

Mercy Parklands Limited

CURRENT STATUS: 03-Apr-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Mercy Parklands provides rest home and hospital level care for up to 97 residents. During this audit, there were 78 hospital and 18 rest home residents living at the facility, including five younger disabled residents.

There are two shortfalls identified as a result of this audit: 'not-for-resuscitation' advanced directives forms that are invalid need to be removed from applicable residents' files; and healthcare staff have not received specific training on the ageing process during their first six months of employment, as required in the Aged Related Residential Care Services Agreement/Contract.

Eight areas have received a rating of continuous improvement (i.e., these ratings are the result of the organisation implementing services of a high quality that exceed the usual standard requirements expected within the aged care sector).

AUDIT SUMMARY AS AT 03-APR-12

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 03-Apr-12	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 03-Apr-12	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 03-Apr-12	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Includes commendable elements above the required levels of performance

Safe and Appropriate Environment	Day of Audit 03-Apr-12	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 03-Apr-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 03-Apr-12	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 03-APR-12

Consumer Rights

Consumer rights and obligations meet legislative requirements and are resident-centred. Employee interviews reflect their understanding of resident rights. Opportunities for discussion regarding the Code of Health and Disability Services Consumers' Rights (the Code) is included in the Resident Information Pack which is given to all residents and family/whanau before, or at the time of, admission. All residents have access to services that promote independence, involvement in decision making, respect residents' rights, and promote a safe and comfortable environment. The residents' care is responsive to their needs and ethnicity. Residents can access the spiritual care of their choice. Staff are guided by the Maori Health Policy which states Maori residents will have their disability needs met in a manner that respects and acknowledges their individual values and beliefs.

Residents and their families are made aware of their right to effective communication beginning during the pre-admission process and continuing in their day-to-day activities. During the audit, managers and staff were observed communicating with the residents in a kind and caring manner. Residents and family/whanau are provided with the information they need at the appropriate times to make informed decisions. Policies and procedures are in place for informed consent, including advanced directives. Invalid 'not-for-resuscitation' advanced directives are held in a select group of residents' files and these need to be removed. Policy identifies the resident's right to access an independent advocate and their right to have a support person of their choice. Family/whanau are encouraged to involve themselves as advocates. Pastoral care also provides a role in advocating for the resident. Residents are encouraged to maintain links with their family and their community.

One continuous improvement rating is made regarding the organisation's ability to provide 'good practice'. Residents receive services of a high standard that reflects continuous improvement. Examples include the falls prevention, safe handling, and 'Spark of Life' programmes. The staff education and training relating to these programmes are all-inclusive. Outcomes are monitored and benchmarked against other aged care organisations in New Zealand and Australia.

Organisational Management

The strategic and business plans, key performance indicators, and policies in place provide direction to ensure that services of an appropriate standard and scope are provided. Strong guidance and support is received from the Board of Directors Mercy Healthcare. The service is managed by experienced senior staff with appropriate qualifications who have long term experience in care of the elderly. There are appropriate delegation of authority processes in place.

Mercy Parklands has a comprehensive quality and risk management system which is well embedded, and is well understood by staff who actively participate in the quality programme. There is evidence that the system has been continually improved over several years, with on-going development of innovative and effective care initiatives. Monitoring of compliance is conducted through the quality and risk management systems. Adverse events are reported, monitored and corrective action plans are in place. The committee structure in place provides regular forums for discussion, monitoring and follow-up of service wide issues, risks, complaints, incidents, and health and safety matters. Service provision is planned and monitored based on current accepted best practice guidelines, the aged related residential care contract, health and disability sector standards and relevant legislation. There are policies and procedures that cover all aspects of the services provided. Health and safety processes are implemented to eliminate, isolate or minimize actual or potential risks.

Resident numbers, type of service provided, acuity levels and safety are taken into account in planning staffing levels and skill mix. Human resources and employment processes are conducted in accordance with good employment practice. Staff are supported in enhancing their knowledge and skill base. Fifty-seven per cent of health care assistants are engaged in the in-house career pathway. The service needs to include training for health care assistants in the normal aging process during the first six months of their employment; there is a corrective action made in relation to this. There is a comprehensive programme of on-going education for all staff. Senior managers and allied health staff have professional supervision.

There is a well-managed consumer information management system. Residents' records are securely maintained and there is an appropriate archive system and destruction process for the management of historical records and obsolete documentation.

