

# Sisters of St Joseph of the Sacred Heart (NZ) Trust Board - Mary MacKillop Care

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## 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](#).

The specifics of this audit included:

**Legal entity:** Sisters of St Joseph of the Sacred Heart (NZ) Trust

**Premises audited:** Mary MacKillop Care

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 26 April 2017 End date: 27 April 2017

**Proposed changes to current services (if any):** This audit included verifying the conversion of 12 existing rest home beds to dual purpose beds with no overall increase in capacity.

**Total beds occupied across all premises included in the audit on the first day of the audit: 31**



# Executive summary of the audit

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## 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

Indicator	Description	Definition
Yellow	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
Red	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

Mary MacKillop Care is owned and operated by the Sisters of St Joseph. The service is certified to provide rest home and hospital level care for up to 31 residents. On the day of the audit, there were 31 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, staff and management.

The service is overseen by a nurse manager who is well qualified for the role. Residents, family and the GP interviewed spoke positively about the service provided.

The service is commended for achieving continued improvement ratings in best practice for their falls project, in service provision for weight management and in infection control for reduction in urinary infections.

## 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.
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Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is presented to residents and their families during entry to the service. Policies are implemented to support rights such as: privacy; dignity; abuse and neglect; culture; values and beliefs; complaints; advocacy; and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Residents and family report communication with management and staff is open and transparent. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

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.		Standards applicable to this service fully attained.
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Services are planned, coordinated and are appropriate to the needs of the residents. A nurse manager is responsible for the day-to-day operations of the care facility. The nurse manager is supported by a clinical/quality manager and a team of care staff. Quality and risk management processes are implemented. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting and health and safety processes. The health and safety programme meets current legislative requirements. Adverse, unplanned and untoward events are documented and investigated. Human resources are managed in accordance with good employment practice. An orientation

programme is in place for new staff. A staff education and training programme is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to meet the needs of the residents. The residents' files are appropriate to the service type.

## 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.

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

Service delivery is overseen by on-site registered nurses. Each resident is comprehensively assessed. Care plans have been developed in consultation with the resident, family, general practitioner and other allied health professionals where appropriate. Residents care was evaluated at least six-monthly. Residents were seen by the general practitioners three-monthly or sooner for acute conditions.

The activity coordinator and pastoral care team provide an activity programme that meets the recreational abilities, Catholic devotional practices and preferences of each resident group. There are individual and group activities planned to maximise the resident's health and independence.

An electronic medicine management system of charting was being used by the service and was working well in practice. The medicine management system was managed appropriately in line with required guidelines and legislation.

All food is prepared and cooked on-site in a well-equipped commercial style kitchen. Menus are reviewed by a dietitian. Residents and relatives interviewed spoke very highly of the presentation and choice of meals offered.

## Safe and appropriate environment

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.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Rooms are individualised. There are large spacious lounges and dining areas. There are adequate toilets and showers. The internal areas are able to be ventilated and heated. There is sufficient space to allow the movement of residents around the facility using mobility aids. The outdoor areas are safe and easily accessible. Cleaning services are well monitored through the internal auditing system. Only personal items are laundered on-site and all other laundry is completed by an external contractor off-site.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency.

## Restraint minimisation and safe practice

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.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. The restraint coordinator is the clinical/quality manager who is responsible for ensuring restraint management processes are followed. On the day of audit there were no residents using a restraint or an enabler.

## Infection prevention and control

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.

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

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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)
<b>Standards</b>	3	42	0	0	0	0	0
<b>Criteria</b>	3	90	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation.	FA	The Code of Health and Disability Consumers' Rights (the Code) brochures are provided to residents and their families. Policy relating to the Code is implemented. The staff interviewed (one nurse manager, one clinical/quality manager, two registered nurses (RNs), one enrolled nurse, seven caregivers and one chef) confirmed their understanding of the Code and provided examples of how the Code is applied to residents' cares. Staff receive training about the Code during their induction to the service and training continues through the staff education and training programme.
Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and	FA	Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. Six resident files sampled (three hospital and three rest home) demonstrated that advanced directives are signed for separately. There is evidence of discussion with family when the GP has completed a clinically indicated not for resuscitation order. Caregivers and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All resident files sampled had a signed admission agreement signed on or before the day of admission.

