

Little Sisters of the Poor Aged Care New Zealand Limited - Sacred Heart

CURRENT STATUS: 02-Jul-13

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

GENERAL OVERVIEW

Sacred Heart Home and Hospital provides rest home and hospital level care for up to 65 residents. On the day of the audit, there were 65 residents (28 at hospital level and 37 at rest home level including one respite resident). Sacred Heart Home and Hospital is governed by the Little Sisters of the Poor NZ Trust Board. The Little Sisters of the Poor undertake the 1839 mission 'to provide health care services to all ages, all cultures and all religions'. The facility is located in Dunedin and is managed by a Mother Superior, with support from Sisters, administration staff, registered nurses and care staff. Residents and relatives interviewed all spoke positively about the care and support provided.

This audit identified improvements required by the service around reporting of restraint use via the quality and risk management system, reporting of pressure injuries via the incident/accident reporting system and one aspect of medication management.

AUDIT SUMMARY AS AT 02-JUL-13

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	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

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 02-Jul-13	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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 02-Jul-13	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 standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 02-Jul-13	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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Safe and Appropriate Environment	Day of Audit 02-Jul-13	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 02-Jul-13	Assessment
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

Infection Prevention and Control	Day of Audit 02-Jul-13	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 02-JUL-13

Consumer Rights

Pastoral care is central to the practices of the Sacred Heart Home and Hospital. Staff are trained to provide care that reflects this philosophy and are supported in the care of residents by a group of Sisters. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. All residents sign an admission agreement that describes mutual obligations. Feedback opportunities include a complaints management process, a residents' meeting and satisfaction surveys. Sacred Heart Home and Hospital demonstrates that it responds positively to feedback.

The values and beliefs of all residents are respected. There is a chapel onsite and residents can choose whether they participate in the daily chapel services. Where consent is given by the resident the facility shares information with the family about the resident's care. Visitors are welcome and residents are encouraged to participate in community activity.

Organisational Management

Sacred Heart Home and Hospital is managed by the Little Sisters of the Poor Catholic order. The Mother Superior is a registered nurse with 40 years aged care experience. The Christian philosophy of the organisation is reflected in business planning. Risk management processes are practised to promote the safety of residents and staff. There is an improvement required around ensuring restraint management is consistently included in quality reports. Sacred Heart Home and Hospital is committed to continuous improvement processes as demonstrated in quality planning including a review of annual objectives, regular internal audits and the collection of data related to the reporting of adverse events.

An area of improvement is required around reporting of pressure injuries as part of adverse events reporting. Quality improvement processes are monitored by a management group and information is shared with staff. Policies and procedures are followed for the recruitment of staff, including police and referee checks. Performance appraisals are completed annually. Orientation of new staff is comprehensive and addresses all key policy areas. Regular in-service staff training is provided and is well attended. Staffing levels meet contractual requirements. Resident information is securely stored and not able to be accessed by the public. It is uniquely identifiable, up to date and easily accessible to staff.

Continuum of Service Delivery

Sacred Heart Home and Hospital has documented entry criteria, which is communicated to residents, family and referral agencies. Systems are implemented that evidence each stage of service provision (assessment, planning, provision, evaluation, review and exit) has been developed with resident and/or family input and is coordinated to promote continuity of service delivery. Resident and family interviews confirm their input into care planning, care evaluations and access to a typical range of life experiences and choices. Documentation and observations made of the provision of services and/or interventions demonstrate that consultation and liaison is occurring with other services and residents interviewed confirm that interventions noted in their care plans are consistent with meeting their needs. Sampling of residents' clinical files validates the service delivery to residents. Evaluations of care plans are within stated timeframes and reviewed more frequently if a resident's condition changes and this is noted on a short term care plan. Planned activities are appropriate to the group setting. Residents and family interviewed confirm satisfaction with the activities programme. An appropriate medicine management system is implemented. Policies and procedures record service provider responsibilities. Staff responsible for medicine administration are trained and have current medication competencies. An improvement is required whereby staff do not pre-pour liquid medications prior to medication rounds. Food service is provided on site by ACE food services and kitchen staff have completed food safety training. Residents' individual needs are identified, documented and reviewed on a regular basis and there is evidence of dietitian input.

Safe and Appropriate Environment

Sacred Heart Home and Hospital is well designed, and bed rooms are spacious. All hospital level rooms have full ensuite. Five rest home rooms have full ensuite; the others have hand basin and toilet. There are sufficient communal showers and toilets available. There is adequate room for residents to move freely about the facility using mobility aids. Communal areas are spacious and well utilised for group and individual activity there are outdoor areas that are safe and accessible. There are documented processes for waste management. Chemical safety training is provided to staff. There is a current building warrant of fitness. The maintenance role includes checks for safety of the facility and implementing requests from the maintenance book. The service has implemented policies and procedures for fire, civil defence and other emergencies. There are staff on duty with current first aid certificates. General living areas and resident rooms are appropriately heated and ventilated. The residents have access to communal areas for entertainment, recreation and dining. There are outside paved areas with suitable furniture and natural shading. Residents are being provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service currently has 16 hospital residents assessed as requiring an enabler (bed rails) and no restraint. There is a restraint and enablers register. There are comprehensive restraint/enabler documentation completed including assessment, consent, individual planning, monitoring and review. Staff are trained in restraint minimisation and in managing challenging behaviours.

Infection Prevention and Control

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. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and also as part of the on-going 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.