

St Catherine's Rest Home Limited

Introduction

This report records the results of a Surveillance 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 The DAA Group 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 Catherine's Rest Home Limited

Premises audited: St Catherine's Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 30 June 2015 End date: 30 June 2015

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 26

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 Catherine's Rest Home provides rest home level care for up to 30 residents. The facility is owned by the Sisters of Mercy Ministries New Zealand Trust Board and operates with a board consisting of five directors. The day to day operations of the rest home are overseen by the executive manager who is a registered nurse.

This spot surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. Corrective actions identified in the previous audit have all been addressed and now meet the standards. Feedback from residents was very positive about the care and services provided. Many of the residents are catholic sisters and supported by the nuns who live on the same premises. No relative interviews were undertaken as the residents interviewed were able to describe services received.

There are no areas identified for improvement.

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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The service has a documented complaints management system which is implemented. There is one open complaint at the time of audit.

There is an effective communication process which demonstrates family and residents are involved in all aspects of care.

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 Catherine's Rest Home's corporate plan 2015-2016 identifies the purpose, scope, direction and goals of the organisation. Quality objectives are clearly documented. Strategic planning covers all aspects of service delivery in a coordinated manner to meet residents' needs.

The quality and risk system and processes support safe service delivery. The quality management system includes an internal audit process, complaints management, resident and family/whānau satisfaction surveys and quality data collection (for example, incident/accidents, health and safety, complaints management, and infection control). Data is trended against previously collected data to show how set objectives are being met. Quality and risk management activities and results are shared among staff residents and family/whānau, as appropriate, and are reviewed bi-monthly by the board of directors. Corrective action planning is completed for any areas of concern or deficits identified. Evaluations of corrective actions are documented prior to the executive manager signing them off as completed.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes implemented identify good practice and meet legislative requirements.

All residents' files reviewed are legible and all entries by staff have their designated role identified next to the entry, addressing a previously identified shortfall.

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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Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations are conducted at least six monthly on all aspects of the care plan.

Residents are reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs of the resident. The provision of services is provided to meet the individual needs of the residents. A team approach to care is provided ensuring continuity of services.

The service has a planned activities programme to meet the recreational needs of the residents. Residents are encouraged to maintain links with the church and community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management are assessed as competent to do so. The previous area for improvement has been addressed.

Residents' nutritional requirements are met by the service. Residents' likes, dislikes and special diets are catered for, with food available 24 hours a day. The service has a four week, summer/winter rotating menu which is approved by a registered dietitian.

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 service has a current building warrant of fitness.

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 reflect current good practice and meet legislative and Health and Disability Services Standard requirements. Enablers are described as voluntary. Staff education related to restraint minimisation occurs during orientation and is included in the annual education plan. The facility is restraint free at the time of audit.

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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There is a monthly surveillance programme, where infections are collated, analysed and trended with previous data. Where trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings and quality meetings.

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	17	0	0	0	0	0
Criteria	0	40	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)
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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints policies and procedures are implemented at St Catherine's Rest Home to ensure an effective and fair complaints system is maintained. Complaints management is explained as part of the admission process for residents and family/whānau and is part of the staff orientation programme and ongoing education. This is confirmed during interview.</p> <p>Resident interviews and observation on the day of audit confirmed that the management's open door policy makes it easy to discuss concerns at any time. The complaints register identifies complaints are fully investigated. Complaints received have been managed within policy timeframes. Corrective actions shown have all been completed and signed off. There is one out standing complaint at the time of audit which is being actively managed by the executive manager.</p> <p>Staff verbalised their understanding and compliance with the complaints process. Complaints are a standing agenda item for staff and management meetings, as confirmed by meeting minutes sighted. Reports presented at board level include complaints management.</p>
<p>Standard 1.1.9: Communication Service providers</p>	FA	<p>Files reviewed provided evidence of resident/family input in the assessment and care planning process, progress notes and communication records of family contact via phone. Incident reports that acknowledged family are being informed when necessary were sighted. Interviews with the RN and residents reported they</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>are involved in all aspects of care.</p> <p>The residents and family have access to interpreter services provided by the DHB as required.</p>
<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 Catherine's Rest Home has a documented corporate plan for 2015-2016 which identifies the organisation's mission statement, quality objectives and goals. All aspects of service delivery are documented. Services are planned to ensure residents' needs are being met. Regular reports to the board show how goals are being managed and met.</p> <p>The governance structure documented identifies the executive manager (registered nurse) oversees all aspects of rest home services and reports to the general manager monthly who reports directly to the board. The executive manager is supported by nursing, cleaning, pastoral care, and catering, allied health and administration staff.</p> <p>The executive manager's job description identifies the roles authority, accountability and responsibility. The executive manager has been in the role for over 17 years and is suitably qualified and experienced with post graduate qualifications in health management and economics. She is an approved assessor for aged care education and interRAI.</p> <p>On the day of audit there were 26 rest home level residents. The executive manager stated if a resident requires a higher level of care they are reassessed as required.</p> <p>Interviews with residents confirmed that their needs were met by the service.</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>St Catherine's Rest Home has a quality and risk management system which is understood and implemented by service providers as confirmed during interviews.</p> <p>Policies and procedures are maintained in a manner which ensures they are aligned with current good practice and that legislative requirements are met. All policies sighted are current and the executive manager maintains an electronic system to show when reviews are due. Obsolete policies and procedures are stored securely.</p> <p>Quality management systems include internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. If an issue or deficit is found, a corrective action is put in place. Information is shared with all staff as confirmed in meeting minutes sighted and verified during interview. This information is used to inform ongoing planning of services to ensure residents' needs are met. The organisation's quality committee manage and monitor all incidents and accidents and quality data information. Quality improvements are fully documented and presented to the general manager bi-monthly or sooner depending on the risk rating. A full quality programme review against</p>