give informed consent.		
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interview with staff and residents informed they are aware of advocacy and how to access an advocate.</p> <p>Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages the residents to maintain their relationships with friends and community groups. The Josephite sisters who live on-site in a connected building are involved daily, providing pastoral care and assisting the residents with their devotions. Assistance is provided by the care staff to ensure that the residents participate in as much as they can safely and desire to do, evidenced through interviews and observations. Interviews with the residents confirmed that they are encouraged to remain active in their community and participate in social activities external to the aged care facility. Examples include van outings, visits to the library and shopping trips. Local entertainers regularly visit the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and families during entry to the service. Access to complaints forms are located at reception. A register of all complaints received is maintained. No complaints were received in 2016 and no complaints have been received in 2017 (year to date). The nurse manager was able to describe the process to be followed in relation to complaints management and the process that was described aligns with the requirements of the Code.</p> <p>Discussions with residents and families/whānau confirmed they were provided with information on the complaints process and confirmed that they had no concerns or issues with how the service was operated.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information that is provided to new residents and their families. The nurse manager and/or clinical manager discuss aspects of the Code with residents and their family on admission. All eight residents (five rest home and three hospital) and three family (one hospital and two rest home) interviewed reported that the residents' rights were being upheld by the service.</p>

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The residents' personal belongings are used to decorate their rooms. Privacy signage is on communal toilet doors.</p> <p>The care staff interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. All of the residents and families interviewed confirmed that the residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff attend education and training on abuse and neglect, which begins during their induction to the service.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers 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.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. Links are established with local Māori. Resident rooms are blessed following a death.</p> <p>Staff education on cultural awareness begins during their induction to the service and continues as a regular in-service. There were no residents living at the facility who identified as Māori during the audit. Staff interviewed described how they would meet the needs of residents who identify as Māori and confirmed that any cultural values and beliefs that are identified, would be documented in the resident's care plan.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all six care plans reviewed (three rest home and three hospital). Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. The mission and value statements of the service including the care provided, are built around the principles of the Catholic faith.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Professional boundaries are discussed with each new employee during their induction to the service. Professional boundaries are also described in job descriptions. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>The service has policies to guide practice that align with the Health and Disability Services Standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents interviewed spoke very positively about the care and support provided. The recent resident survey identified a high level of satisfaction with the service. The staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.</p> <p>The service has implemented a quality improvement project around falls reduction which has seen a reduction in the overall falls and falls with injury.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed at all times. The policy also describes that open disclosure is part of everyday practice. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. A family communication sheet is held in the residents' files. Nine accident/incident forms randomly selected from the current month included documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible through the DHB if required. Families and staff are utilised in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation</p>	<p>FA</p>	<p>Mary Mackillop Care provides care for up to 31 residents at rest home and hospital level of care. On the day of audit, there were the 15 hospital residents in the 15 bed Kowhai wing and 5 hospital and 11 rest home residents in the 16 bed Rata wing. All residents were under an Aged Related Residential Care contract. There were no respite residents.</p>

<p>ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>This full certification audit included assessing the conversion of twelve rest home beds to dual purpose. This brings the total number of dual purpose beds to 31.</p> <p>An annual business plan has been developed that includes a philosophy, values and measurable goals. Business goals documented for 2016 -2017 have been reviewed and the business plan for 2017-2018 has been implemented.</p> <p>An experienced nurse manager who has been in the role since 2004, manages the service. A clinical/quality coordinator (registered nurse) who has at the service for one year supports the nurse manager.</p> <p>The nurse managers have completed at least eight hours of training related to management of an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	<p>FA</p>	<p>During the absence of the nurse manager, the clinical/quality coordinator covers the management and clinical responsibilities.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with staff (nurse manager, clinical/quality manager, two registered nurses, one enrolled nurse and seven caregivers), reflected their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures have been updated to include reference to interRAI, health and safety and pressure injury management. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Staff are requested to sign that they have read the new/revised policies.</p> <p>Quality data collected is collated and analysed. Quality data is regularly communicated to staff via monthly staff meetings and through the use of graphs that are posted each month in the staff room.</p>

