

## St Joseph's Home of Compassion Heretaunga Limited

**CURRENT STATUS: 16-Aug-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

St Joseph's Home of Compassions provides care for up to 77 residents across three service levels. There are 13 (of 13) rest home residents, 48 (of 48) hospital residents and 16 (of 16) residents in St John Vianney (the dementia unit). St Joseph's is managed by an experienced manager, who is also supported by an assistant manager. There are well developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service including residents that require rest home, hospital and dementia level care. Implementation is supported through a comprehensive quality and risk management programme. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. The service is commended for achieving two continual improvement ratings relating to pastoral care, and initiative development following trending of incidents. Improvements are required around individualised medication in the rest home.

### AUDIT SUMMARY AS AT 16-AUG-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
	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

Indicator	Description	Definition
	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 16-Aug-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.		<b>Includes commendable elements above the required levels of performance</b>

Organisational Management	Day of Audit 16-Aug-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.		<b>Includes commendable elements above the required levels of performance</b>

Continuum of Service Delivery	Day of Audit 16-Aug-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

Safe and Appropriate Environment	Day of Audit 16-Aug-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.		<b>No short falls</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 16-Aug-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 16-Aug-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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 16-AUG-12**

### **Consumer Rights**

The Health and Disability Commissioners Office Code of Health and Disability Services Consumer's Rights (the code) and information about advocacy services is displayed throughout the facility. Resident rights and responsibilities are included in the information pack and provided during the admission process. Individual values and beliefs, including spiritual and religious needs are recorded through the care planning process. St Joseph's has a Maori Health Plan that was developed in consultation with the local District Health Board. St Joseph's has an implemented open disclosure policy that includes family notification following incidents. Family reported they are notified following incidents. Informed consent is practiced at St Joseph's and consent forms (including advance directives) are evident in resident files reviewed. There is continued involvement in community events, and the activities programme invites entertainers as part of the recreation programme. There is a known process for the management of complaints. A review of the 2012 complaints demonstrated investigation and action taken in response to issues raised. One area of continual improvement is awarded for the pastoral care that is in place at the service.

### **Organisational Management**

St Joseph's has a strategic plan outlining direction for the service and progress is included in the two monthly report to the Board. There is a quality framework being implemented in line with the quality plan (2012) and strategic plan (2012-2017). The Quality Committee and Clinical Care Committee meet on alternate months and monitor key aspects of service delivery such as policy, audit, trending of incidents, health & safety, infection control and restraint. In addition St Joseph's subscribes to the Quality Performance Systems (QPS) for benchmarking. The service is seen to be responsive to issues as they arise and are open to developing initiatives to improve service delivery. There is evidence of two initiatives that

have been implemented and evaluated as a result of analysis and trending of clinical data that has resulted in a reduction in occurrence - falls and skin tears. This is an area of continual improvement. An annual in-service education schedule is being implemented with external training opportunities being available. An orientation programme is in place that includes a period of being buddied. Management are responsive to staff issues, verified by staff interview.

### **Continuum of Service Delivery**

St Joseph's Home of Compassion has a documented assessment process and resident's needs are assessed prior to entry. Assessments, care plans and evaluations are completed by the registered nurses and/or clinical leaders with residents and/or relatives being involved in care planning. Risk assessment tools are implemented and used to assess the level of risk and support required for residents. Service delivery plans demonstrate service integration and are individualised. Short term care plans and wound management plans are in use for changes in health status. Care plans are evaluated three and six monthly or more frequently when clinically indicated. The service facilitates access to other medical and non-medical services. There is an activities programme that is provided in the hospital/rest home area and in the dementia unit. Activities are planned to cover five days of the week. The service medication management system follows recognised standards and guidelines for safe medicine management practice. All residents are seen at least three monthly by one of the General Practitioners (GP). The GP states the service is excellent with registered nurses providing timely information when changes in the resident are noted and they have sound assessment skills and competencies. There is a required improvement in one aspect of medication. Meals are prepared on site and individual and special dietary needs are catered for. The service completes consistent reviews and evaluations of care plans. The use of short term care plans indicates continual monitoring of care and quality of care provided.

### **Safe and Appropriate Environment**

There is appropriate equipment to facilitate safe care for residents requiring dementia, hospital and rest home level care. The physical environment minimises risk of harm and the dementia unit is secure, homely and safe with wide spaces and views outdoors. There is a secure outdoor area in the dementia unit. All areas have space to manoeuvre residents with associated equipment. There is adequate equipment provided to ensure the needs of residents are met. The building holds a current warrant of fitness. Electrical equipment is checked annually. Residents are able to bring their own possessions and are able to adorn their room as desired. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan and fire drills are completed six monthly. The facility has civil defence kits and emergency management plans.

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

There is a policy around restraint minimisation and safe practice that includes restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enabler register. There are no residents in the rest home or dementia unit with restraints. Use of restraint or enablers is reviewed for each individual through the health and safety/quality meeting and as part of the six monthly multidisciplinary review. There is a restraint/enabler assessment tool completed

for the residents requiring bedsoles, safe sitting and a chair safety belt. The care plan reviewed for two hospital residents identified risks well documented and other interventions used prior to restraint being considered. Staff are trained in restraint minimisation, enablers and de-escalation.

### **Infection Prevention and Control**

The Infection Control programme is reviewed annual and there are written policies supporting current best practice. St Joseph's has a dedicated Infection Control (IC) Coordinator. The IC Coordinator has a role description and oversees monitoring and reporting of IC matters. The IC Coordinator collates monitoring data and reports through to the quality and clinical care committees. Outcomes are reported to staff through the various staff meetings. Infection Control education is provided at orientation and incorporated into the annual training programme. Infection Control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme.