# Nazareth Rest Home Limited

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Nazareth Rest Home Limited

**Premises audited:** Nazareth Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 26 March 2015 End date: 27 March 2014

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 48

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **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  |
|  | 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 |

## General overview of the audit

Nazareth rest home and hospital is owned and operated by a trust. The service is certified to provide rest home and hospital level of care for up to 46 residents. On the day of the audit there were 42 residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the District Health Board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management and staff.

An experienced manager is responsible for the daily operation of the facility. She is supported by a full-time clinical nurse leader. A general manager was appointed in September 2014 to oversee Nazareth and two other services under the Trust.

There have been a number of environmental and clinical improvements. Residents and family/whanau interviewed commented positively on the standard of care and services provided at Nazareth.

This certification audit identified improvements required around internal audit outcomes and assessments. The service has been awarded a continual improvement around communication with residents and families/whanau.

## Consumer rights

|  |  |  |
| --- | --- | --- |
| 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. |  | All standards applicable to this service fully attained with some standards exceeded. |

Nazareth provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families/whanau. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented. Residents and family interviewed verified ongoing involvement with community. The service has been awarded a continual improvement around resident and family/whanau communication.

## Organisational management

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| --- | --- | --- |
| 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 low risk. |

Nazareth is implementing a quality and risk management system that supports the provision of clinical care. Quality data is collated for infections, accident/incidents, concerns and complaints and surveys. There is an improvement required around linking audit outcomes to the quality/staff meetings.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

|  |  |  |
| --- | --- | --- |
| 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 low risk. |

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. There is an area of improvement required around completion and review of assessments. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met.

## Safe and appropriate environment

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| --- | --- | --- |
| 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. |

Nazareth Rest Home and Hospital has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents’ rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner’s room. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in a designated external area.

## Restraint minimisation and safe practice

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| --- | --- | --- |
| 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. |

The service has policies and procedures to appropriately guide staff around consent processes and the use of enablers. The clinical nurse leader is the restraint coordinator. There are currently two residents using enablers. Staff receive training in restraint and managing challenging behaviour as part of the annual training plan.

## Infection prevention and control

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| --- | --- | --- |
| 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. |

