, food and equipment stored for use in an emergency.

### **Restraint Minimisation and Safe Practice**

Mary Doyle Lifecare has a comprehensive restraint minimisation policy. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of enablers.

The policy includes that enablers are voluntary and the least restrictive option. Forms include a restraint and enabler register, a restraint assessment form, a restraint consent form, a consent form for enablers, and enabler assessment form and a behaviour management and monitoring form.

There are three residents with enablers (bedrail) in use and twenty one residents requiring the use of bed rails as a restraint and seven residents requiring the use of a lap belt as a restraint. Staff receive training on restraint minimisation and managing residents' behaviours that can be challenging. Review of restraint occurs three monthly and at six monthly restraint approval group meetings.

## **Infection Prevention and Control**

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control officer is a registered nurse. The infection prevention and control officer has attended external training. Infection control training is provided monthly by the education manager and staff attend at least one annual training session. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection prevention and control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The infection control committee meets three monthly.