		<p>An internal audit programme is being implemented and corrective actions are implemented where opportunities for improvement are identified. There was evidence in the monthly staff meetings to verify staff are informed of audit results and corrective actions. A quality improvement register is maintained that keeps a running tally of quality initiatives. Examples since the last audit included (but were not limited to): the implementation of an electronic medication management system; the purchase of three new pressure relieving mattresses; the replacement of carpet in the hallways in Kowhai wing and; the introduction of a new care plan format.</p> <p>A health and safety programme is in place that meets current legislative requirements. An interview with the health and safety officer (registered nurse) and review of health and safety documentation confirmed that legislative requirements are being met. External contractors have been orientated to the facility's health and safety programme. The hazard register is regularly reviewed (last review December 2016).</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p> <p>The service has implemented quality improvement projects around falls reduction and the management of pressure injury risk, with improvements noted in the incidence of falls and pressure injuries (link 1.1.8.1)</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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.</p>	<p>FA</p>	<p>An accidents and incidents reporting policy is in place. There was evidence to support actions are undertaken to minimise the number of incidents. Clinical evaluation of residents following an adverse event is conducted by a registered nurse and was evidenced in all nine accident/incident forms selected for review.</p> <p>Adverse events are linked to the quality and risk management programme. Staff are kept informed in a timely manner regarding accidents and incidents and the implementation of strategies to reduce the number of adverse events.</p> <p>The nurse manager is aware of the requirement to notify relevant authorities in relation to essential notifications. Three section 31 notifications have been made since the last audit relating to a resident absconding, a slip in front of the property and a potential outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>FA</p>	<p>There are human resources management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity, evidenced in seven staff files randomly selected for review (one nurse manager, one clinical/quality manager, one registered nurse, one caregiver, one activities coordinator, one chef and one cleaner).</p> <p>Copies of practising certificates are kept on file. The service has implemented an orientation programme that</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>provides new staff with relevant information for safe work practice. Evidence of completed induction checklists were sighted in all staff files reviewed. Annual staff appraisals were up to date.</p> <p>An in-service education programme is being implemented. Regular in-services are provided by a range of in-house and external speakers including but not limited to nurse specialists, Aged Concern and the Health and Disability Advocacy Service.</p> <p>Four of seven registered nurses are trained in the use of interRAI.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Policy includes staff rationale and skill mix. Sufficient staff are rostered to manage the care requirements of the residents. The nurse manager is on site Monday to Friday and the clinical/quality coordinator Monday to Thursday unless the nurse manager is on leave, at this time she works Monday to Friday. They both share the on call.</p> <p>On a morning shift, there is one registered nurse and five caregivers (three long and two short) and on an afternoon, there is one registered nurse and four caregivers (one long and three short). The night shift is staffed with one registered nurse and one caregiver. Extra staff can be called on for increased resident requirements.</p> <p>There is also a plan in place to increase the permanent caregiver hours across all shifts (sighted) with the addition of 12 additional dual purpose beds.</p> <p>An activities coordinator is rostered on two days a week, with support from the Josephite Sisters over the other 5 days. There are separate domestic staff who are responsible for cleaning services.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked storage facility located on the premises.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the carer and include their designation.</p>