		<p>set priorities and goals is presented to the board six monthly.</p> <p>Staff and resident interviews confirmed any concerns they have were addressed by management and verbal examples of quality improvements and how they have been embedded into everyday practice were given.</p> <p>Actual and potential risks are documented in the hazard register which identifies a risk rating and shows actions to eliminate or minimise the risk. Staff interviewed understood the process around reporting and managing newly found hazards. A list of risks is displayed on the wall of each room and is congruent with the documented risk register. All risks are reviewed by the health and safety committee.</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>	FA	<p>Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Incident and accident forms are not signed off as completed until any corrective actions have been identified, taken to the appropriate committee and the outcome evaluated.</p> <p>The executive manager fully understood the obligations in relation to essential notification reporting.</p> <p>Family/whānau notification is identified on incident and accident forms sighted. Documentation confirmed that information gathered from incident and accidents is used as an opportunity to improve services where indicated.</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>Policies and procedures identify human resources management that reflects good employment practice and meets contractual and legislative requirements. Staff files reviewed identify all procedures are undertaken to meet policy requirements.</p> <p>Staff file reviews identified that newly appointed staff have referee checks and job descriptions clearly described staff responsibilities. Staff have completed an orientation/induction programme related to the roles they undertaken. Competencies are completed for specific roles, such as medicine management, fire safety, chemical safety, infection control and the mission handbook. Staff annual appraisals are up to date.</p> <p>Staff undertake training and education related to their appointed roles. Staff education occurs both on-site and off-site covering topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted.</p> <p>Staff that require professional qualifications have them validated as part of the employment process as confirmed in documentation. Staff report management encourage and support them to undertake specific age related care qualifications.</p>

		Residents interviewed identified their needs are met by the service. This is also confirmed in the results sighted in resident and family/whānau satisfaction survey results,
<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>	FA	<p>Policy documents the process undertaken to ensure staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual requirements. Documentation identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe and quality care to all residents.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner and that they have choices respected for all aspects of service delivery. There is a registered nurse on duty for eight hours, seven days a week and the executive manager is on call 24 hours a day. The executive manager confirmed there is always a staff member with a current first aid certificate on each shift. There are dedicated cleaning and laundry staff Monday to Friday and kitchen staff seven days a week. The service has a contracted physiotherapist two days a week.</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>	FA	All residents files reviewed are legible and the staff member making the entry signs and also includes their designation, addressing a previous area for improvement.
<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>	FA	<p>Medicines for residents are received from the pharmacy in the blister pack delivery system. The signing sheet that records the blister packs are checked for accuracy against the resident's medicine chart. A medicine reconciliation process occurs with new admissions and when the resident has been to a specialist or had a hospital admission. A safe system for medicine management was observed on the day of audit.</p> <p>Medicines are stored in locked medicine trolleys that are secured to a wall. There is a monthly stock rotation recorded for the medicines that are not packed in the sachets. There is an additional six monthly stock count.</p> <p>The medicine charts reviewed have been reviewed by the GP in the last three months, as recorded on the medicine charts. All prescriptions sighted contained the date, medicine name, dose and time of administration</p>