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control co-ordinator (clinical nurse leader) is responsible for coordinating education and training for staff. The infection control co-ordinator has attended external training. There is a suite of infection control policies and guidelines developed by an infection control specialist. The infection control co-ordinator uses the information obtained through surveillance to determine infection control activities and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement****(CI)** | **Fully Attained****(FA)** | **Partially Attained Negligible Risk****(PA Negligible)** | **Partially Attained Low Risk****(PA Low)** | **Partially Attained Moderate Risk****(PA Moderate)** | **Partially Attained High Risk****(PA High)** | **Partially Attained Critical Risk****(PA Critical)** |
| **Standards** | 1 | 42 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 1 | 90 | 0 | 2 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk****(UA Negligible)** | **Unattained Low Risk****(UA Low)** | **Unattained Moderate Risk****(UA Moderate)** | **Unattained High Risk****(UA High)** | **Unattained Critical Risk****(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service DeliveryConsumers receive services in accordance with consumer rights legislation. | FA | Nazareth has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Five caregivers, three registered nurses (RN) were able to describe how they incorporate resident choice into their activities of daily living. Staff have received training around advocacy services that includes the Code, at orientation and as part of in-service programme.  |
| Standard 1.1.10: Informed ConsentConsumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | D13.1: There were seven of seven admission agreements sighted.D3.1.d: Discussion with four family identify the service actively involves them in decisions that affect their relative’s lives.Informed consent and advanced directives were recorded as evidenced in seven of seven resident files reviewed. Advised by staff that family involvement occurs with the consent of the resident. Residents interviewed confirmed that information was provided to enable informed choices and that they are able to decline or withdraw their consent.  |
| Standard 1.1.11: Advocacy And SupportService providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with residents confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the main entrance. There is a resident advocate available any time. D4.1d; Discussions with family confirm that the service provides opportunities for the family/EPOA to be involved in decisions.ARC D4.1e. The resident files include information on residents’ family/whanau and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community ResourcesConsumers are able to maintain links with their family/whānau and their community.  | FA | D3.1h: Interview with residents and families confirm relatives and friends can visit at any time and are encouraged to be involved with the service and care. Residents are encouraged wherever possible to maintain former activities and interests in the community. They are supported to attend community events and groups such as arthritis association, blind society, poetry group, Marist brother’s blokes and sheds, church groups and inter-home visits. D3.1.e: Interview with residents confirm the staff help them access community groups. |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | There is a complaints policy to guide practice which aligns with Right 10 of the Code. The Privacy officer (manager) leads the investigation of non-clinical concerns/complaints and the clinical nurse leader investigates clinical concerns/complaints. Concerns/complaints are discussed at the monthly quality/staff as sighted in the meeting minutes. Complaints forms are visible. There were five complaints in 2014. There have been five complaints/concerns in January 2015 relating to cares and meals. Appropriate action has been taken within the required timeframes and to the satisfaction of the complainants. Residents and families interviewed were satisfied with the cares and meals they receive. Management operate an “open door” policy. D13.3h. a complaints procedure is provided to residents within the information pack at entry. |
| Standard 1.1.2: Consumer Rights During Service DeliveryConsumers are informed of their rights. | FA | There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Large print posters of the Code and advocacy information is displayed at the main entrance to the facility. D6.2 and D16.1b.iii the information pack provided to residents on entry includes how to make a complaint, Code of Rights pamphlet, advocacy and Health & Disability Commission. The information booklet is in English and Maori. D16.1bii. the families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And RespectConsumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents’ personal privacy by knocking on doors prior to entering resident rooms during the audit. Six residents (three rest home and three hospital) interviewed confirmed staff respect their privacy, and support residents in making choice where able. Resident files are stored out of sight. Staff receive training around abuse and neglect.D3.1b, d, f, i: The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with family involvement. The service actively encourages residents to have choices and this includes voluntary participation in daily activities. D4.1a: Seven resident files reviewed identified that cultural and /or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. Interviews with residents confirm their values and beliefs are considered. D14.4: There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. Personal belongings are documented and included in resident files. |