<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The admission policy and resident information brochure outlines access, assessment and the entry screening processes. The local community and Needs Assessment and Coordination agencies are familiar with entry criteria and how to access the service. The service operates 24 hours a day, 7 days a week. Comprehensive information about the service is made available to referrers, potential residents and their families. Resident agreements sighted contain all details required under the Aged Residential Care Agreement. Family members and residents interviewed stated that they had received the information pack and had received sufficient information prior to and on entry to the service.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. A transfer form accompanies residents to receiving facilities and communication with family is made. One file reviewed was of a resident that had been transferred to hospital acutely. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was well documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service has introduced an electronic medication management system. The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely in the medication room/cupboards. Medication administration practice complies with the medication management policy for the medication round sighted. There was evidence of three-monthly reviews by the GP. Registered nurses administer medicines. Twelve individual resident's electronic medication charts were sighted. Resident medication charts are identified with photographs and allergies recorded. All prescribed "as required" medications documented the indication for use. All medications were evidenced to be administered as prescribed. The facility uses a pre-packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Temperature monitoring of the medication fridges was evidenced to be completed daily. There were no residents self-administering medication on the day of audit. Since the transition onto an electronic medication management system, standing orders are no longer in use.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>CI</p>	<p>The residents' individual food, fluids and nutritional needs are met. Residents are provided with a balanced diet, which meets their cultural and nutritional requirements. The meals are cooked on-site. Food is sent to the individual unit servery's in bain maries. Food temperatures are recorded when food is placed in bain maries and</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>on exit from kitchen. Fridge temperatures are recorded for the fridge in each servery.</p> <p>There is a summer and winter menu that has been reviewed by a registered dietitian who also provides dietetic input around the provision of special menus and diets where required. A dietary assessment is completed on all residents at the time they are admitted. Residents with weight loss are reviewed and dietary modifications made as required. Residents with special dietary needs have these needs identified. Resource information on these diets is available in the kitchen. The service has exceeded the required standard around the management of residents with weight loss or who are identified at risk of malnutrition.</p> <p>A dietary assessment for each resident is sent to the kitchen alerting the chef of any special requirements likes and dislikes or meal texture required. Feedback on satisfaction with meals is obtained from residents. Corrective actions are undertaken if required.</p> <p>Special equipment is available and on observing mealtimes, it was noted there were sufficient staff to assist residents.</p> <p>A kitchen cleaning schedule was in place and implemented. The chiller, fridge and freezer temperatures were monitored. The kitchen was observed to be clean and well organised and all aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	<p>FA</p>	<p>There is policy in place regarding the process for declining entry. Consumers are declined entry when there are no beds available or, if the person requires a level of care that is not able to be provided by the facility. If a potential admission was declined entry, the consumer and where appropriate their family/whānau of choice, is informed of the reason for the decline and provided with other options where they can access services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded</p>	<p>FA</p>	<p>The resident's needs, support requirements and preferences were collected and recorded within required timeframes. The RNs complete a variety of assessment tools on admission along with a long-term interRAI assessment. Four RNs are interRAI trained. Assessments reviewed included falls; pressure risk; dietary needs; continence; pain; mobility; cognitive and depression. All residents have a long-term interRAI assessment. The outcomes of these assessments are reflected in all long-term care plans reviewed.</p> <p>Each resident is allocated a registered nurse. A schedule is maintained of assessments and reviews with</p>

in a timely manner.		responsibilities clearly allocated.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	Resident files include all required documentation. The long-term care plans sampled recorded the resident's problem/need, objectives, interventions and evaluation for identified issues. The long-term care plans reviewed were resident focused, integrated and promoted continuity of service delivery. Care plans were amended to reflect changes in health status. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Resident files reviewed identified that the resident and (where appropriate) the family were involved in the care plan development and ongoing care needs of the resident.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>All care plans reviewed included documentation that meets the need of the residents. Where resident needs had changed, care plans had been updated. Interview with one GP evidenced that care provided is of a high standard and GPs are kept informed. Family members interviewed stated care and support is very good and that they are involved in the care planning.</p> <p>Caregivers and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Comprehensive wound assessment, management and evaluation forms are in place for nine wounds, which included two stage II and one stage I pressure injury. All wounds have been reviewed in appropriate timeframes. All wounds evidence progress towards healing. GP input was evidenced for all pressure injuries. Pressure relieving equipment documented in care plans were sighted in use during the audit. The service has access to the ADHB tissue viability nurse specialist regarding support on wound management. A podiatrist visits six-weekly. Physiotherapy and dietitian input is available on request.</p> <p>Interviews with registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Monitoring charts were well utilised at Mary MacKillop and examples sighted included (but not limited to): weight and vital signs; blood glucose; pain; food and fluid; turning charts; and behaviour monitoring.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their</p>	FA	The activities coordinator works two days per week, Monday and Friday and coordinates with the pastoral care team to ensure an activity programme is delivered over six days per week. The programme is planned monthly and residents received a personal copy of planned monthly activities. Activities planned for the day were displayed on noticeboards around the facility. An activity plan is developed for each individual resident, based on assessed needs. Residents were observed to be encouraged to join in activities that were appropriate and meaningful. The service uses a contracted provider to supply a mobility van for resident outings and transport. Monthly resident meetings (minutes sighted) provide a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the opportunity to maintain their Catholic