Continuum of Service Delivery

Mercy Parklands have gained recognition for the comprehensive implementation and integration of the Spark Of Life approach to care throughout the service, not only for residents with dementia. 'Mercy Parklands leads the Spark of Life field worldwide' as confirmed by the founder of the Spark Of Life approach to care when they visited the facility earlier this year. Spark of Life works by focusing on effectively meeting the emotional needs of the resident to create an environment where residents feel appreciated, joyful, loved and

involved. The Spark of life approach to care is evidenced in the detailed review of care for two residents using tracer methodology which is supported by resident, family/whānau and staff interviews. Service delivery ratings beyond the required level have been gained with a number of continuous improvement ratings in the delivery of care services.

Multidisciplinary input is evidenced in the files reviewed. The clinical care is overseen by a registered nurse on each shift and there is an integrated approach to care with the allied health team. Plans of care are reviewed at a minimum of three monthly and more often as indicated should the resident's condition change. There is a six monthly multidisciplinary team review. Staff training is related to the care provided which integrates the Spark of Life to ensure staff reflect the organisational culture to meet the needs of residents. The service has a 'Master Practitioner' and a number of 'Torchbearers' who are committed to growing the Spark of Life culture amongst their colleagues on an on-going basis.

Medication management systems are established and implemented in accordance with organisation policy, procedures and legislative requirements and meet safe practice guidelines. Residents with an allergy have these identified on the medicine chart.

The activities programme and therapies programme at Mercy Parklands is beyond the expected fully attained rating and receive a continuous improvement rating for the integration of the Spark of Life. The activities and therapies are implemented with an aim to improve the resident's social, emotional and spiritual well-being. The planned activities provide meaningful activities to tap into a resident's past skills, memories and interests. Activities and therapies range from doll therapy, aromatherapy, theme activities, gardening, cooking, music therapy, exercise, art and the 'Spark of Life Club Programme'. The focus of the activities and therapies programmes at Mercy Parklands integrates the Spark of Life approach which is not about the activity itself but the quality and joy of the interaction.

All aspects of the nutritional needs of each resident are met. There is evidence of dietitian input and registered nursing care to ensure the residents' nutritional needs are safely managed.

Safe and Appropriate Environment

Residents, visitors and staff are protected from harm and exposure to waste, infectious or hazardous substances. Use of protective equipment and clothing is utilised. Staff receive an orientation that includes specific learning regarding healthcare waste, both hazardous and non-hazardous. All buildings, plant and equipment meet facility requirements. The organisation meets residents' needs in a safe and secure manner. Toilet and bathing facilities meet the needs of the residents. All bedrooms are of sufficient size to meet residents' needs. The facility provides adequate communal areas for entertainment, recreation and dining that is suited to the needs of the residents. Residents are provided with safe and hygienic cleaning and laundry services. Emergency protocols are known to staff. Registered nurses, activities staff and allied health staff maintain their competence in cardio-pulmonary resuscitation (CPR) annually. All resident areas have adequate lighting and ventilation with all rooms having external windows to allow for natural light. Electrical heating is located throughout the facility. Smoking is not permitted in the facility or on the grounds.

Restraint Minimisation and Safe Practice

The facility demonstrates that the use of restraint is actively minimised. Policies and procedures comply with the standard for restraint minimisation. A restraint approval group meets regularly. This group is responsible for approving and reviewing restraints being used, ensuring policies and procedures for restraint minimisation are up-to-date and ensuring staff attend current and relevant restraint education programmes. A restraint assessment process is in place to ensure restraint use is actively minimised. Restraint use is recorded in an auditable format. Staff are required to attend mandatory restraint education during orientation and annually thereafter. The restraint approval group evaluates all episodes of restraint use.

Evidence is available to reflect alternative strategies put into place where able to avoid the use of restraint. During this audit, two residents were using an enabler and 27 residents were using a restraint.

Infection Prevention and Control

Mercy Parklands has appropriate infection prevention and control policies, procedures and education and provides a safe environment for residents, staff and visitors. There is a clearly defined infection prevention and control programme that is reviewed at least annually. Staff receive on-going education on infection prevention and control in both the in-service education programme and external education from infection control specialists. Infection surveillance data is analysed and reported monthly to the infection control committee, chief executive officer and the Board. Any corrective actions required from the surveillance data are actioned and followed-up appropriately. Surveillance data is benchmarked with other aged care facilities on a three monthly basis.