| Standard 1.1.4: Recognition Of Māori Values And BeliefsConsumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | Nazareth has a Maori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). The service enjoys a close relationship with the local Iwi. The service is represented at the local Hui four times a year. Kaumatua and Iwi representatives are invited to the service Mission Day and Matariki celebrations held on-site. Close liaison with local Iwi ensure that appropriate services are available for Maori residents and their family. Staff attend Treaty of Waitangi training at the retreat centre (on-site) which is also open to the community.D20.1i: There is a cultural safety policy to guide practice including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Staff interviewed were able to describe how they ensure Maori values and beliefs are met. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. At the time of audit there was one Maori resident that identified as Maori. Cultural preferences and values were written into the long term care plan.  |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And BeliefsConsumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.  | FA | The resident and family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six monthly reviews occur to assess if needs are being met. Discussion with relatives and residents confirm values and beliefs are considered. Residents are supported to attend church services of their choice. There is a chapel on-site with regular church services and mass. The service employ two pastoral care workers who are involved in a number of activities for residents and their families such as one on one time, prayers and bible readings (link CI 1.1.9.1). D3.1g: The service provides a culturally appropriate service by ensuring it understands each resident's preferences. D4.1c: Care plans reviewed included the residents’ social, spiritual, cultural and recreational needs. |
| Standard 1.1.7: DiscriminationConsumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Monthly staff meetings include discussions on professional boundaries and concerns as they arise (minutes sighted). Interviews with the clinical nurse leader and care staff confirmed an awareness of professional boundaries.  |
| Standard 1.1.8: Good PracticeConsumers receive services of an appropriate standard. | FA | Nazareth policies and procedures reflect best practice and meet the health and disability safety sector standards. Staff are made aware of new/reviewed policies at the monthly staff meeting. Education planners over the last two years include training requirements. Staff complete relevant workplace competencies. All staff attend philosophy training. An environment of open discussion is promoted. There are handovers between shifts. A focus group has been formed who liaise with staff and the management to identify areas of improvement and corrective actions. An issues page is posted for staff input prior to the meetings. Allied health professionals are available to provide input into resident care for example dietitian and pharmacist. ARC A2.2: Services are provided at Nazareth that adhere to the health & disability services standards. ARC D17.7c: There are implemented competencies for caregivers and registered nurses. The clinical nurse leader has access to external training. Discussions with residents and family were positive about the care they receive. Interview with caregivers inform they are well supported by the clinical nurse leader who is also available after hours.  |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | CI | There is a policy to guide staff on the process around open disclosure. Accident/incident forms have a section to indicate if family have been informed of an accident/incident. Eleven of eleven incident forms reviewed for February 2015 identify family were notified following a resident incident. The clinical nurse manager and manager confirm family are kept informed. Family interviewed confirm they are notified promptly of any incidents/accidents. There is access to an interpreter service. D12.1: Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health “Long-term Residential Care in a Rest Home or Hospital – what you need to know” is provided to residents on entry.D16.1b.ii: The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement D16.4b: There is documented evidence of family notification when their relatives health status changes.D11.3: The information pack is available in large print and this can be read to residents.  |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Nazareth rest home and hospital provides care for up to 46 residents. There are 28 dual service beds and 18 rest home beds. On the day of audit there were 35 rest home residents and seven hospital level of care residents. Nazareth's mission and vision flow from the vision of the Sisters of St Joseph which is 'fullness of life for the earth and its peoples - kii tonu te ao me te orokohanga a te tangata' underpins the business plan, quality goals and objectives.A general manager has been appointed September 2014 to oversee and manage overall responsibilities for three facilities under the Sisters of St Joseph, including Nazareth rest home and hospital. The general manager has been associated with the operations of Sisters of St Joseph for the past four years. The general manager reports directly to the board of seven who comprise of two Nazareth directors, Sisters of St Joseph, accountant and a registered nurse manager from an independent facility. The manager, who has been at Nazareth for eight years, provides a monthly operational report to the general manager. The clinical nurse leader provides a clinical report. The general manager reports directly to the board. The change in organizational structure has provided greater support for the service, sharing of resources and networking and the opportunity for combined purchasing power. The clinical nurse leader has been in the role three and a half years with previous experience in aged care, rehabilitation and assessment. ARC,D17.3di, The manager has attended at eight hours of education relating to managing a rest home and hospital including aged care managers’ meetings, aged care conference, health and safety legislation and infection control seminars.  |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | The clinical nurse leader provides cover for the manager leave supported by the general manager. D19.1a; a review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, quality assurance programme which includes culturally appropriate care, to minimise risk of unwanted events and enhance quality. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | PA Low | Nazareth has implemented a quality and risk management system. The 2014 quality plan has been evaluated with quality improvements as follows: (i) Installation of time target, (ii) expansion of call bell system to provide a paging system, (iii) installation of web based phone system as result of relative concern, (iv) supported transition of enrolled nurse to renew practicing certificate, (v) developed relationship with local training provider employing 10 staff in two intakes reducing the need for agency staff, (vi) upgrade of facility to best meet the needs of hospital residents including new sluice room, modified bathrooms and more accessible toilet and relocation of nurse’s station closer for staff observation for hospital residents. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis. The content of policy and procedures are detailed to allow effective implementation by staff. Staff interviewed confirm they are made aware of new/reviewed policies and sign to declare they have read and understood the content. There are regular staff meetings followed by quality meetings where monthly quality data is discussed including infections, accidents and incidents, health and safety, restraints and enablers, concerns and complaints. A focus group meets regularly. Meeting minutes are available to all staff. There is an internal audit programme. An improvement is required around the reporting of audit outcomes. Annual staff and resident/relative satisfaction surveys are completed annually. Results are collated and fed back to participants through meetings and posters. Activities survey feedback regarding guest speakers are linked to the resident meeting minutes (sighted). D19.3: There is an implemented Health and safety and risk management system in place including policies to guide practice. The service has a health and safety coordinator with specific role responsibilities. There is a current hazard register (reviewed July 2014) that identifies hazards for each area of work. D19.2g: Fall prevention strategies were in place that include the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls. Falls risk assessments are completed. Interventions include sensor mats and pendants for high risk residents.  |
| Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.  | FA | Eleven accident/incident forms for the month of February 2015 were sampled. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whanau had been notified. D19.3c: The service collects incident and accident data and reports aggregated figures monthly to the quality and staff meeting. Staff interviewed confirm incident and accident data are discussed at the quality and staff meeting. D19.3b; The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Trending data is considered. Discussions with the manager, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no outbreaks to report.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | There are human resources policies to support recruitment practices. Seven staff files sampled contained all relevant employment documentation. Current practising certificates were sighted for the clinical nurse leaders, RNs and allied health professionals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment. Performance appraisals are up to date. The 2014 and 2015 annual education planner covers all the compulsory training requirements. There is good staff attendance. Care staff have access to aged care education and an on-site assessor. RNs attend external training. The clinical nurse leader and one RN have completed InterRAI training. The clinical nurse leader has achieved competent level of the professional development recognition programme. Clinical staff complete competencies relevant to their role including medication competencies.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a clinical nurse leader Monday to Friday and on-call. There is an RN 24/7. The diversional therapist works Monday to Friday. There are dedicated cleaning, laundry and food services staff. The caregivers, residents and relatives interviewed inform there are sufficient staff on duty at all times. |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into the resident’s individual record. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident. D7.1 Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain service name. |
| Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment is completed on admission. The service has specific information available for residents and families at entry and it included associated information such as the Health and Disability Code of Rights, advocacy and complaints procedure. Seven admission agreements reviewed aligned with the ARC contract and exclusions from the service is included in the admission agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.  | FA | The transfer /discharge/exit procedures included a transfer/discharge form and the completed form is placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation were forwarded with the resident. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The service uses individualised medication packs which are checked in on delivery. The clinical nurse leader and medication competent caregiver were observed administering medications correctly. Medications and associated documentation were stored safely and securely and all medication checks were completed and met requirements. Resident photos and documented allergies or nil known were on all 14 medication charts reviewed. An annual medication administration competency was completed for all staff administrating medications and medication training had been conducted. There is a self-medicating resident’s policy and procedures in place. There were currently no residents who self-administered medications. Individually prescribed resident medication charts are in use and this provides a record of medication administration information. As required medication was reviewed by a registered nurse each time prior to administration. Medication charts reviewed identified that the GP had reviewed the resident three monthly and the medication chart was signed.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | All meals at Nazareth Rest Home and Hospital are prepared and cooked on site. There is a four weekly winter and summer menu approved by the dietitian, visited March 2015. Meals are prepared in a well-appointed kitchen adjacent to the dining room and served directly to the residents. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunch time meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurse or clinical nurse leader. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly, or more frequently if required, or as directed by a dietitian/GP. Resident meetings and satisfaction surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. |
| Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.  | FA | The reason for declining service entry to residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/family and the appropriate referrer.  |
| Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | PA Low | All residents are admitted with a care needs level assessment completed by the needs assessment and service co-ordination team prior to admission. Personal needs information is gathered during admission, which formed the basis of resident goals and objectives. Assessments are reviewed at least six monthly, or as residents’ condition changes. However, there is improvement required around assessments and completing reviews of assessments within the specified time frames.  |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Resident files include all required documentation around care plans. The long-term care plan describes the resident’s problem/need, objectives, interventions and supports for identified issues. The service has a specific acute health needs care plan that included short-term cares. Resident files reviewed identified that the resident/family and relevant allied health professionals are involved in the care plan development and on-going care needs of the resident.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Care plans are current and interventions reflect the assessments and the identified requirements of the residents. Interviews with staff (registered nurses and caregivers) and relatives confirmed involvement of families in the care planning process. Relatives interviewed confirmed they are notified for any changes to their relatives’ health status. Dressing supplies were available and a treatment room was stocked for use. Continence products were available and resident files included a urinary continence assessment (link 1.3.4.2), bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described. Wound assessment and wound management plans were in place for six residents with wounds.  |
| Standard 1.3.7: Planned ActivitiesWhere specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The activity staff include a qualified diversional therapist, who works Monday to Friday. There is also an activity assistant, who works five hours a week, as well as two part-time pastoral carers. The two pastoral carers assist with activities and conduct interdenominational church services and one-on-one meetings with residents’. A priest conducts a catholic mass once a week. The activities staff provide an activities programme over seven days each week. The programme is planned monthly and residents received a personal copy of planned monthly activities. Activities planned for the day were displayed on notice boards around the facility. A diversional therapy plan was developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that were appropriate and meaningful and were encouraged to participate in community activities. The service has a van that was used for resident outings. Residents were observed participating in activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans reviewed were updated as changes were noted in care requirements. Care plan evaluations are comprehensive, related to each aspect of the care plan and recorded the degree of achievement of goals and interventions. Short-term care plans are utilised for residents and any changes to the long-term care plan were dated and signed. Short-term care plans were in use. Care plans are evaluated within the required time frames.  |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.  | FA | The service facilitates access to other services (medical and non-medical) and where access occurred, referral documentation is maintained. Residents' and/or their family are involved as appropriate when referral to another service occurs. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | All chemicals are labelled with manufacturer labels. There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored securely. Laundry and sluice rooms are locked when not in use. Product use charts were available and the hazard register identifies hazardous substances. Gloves, aprons, and goggles are available for staff. Safe chemical handling training has been provided.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The service displays a current building warrant of fitness which expires on 22 June 2015. Hot water temperatures are checked weekly. Medical equipment and electrical appliances have been tested and tagged and calibrated. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. There is a large lounge and dining room and separate large activities lounge. The exterior has been well maintained with safe paving and decking, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there is adequate equipment to carry out the cares according to the resident needs as identified in the care plans.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All resident rooms in Nazareth Rest Home and Hospital are single rooms including the rooms in the new wing. Residents in the older wings have a hand basin in their rooms and share communal toilets and showers. There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Residents interviewed state their privacy and dignity is maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs. |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | The resident rooms at Nazareth Rest Home and Hospital are spacious enough to meet the assessed resident needs. Residents are able to manoeuvre mobility aids around the bed and personal space, as required. All beds are of an appropriate height for the residents and are able to be raised/lowered. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms were personalised. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is a large lounge and dining room, and a separate large lounge, which is used for organised activities as observed at the time of audit. There is also a large chapel, which is used by residents’ for church services, readings and quiet reflection. There is a small enclosed courtyard and outside decking with safety rails. The dining room is spacious, and located directly off the kitchen/servery area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed report they are able to move around the facility and staff assisted them when required.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Nazareth Rest Home and Hospital has a separate laundry area where all linen and personal clothing is laundered by designated laundry staff. There are separate and secure cleaner cupboards. Staff have attended infection control education and chemical handling training and there was appropriate protective clothing available. Manufacturer’s data safety charts are available and all chemicals were in their appropriate containers. Residents and family interviewed reported satisfaction with the laundry service and cleanliness of the room/facility.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | The service has an approved evacuation plan dated 21 March 2007. Six monthly fire drills are held the last one being 11 February 2015. Staff receive training in emergency management. All staff at Nazareth have a current first aid certificate (caregivers, admin, housekeeping, laundry, kitchen, diversional therapy and management). There is an emergency plan and disaster preparedness policies and procedures. There is adequate water store, food supply, barbeques and civil defence equipment available in the event of an emergency. The call bell system is available in all bedrooms, bathrooms and communal areas. The facility is secure after hours.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All communal and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family interviewed stated the environment was warm and comfortable. |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | 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 control coordinator is the clinical nurse leader (job description sighted). Infection control matters and monthly data are discussed at the quality and staff meeting. The infection control programme was reviewed at the time of policy review March 2015.Visitor are asked not to visit if they have been unwell. Influenza vaccines are provided. There are hand sanitizers throughout the facility and adequate supplies of personal protective equipment.  |
| Standard 3.2: Implementing the infection control programmeThere are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | Infection control is managed by the infection control coordinator and infection control representative (caregiver). Both have attended annual external infection control education. There is access to an external infection control specialist, district heath board (DHB) infection control nurse, public health, and GP and laboratory personnel. The service has an outbreak management kit that is readily available.  |
| Standard 3.3: Policies and proceduresDocumented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative 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. | FA | D 19.2a: The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. Infection control policies have been purchased through an infection control specialist March 2014 and reflect current best practice.  |
| Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating/providing education and training to staff. The IC coordinator has completed appropriate IC training. Staff receive infection control orientation on employment and attend annual infection control education. Annual hand hygiene audits have been completed. Resident education is expected to occur as part of providing daily cares and discussed at resident meetings as appropriate.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported at the quality/staff meetings. Trends are identified and quality initiatives put in place. An example being an increase in eye infections was reduced with the introduction of disposable flannels and reminders about hand washing. Caregivers interviewed confirm infection control and surveillance data is discussed at staff meetings. Systems are in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | There is a documented definition of restraint and enablers which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were two residents with enablers in use. Enablers are linked to the care plans. The clinical nurse leader is the restraint coordinator. Annual training in restraint and challenging behaviour is provided. Restraint/enablers are discussed at the clinical meetings.  |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3.6Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | PA Low | Quality data collated monthly for infections and accidents/incidents are discussed at the quality and staff meetings (minutes sighted). Staff interviewed are aware of infection control and health and safety matters. Internal audits are completed as per schedule and include environmental and clinical audits. Internal audits are completed by the manager and clinical nurse leader. Corrective action plans are raised for identified deficits.  | Audit outcomes are not discussed or reflected in meeting minutes. Staff interviewed were not aware of audit outcomes.  | Ensure staff are aware of the outcomes of internal audits. 90 days |
| Criterion 1.3.4.2The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning. | PA Low | There are policies and procedures around the need for resident assessments and frequency of assessment reviews. | One resident identified with non-healing wounds had no nutritional assessment completed and the last documented weigh was in November 2014. One resident identified with chronic pain had a pain assessment which was last reviewed April 2014. The same resident had a continence assessment which had not been reviewed six monthly. | Ensure that residents’ assessments are completed within the required time frames, or as their condition changes.90 days |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.1.9.1Consumers have a right to full and frank information and open disclosure from service providers. | CI | Residents and family are kept informed on matters relating to their residents care and receive updates on facility matters.  | Resident meetings are held six weekly. There is a resident advocate who attends the meetings. At each meeting one of the Code of Rights is read out to residents and discussed. The resident advocate is available at any time for the residents either in an individual basis or in a group setting. Residents and relative receive the regular Nazareth newsletter with home events, community events, pastoral care reports and facility updates. Family meetings are also held (meeting minutes sighted). The service has installed ultra-fast broadband for laptop and iPad use for residents to maintain communication with their families who do not live locally. There is full-time pastoral care workers on-site who are available at any time to meet with residents for chats, prayers and take two church services a month. One pastoral care worker (interviewed) stated that they are also available to meet with relatives and residents and provide support during end stage care. They help serve meals in the dining room, assist with activities and conduct blessings. There is close liaison between care staff and the pastoral care workers. They are involved in the multidisciplinary meetings; attend staff meetings and on-site education. Both pastoral care workers (who job share) have attended palliative care/end of life in service and have current first aid certificates.  |

End of the report.