needs, age, culture, and the setting of the service.		devotional practices.
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 sampled were 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 for infections and wounds. Care plans sampled were evaluated within the required timeframes.
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/EPOA 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	FA	The service has documented policies and procedures for the safe and appropriate storage and disposal of waste and hazardous substances. Waste is appropriately managed.  Chemicals are secured in designated locked cupboards. Chemicals are labelled and safety data sheets are available throughout the facility and accessible to staff. Safe chemical handling training has been provided. Personal protective equipment/clothing is in place in all high-risk areas. Staff were observed wearing protective equipment and demonstrated knowledge of handling chemicals.

substances, generated during service delivery.		
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness (28 May 2017). Mary Mackillop has a maintenance contractor who completes the reactive and planned maintenance programme for the site. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and maintained between 43 and 45 degrees Celsius. Records sighted evidence that corrective actions have been implemented and evaluated when temperatures were evidenced to be above the target range. The facility has sufficient space for residents to mobilise using mobility aids. External areas are well maintained. Residents have access to safely designed external areas that have shade. The service hires a mobility van for resident outings once per fortnight. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers 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.</p>	FA	<p>Thirteen resident rooms have ensuites, five resident rooms have a toilet and handbasin and the remaining rooms all have a handbasin. There are adequate communal toilets and showers for residents. Separate visitor and staff toilet facilities are available. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group</p>	FA	<p>Resident rooms are spacious. Walking frames, wheelchairs and hoists can be manoeuvred around the bed within the rooms, if required. Residents requiring transportation between rooms or services can be moved from their room by wheelchair.</p>

and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are three lounges, three dining rooms, a sun lounge and a small seating area. The dining rooms are spacious and located directly off kitchen/servery areas. All areas are easily accessible for the residents. One of the large dining rooms is used by the Josephite Sisters living independently in an attached home. The Mary Mackillop residents can join the Sisters for meals if they choose to. There are adequate spaces in the dining rooms to accommodate the potential increase in mobility equipment for an additional 12 hospital residents. The furnishings and seating are appropriate for the consumer group. Residents were seen to be moving freely both with and without assistance throughout the audit. Residents have direct access to the Josephite Sisters Chapel. There is an outdoor courtyard and a walking path around the facility.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All linen and kylies are sent off-site to a contracted laundry who make collections and deliveries daily. Personal laundry and blankets are laundered on-site. The laundry has a well demarcated clean and dirty area as well as an area for the folding and ironing of residents' clothing. There is a separate storage area outside of the facility for pickup of dirty laundry. Dedicated cleaning staff carry out the cleaning and designated care staff carry out the residents personal laundry. Residents and relatives expressed satisfaction with cleaning and laundry services. Cleaning processes are monitored for effectiveness and compliance with the service policies and procedures. Cleaning staff have completed chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place. There is a generator on standby for lease in the event of a prolonged power outage.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their</p>

		call bells in close proximity
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The facility is light and airy and able to be ventilated by opening external windows and doors if needed. There is electric heating and air conditioning installed in public areas and resident's rooms. Heat pumps and wall heaters were noted in the larger public areas to assist with warming the area. Each residents room has a large window, some have a set of roller blinds as well as curtains that can offer the resident increased privacy and options of full or partial lighting of room.</p>
<p>Standard 3.1: Infection control management</p> <p>There 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.</p>	FA	<p>Mary Mackillop Care Home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from the infection control team and all other staff members. Infection control is discussed at the integrated meeting and at all other staff meetings. Minutes are available for staff. Spot infection control audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control</p>	FA	<p>A registered nurse is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team has good external support from the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>

programme and meet the needs of the organisation.		
<p>Standard 3.3: Policies and procedures</p> <p>Documented 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.</p>	FA	<p>There are infection control policies and procedures appropriate for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has completed education in infection control. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p>	CI	<p>Infection surveillance is an integral part of the infection control programme and is described in Mary MacKillop infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at all staff meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible</p>

