

St Josephs Home of Compassion Heretaunga Limited

Introduction

This report records the results of a Partial Provisional 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:	St Josephs Home of Compassion Heretaunga Limited
Premises audited:	St Josephs Home of Compassion
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 January 2015 End date: 30 January 2015
Proposed changes to current services (if any):	The service has built a new wing of 17 hospital/rest home beds.
Total beds occupied across all premises included in the audit on the first day of the audit:	78

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

St Joseph's Home of Compassion has built a new hospital and rest home level wing. On completion, the new wing will provide 17 hospital/rest home beds at stage one and stage two will be six new beds. The total bed capacity will increase to 88 beds.

This partial provisional audit verified the new stage one wing for dual purpose beds which is due to open 5th March 2015. The new wing will be managed by the current management team. The audit identified the new wing, staff roster and equipment is appropriate for providing rest home and hospital level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new wing.

The corrective actions required by the service are all related to the completion of building.

Shortfalls identified at the previous audit around weight management for residents have been rectified.

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.		Standards applicable to this service fully attained.
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Not audited.

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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St Joseph's Home of Compassion has a business plan and quality management plan. The quality programme is extensive and covers all aspects of service delivery, infection control and health and safety.

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There are adequate staff and a draft roster to cover the new wing.

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.		Standards applicable to this service fully attained.
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Assessments, care plans and evaluations have been completed by the registered nurses. The use of assessment tools, currency of long term care plans and evaluations occur within the required timeframe. The previous audit finding around weight monitoring have been addressed.

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.		Some standards applicable to this service partially attained and of low risk.
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The new wing is purpose built and spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment. There is a centrally located nurse station's close to the lounge area. The new wing has a sluice with a sanitiser.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets, some bedrooms and kitchen areas. There is adequate space for storage of mobility equipment.

New equipment and furnishings have been purchased. All rooms and ensuites have been designed for hospital and rest home level care. Internal courtyard landscaping is in the process of being completed with existing landscaping and access to all entry and egress door in place. There are two lounges in the new wing and a dining room.

Appropriate training, information, and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The fire evacuation scheme has yet to be approved and also staff fire evacuation training. The call bell system is available in all areas with visual display panels and pagers. Call bells are available in all resident areas.

The new wing is appropriately heated and ventilated.

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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Not audited.

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.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the infection control coordinator and clearly defined guidelines. The infection control programme is linked to the quality and risk management system.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	14	0	2	0	0	0
Criteria	0	32	0	4	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>St Joseph's Home of Compassion currently provides rest home, hospital and dementia level care for up to 78 residents. The new buildings are being completed in two stages. Stage one and stage two will increase the available beds for rest home and hospital by ten beds, bringing the total available beds to 88.</p> <p>This partial provisional was completed to review stage one of the renovations and new build. Stage one of the building has involved demolishing part of the rest home area of the existing building and renovating/creating 17 new resident rooms. This new wing has two lounges, a dining room with satellite kitchen, a nurse's station, secure medication room, a sluice and various storage areas. This wing will be open 5th March 2015.</p> <p>Stage two will see some existing bedrooms demolished and a further six resident rooms renovated/rebuilt. This stage is due for completion July 2015.</p> <p>St Joseph's has a five-year strategic plan outlining the direction for the service. The manager completes a board report every two months, updating the board on key areas of activity. The service has a robust and implemented quality improvement and service delivery process and plans.</p>