		<p>with any allergies highlighted in red ink. All medicine charts reviewed had each medicine individually prescribed. All signing sheets were fully completed on the administration of medicines, for the past four weeks. The previous area for improvement has been completed.</p> <p>There are documented competencies sighted for the staff designated as responsible for medicine management. The facility does not use standing orders.</p> <p>The RN reported that there is one resident assessed as competent to self-administer their medicines. The correct processes of assessment have been completed and reviewed within timeframes.</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 delivery.</p>	FA	<p>Since the certification audit the facility has changed from using external contractors to providing all food services in house and all staff are employed by St Catherine's Rest Home. The menu has been reviewed and approved by a registered dietitian as suitable for aged care residents. A nutritional profile is completed for each resident by the RN upon entry to the facility and this information is shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. For example, the service provides diabetic meals and food for a resident with an allergy.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal comply with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer are in their original packaging or labelled and dated if not in the original packaging. Staff who work in the kitchen have undertaken food safety management education.</p> <p>Kitchen staff report on interview they receive education on infection control and chemical safety annually. Residents report on interview that any concerns in relation to a meal are listened to at monthly meetings and evidence is seen of food satisfaction surveys.</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>	FA	<p>The residents interviewed reported they are satisfied with the care they receive. They reported that they are involved in all aspects of their care and have contact with the GP as required. Files reviewed show individual care and contact with the resident or family as required.</p> <p>Staff interviewed reported that they are kept up to date with resident's care at handover and staff meetings.</p> <p>There are sufficient supplies of continence products and dressing packs to meet the needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p>	FA	<p>The activities coordinator works 24 hours a week and attends seminars appropriate for the role. The service has care staff who guide the daily activities programme, based on the plan developed by the activities coordinator. The activities coordinator interviewed reported activities plans are individualised to the resident's</p>

<p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>needs. The residents' files reviewed have activities assessments and diversional therapy plans that are updated and evaluated in each resident's file at least six monthly.</p> <p>The residents' files reviewed indicated they are updated to reflect changing needs of the resident. The service, being all rest home level of care, has a number of residents that are independent with their activities and independently participate in community activities. The planned activities are developed from resident input and are individualised to their needs, hobbies and special interests.</p> <p>The activities assessment includes social pursuits, intellectual interests, creative pursuits, physical activity, and outdoor interests. Residents' independence is encouraged and. maintain links with family and community groups. Residents are provided with outings on a routine basis. One to one activities are planned to meet the resident's interests.</p> <p>The residents interviewed reported they enjoy the range and variety of planned activities.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Individual short term care plans were seen for wound care, infections and weight loss. These are signed off when completed or transferred to the long term care plan.</p> <p>Long-term care plans are reviewed every three months or earlier as required. Evidence of this was sighted in the files reviewed. Progress notes are signed each duty by caregivers and weekly by the RN. Evidence was seen of the family involvement in the care reviews. In files reviewed evidence is seen of documentation if an event occurs that is different from expected and requires changes to service.</p> <p>The clinical staff interviewed have knowledge of the care plan documentation requirements.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>Processes were undertaken as required to maintain the building warrant of fitness. The facility has a current building warrant of fitness. No changes have been made to the footprint since the previous audit. The current building warrant of fitness expires in June 2016.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives,</p>	<p>FA</p>	<p>Infection control data is collected on urinary tract infections, chest infections, wound infections, eye and ear infections and multi-resistant organisms. The monthly report of collected data is provided to senior management and presented at quality and staff meetings. Infection control data is included in the quality audit programme and the data is benchmarked with an external agency.</p>

<p>priorities, and methods that have been specified in the infection control programme.</p>		<p>All care staff members are responsible for the reporting of suspected infections to the infection control coordinator. The infection control coordinator is responsible for ensuring appropriate action, notification and follow-up is undertaken. The analysis records that these infections are skin/wound, urinary tract and respiratory infections. The actions implemented included increased awareness/communication at handover regarding infections, increased education on standard precautions and a new cleaning regime.</p> <p>Staff interviewed reported knowledge on infection control issues.</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>At the time of audit St Catherine's Rest Home is restraint free.</p> <p>Policy identifies that an enabler is voluntary and the least restrictive option to keep the resident safe.</p> <p>Staff are aware of the difference between an enabler and a restraint and what actions need to be taken related to the use of both. Restraint and behavioural management is included in staff orientation/induction processes with ongoing annual restraint management education (content sighted). This is identified in staff files and on the education calendar sighted.</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.

No data to display

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.