<p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>to the nurse manager. A suspected outbreak in October 2016 was well managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents using a restraint or enabler on the day of audit.</p> <p>Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMSP/enablers has been provided.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service has implemented a quality and risk management system and captures a range of quality data. The service analyses this data to identify areas for improvement. The service reviewed the clinical indicator data in January 2016 and identified that the incidence of falls was too high. A project was implemented to reduce the overall falls rate. This project included the purchase of additional equipment, education for staff and resident, introduction of a resident exercise programme and a change to clinical practice.</p>	<p>Analysis of the falls data in January 2016 evidenced that the number of falls occurring were above an acceptable benchmark. The service initiated a project to reduce the number of falls.</p> <p>A weekly Tai Chi exercise programme was introduced for the residents. Falls prevention strategies were also discussed at resident meetings. Additional education was provided to the staff on how to prevent falls. Residents who were frequent fallers had 24-hour trend analysis completed and interventions documented in their care plans to manage the risks identified. Additional landing mats and low beds were purchased and sensor lights were installed in the resident's bathrooms with a history of frequent falls. Toolbox talks were regularly provided to staff on the importance of observing the residents at risk of falling. Falls data was reviewed regularly at staff meetings. The GP was asked to review the medication for all frequent fallers.</p> <p>As a result of these actions the total number of falls reduced from 104 in January 2015-2016 to 40 in the 2016-2017.</p>

<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>CI</p>	<p>All meals are overseen by the chef – all meals are cooked on-site. The menu is reviewed by a dietitian. The last dietitian review of the menu was completed in October 2016 with no corrective actions or recommendations made. The chef reported being kept well informed of residents changing dietary needs and this was confirmed by residents and family members interviewed. Residents interviewed were very complimentary about the food service and praised the staff for their attention to detail, both in food preparation and presentation of the food.</p>	<p>Mary MacKillop has introduced a range of measures to manage resident's weight loss or those residents identified at risk of malnutrition with improved outcomes for residents and has exceeded the standard in this area. In June 2016, the service identified that they would like to improve the outcomes for a group of residents with identified weight loss. A number of interventions were implemented.</p> <p>The food choices of these residents were reviewed including likes and dislikes, the cognitive status of the resident and the time of day at which the residents tended to eat well. Monthly routine weights continued to capture residents at risk of weight loss and when weight loss is identified, the weight management procedure was followed. All staff complete a written nutrition and hydration competency and these were evidenced in the staff files reviewed.</p> <p>In April 2017, the programme was reviewed and the four residents on the programme were shown to have gained weight since the programme was introduced.</p>
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant</p>	<p>CI</p>	<p>The service has implemented an infection surveillance programme to monitor and report on all infections on-site. The service analyses this data to identify areas for improvement. The service reviewed the surveillance data in January 2016 and identified that the incidence of urinary tract infections (UTI's) was too high. A project was implemented to reduce the urinary tract infection rate. This project included: increased education for staff and residents on the prevention of UTIs; introduction of additional fluid rounds; and the appropriate use of prophylactic antibiotic therapy for residents with recurrent UTIs.</p>	<p>Analysis of the surveillance data in January 2016 evidenced that the number of UTI's occurring were above an acceptable benchmark. The service initiated a project to reduce the UTI infections.</p> <p>Staff and residents were provided with education on the prevention of UTI's. The prevention and management of UTI's was discussed at resident and staff meetings and frequent toolbox talks were given at handovers. The service produced two booklets on infection prevention; one for staff and one for residents. The staff and residents interviewed commented that the booklets were very informative and they found the information helpful. All residents with a history of frequent recurrent UTIs were reviewed by the GP and where clinically indicated prophylactic antibiotic therapy was commenced. Residents were offered drinks more frequently and there was an emphasis on perianal care including the introduction of a perianal hygiene cream for all at risk residents. Each resident who was reported to have had a UTI infection, was reviewed by the IC/RN and specific personalised interventions were documented for</p>

<p>personnel and management in a timely manner.</p>			<p>the prevention and management of UTI infections noted in their care plan.</p> <p>As a result of these actions, the total number of UTI infections reduced from 24 in January 2015-2016 to 20 in the 2016-2017</p>
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End of the report.