		<p>St Joseph's is managed by a manager (RN) with the support of an assistant manager (RN). The manager has been in her role for 13 years. She holds post graduate certificates in health service management and palliative care. The assistant manager was previously one of the clinical leaders. There are two clinical leaders who work across seven days.</p> <p>The manager has maintained more than eight hours annually of professional development relating to the management of an aged care service.</p> <p>The new wing will be managed by the current management team.</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>	FA	<p>St Joseph's Home of Compassion has a business plan and quality management plan. The quality programme is extensive and covers all aspects of service delivery, infection control and health and safety.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There are adequate staff and a roster to cover the new wing.</p> <p>The assistant manager will fulfil the manager's role during any temporary absences of the manager supported by clinical managers.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>St Joseph's Home of Compassion employs over 96 staff which includes 13 registered nurses, two RN clinical managers, cleaning and maintenance staff a quality manager and a clinical educator. There are also administration staff.</p> <p>A register of Registered Nurse practicing certificates is maintained and website links to the professional bodies of all health professionals have been established. These include the Nursing Council and the Medical Council of NZ. There are comprehensive human resources policies which include recruitment, selection, orientation, staff training and development.</p> <p>There is a comprehensive orientation programme. New staff employed for the new wing have commenced on the orientation process ready for the opening on the 17th March. Many existing staff have increased their hours and will also work in the new wing.</p> <p>St Joseph's has a RN educator who is an assessor for the Aged Care Education (ACE) programme. A comprehensive annual in-service education programme is in place. External education is also available to staff. The education schedule exceeds eight hours annually.</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>There is a staffing policy to guide rostering and staff replacement. The policy notes staffing requirements are influenced by client dependency and there is capacity for the shift RN to increase staffing numbers based on acuity. The service is managed by a full time manager (RN) and full time assistant manager (RN).</p> <p>The service has employed an additional RN and additional caregivers to ensure that there are an appropriate number and mix of staff to safely care for residents across the new and old wings. The current rostering system for the existing facility will be maintained with staffing adjusted for both the new and old wings depending on need.</p> <p>There are sufficient caregivers hours rostered to provide care requirements as well as a cook, kitchen hands, cleaners, maintenance, and activities staff. Physiotherapy services are provided for four hours per week.</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>St Joseph's Home of Compassion medication policy and procedures follow recognized standards and guidelines for safe medicine management practice in accord with the guidelines. The service will continue to use the robotics medication system.</p> <p>There is a secure medication room in the new wing and a new medication trolley has been purchased. A medication self-administration policy is available if required and new rooms have lockable drawers available if needed.</p> <p>Medication errors are treated as an incident and captured as part of the incident management system. Medication competencies have been undertaken by the newly employed RN.</p> <p>St Joseph's Home of Compassion contracts two GPs who provide 24 hour cover for the service. This will extend to incorporate the new wing.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service</p>	<p>FA</p>	<p>All meals are cooked on site. The menu has been audited by a registered dietitian and offers a varied menu with alternatives provided if required.</p> <p>There is a qualified cook on duty daily from 7am-1.30pm. The cook is supported by a morning kitchen hand and an afternoon kitchen hand. The cook follows a six weekly menu which is currently being reviewed by a dietitian. Observation of the</p>

<p>delivery.</p>		<p>kitchen and interview with the cook evidences that the kitchen can easily provide meals for ten additional residents in the new wing.</p> <p>Food will be transported to the new wing in a bain marie. This is the same process as prior to the new wing.</p> <p>Special equipment such as lipped plates and built up spoons are available as the need arises. The service will continue to use existing tables and chairs, however additional equipment has also been purchased such as cutlery and plates.</p>
<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>	<p>FA</p>	<p>The previous audit found that one resident in the dementia unit did not have documented interventions or monitoring of weight loss. This audit reviewed five resident files, (two dementia residents and three hospital resident) all of whom had documented weight loss. All five files documented that weights have been documented, reviewed, monitored and appropriate management plans are in place.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies and procedures on waste disposal, waste management and the disposal of sharps containers. Management of waste and hazardous substances is covered during the orientation of new staff and is included as part of the training plan.</p> <p>There are documented policies, procedures and an emergency plan designed to allow staff to respond to significant waste or hazardous substance management. All accidents/incidents are required to be reported on the accident report form. Material safety data sheets are available.</p> <p>The new wing has a sluice and sanitizer in a secure room.</p> <p>St Joseph's Home of Compassion will continue with its current chemical supplier and all chemicals are clearly labelled with manufacturer's labels. A sharps container will be kept in the medication room.</p> <p>The Hazardous Substance register identifies hazardous substances and staff receive training so that they have a clear understanding of processes and protocols.</p> <p>Personal Protective Equipment is available for staff at all times. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>

<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>	<p>PA Low</p>	<p>The new wing is spacious and purpose built. Structurally, the new building has been designed by architects so that in the event of a major earthquake it remains functional and can continue to serve the needs of the residents. The wing is adjoined to the existing building by an existing corridor.</p> <p>The organisation has purchased a wide range of equipment required for the new wing including (for examples) electric beds, shower commode chairs, bedroom furniture, a new hoist (the eservice already has four hoists), reclining chairs, a new medication trolley and scales.</p> <p>The new rooms are large and all include an ensuite. The nursing station is centrally located and close to the main lounge area. The management stated that residents are able to bring their own possessions into the facility and are able to adorn their rooms as desired.</p> <p>All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks and this will continue in the new wing. There are handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space on each floor for storage of mobility equipment. The building certificate for public use is to be signed off. Landscaping in the internal courtyards is in process of being completed.</p> <p>There are environmental audits and building compliance audits which are completed as part of the internal audit programme.</p> <p>There is a planned maintenance programme to ensure all buildings and equipment are maintained.</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>	<p>FA</p>	<p>Each resident's room has a single ensuite. All ensuites throughout the facility have been designed for hospital level care and allow for the use of mobility equipment. A communal toilet is available near the new lounge.</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 and setting.</p>	<p>FA</p>	<p>Each resident's room is large enough to allow care to be provided safely and for the secure use and manoeuvring of mobility aids. Mobility aids can be used in ensuites and communal toilets/bathrooms in all areas. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.</p>
<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>	<p>FA</p>	<p>The two lounges and dining are spacious in the new wing. There is plenty of space for resident and associated mobility equipment. There is a call bell in the lounges and a satellite kitchen in the dining room. There are also 'sitting areas' other than the lounges for residents.</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>	<p>FA</p>	<p>Laundry services are provided on site. There is a good sized laundry area that can easily accommodate an additional ten resident's laundry. The laundry has two commercial washing machines and a domestic machine. There are two commercial driers. The laundry has designated clean and dirty sides with an associated dirty clean flow. There is a laundry manual and data sheets in display in the laundry. Effectiveness of the cleaning and laundry services are monitored at the current site.</p> <p>The service already employs cleaning staff who provide cleaning at the current site. Staff will be rostered for the new site, with cleaning capability built up as the resident numbers increase.</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>	<p>PA Low</p>	<p>There are comprehensive civil defence and emergency procedures. Civil defence kits are readily accessible in a storage cupboard. Key staff are required to hold first aid certificates.</p> <p>The facility has emergency lighting and torches. There is an additional water tank is available for the new site and located next to the building. Gas BBQ and additional cylinders are available for alternative cooking. Emergency food supplies sufficient for three days are kept in the kitchen. Extra blankets are also available.</p> <p>The service has installed a high care dementia package call bell system in the new wing, to provide additional safety for the residents. Call bells are available in all resident areas; bedrooms, ensuite toilets/showers, communal toilets and dining/rooms. All call bells display on all nurses stations and are also linked by pagers to staff</p> <p>Appropriate security arrangements have been implemented according to the needs of hospital level residents.</p>

<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>	<p>FA</p>	<p>The new build has an appropriate heating system. There is plenty of natural light in the new rooms and all have windows.</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>	<p>FA</p>	<p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is linked to the quality and risk management system.</p> <p>The infection control coordinator (RN) has been in the role for three years and has a job description that defines the role and responsibilities. The IC co-ordinator uses the information obtained through surveillance to plan and determine infection control activities, resources and education needs within the facility.</p> <p>Infections are collated monthly with trends identified, implementation of corrective actions and opportunities for improvement identified. Surveillance methods include daily physical rounds of the environment and residents, GP visits and laboratory reports. The IC co-ordinator provides a monthly report to the quality meetings.</p> <p>The IC co-ordinator has access to external IC specialists such as DHB infection nurses, internet resources, NZNO. The IC co-ordinator has attended external training on outbreak management. The service participates in an external benchmarking programme quarterly. There were adequate supplies and resources available to manage the outbreak.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The new wing is spacious and purpose built. The entire service, including the new wing, is on one floor. It has been designed by architects so that in the event of a major earthquake it remains functional and can continue to serve the needs of the residents.</p> <p>Stage one of 17 beds will open 17th March. The second will be open July. The new wing has been built to comply with legislation.</p>	The building is in the process of being completed and therefore the CPU is yet to be completed.	<p>Ensure a CPU is obtained</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The plans include full landscaping around the building and internal courtyards. Access to the main entrance and most external areas is safe and secure.	The internal courtyard landscaping is yet to be completed	<p>Ensure there are safe and accessible external areas</p> <p>Prior to occupancy</p>

				days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>The existing site has an approved fire evacuation plan and all staff have received fire evacuation training. The orientation programme also includes fire training</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The management team have been advised that initial consultation with the NZ fire service indicates approval of a staged fire evacuation system.</p>	A fire evacuation is yet to be completed in the new wing.	<p>Ensure a fire drill is provided in the new wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The management team have been advised that initial consultation with the NZ fire service indicates approval of a staged fire evacuation system.</p>	The amended fire evacuation plan has yet to be signed off as approved by the fire service.	<p>Ensure the amended fire evacuation scheme has been approved</p> <p>90 days</p>

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

No data to display

End of the report.