# Marne Street Hospital 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 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Marne Street Hospital Limited

**Premises audited:** Marne Street Hospital

**Services audited:** Residential disability services - Intellectual; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 18 March 2016 End date: 18 March 2016

**Proposed changes to current services (if any):** The service was verified as suitable to provide medical level care under their current hospital certification.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 55

# 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 |
|  | 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

Marne Street Hospital is certified to provide rest home, hospital level and disability services care for up to 55 residents. On the day of audit, there were 55 residents. The facility is privately owned with one owner providing accounting. The facility manager is an experienced manager who has been in the role for four years. She is supported by a clinical manager who has been in the position for the past three and a half years. Marne Street hospital continues to implement a quality and risk management system and residents and families interviewed all spoke positively about the care provided.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, staff and management.

This audit also included assessment of the service for the addition of a medical component to their certificate. Services have been checked and found to be satisfactory. Marne Street Hospital has appropriate policies, procedures, skilled staff and access to allied health professionals and specialists to provide medical services.

The service has addressed the previous certification audit finding relating to the completion of two additional rooms.

This surveillance audit identified a shortfall around service delivery plan timeframes.

## Consumer rights

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| 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. |

There is evidence that residents and family are kept informed. The service has complaint management policies and procedures. Complaints processes are implemented and complaints and concerns are actively managed and well documented.

## Organisational management

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| 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. |

There is a quality and risk management system that is being implemented. Key components of the quality management system link to a number of meetings. An annual resident and relative satisfaction survey is completed and there are regular resident/relative meetings. The service collects internal monitoring data and develops quality improvement action forms where areas of improvement are identified. Incident and accidents are followed up by the registered nurses and appropriate clinical management is provided. The clinical manager reviews all incident/accident forms. Residents and relatives interviewed confirmed they are notified of any changes in their family member’s health status. There are human resource policies and procedures in place. The roster provides sufficient and appropriate coverage for effective delivery of care and support for the facility.

## Continuum of service delivery

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| 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 low risk. |

The registered nurses are responsible for each stage of service provision. There are three interRAI competent registered nurses and one enrolled nurse. The diversional therapist develops a monthly activities programme that meets the residents’ needs and interests. Residents are supported to maintain links with the community and there are volunteers who assist with the activity programme.

Marne Street Hospital uses an electronic medication management system that is fully implemented. Food services and all meals are provided by an external catering company and resident interviews confirmed satisfaction with food services.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness dated 7 October 2016. Two additional rooms have been fully completed and equipped. Both rooms were occupied on the day of audit.

## Restraint minimisation and safe practice

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| 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. |

There are currently twelve residents requiring restraint and seven residents using enablers. Staff receive training on restraint minimisation and managing challenging behaviours.

## Infection prevention and control

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| 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. |

Marne Street Hospital continues to implement their infection control program and it is linked to their quality management system. Surveillance of all infections are entered into a monthly infection summary. This data is monitored and evaluated monthly and annually.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 15 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 1 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | Complaints policy and procedures are in place. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings and complaint forms. Complaint forms are available at the reception area of the service. Interviews with residents and relatives confirm they are familiar with the complaints procedure and state any concerns or complaints are addressed.  The complaints log/register includes the date of the incident, complainant, summary of complaint, any follow-up actions taken and signature when the complaint is resolved. Complaints were lodged in 2015 evidence of a full investigation and resolution including communication with complainants for each lodged complaint. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies are in place relating to open disclosure. Seven residents interviewed state they were welcomed on entry and were given time and explanation about the services and procedures. A sample of incident reports reviewed evidence recording of family notification. Five relatives interviewed confirm they are notified of any changes in their family member’s health status. The facility manager and clinical manager are both readily available to residents and families and they promote an open door policy |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Marne Street Hospital is certified to provide rest home, hospital level and disability services care for up to 55 residents. The service has approval for 10 dual purpose beds (rest home or hospital). There were no rest home level residents accommodated on the day of audit. There are 55 hospital level residents, including three young people with disabilities (YPD) and two residents on respite.  The service has a business plan for 2016. The business plan includes goals relating to financial management, occupancy, staff retention and recruitment, building repairs and maintenance. Dates for completion are documented with evidence of ongoing monitoring. The facility is privately owned with one owner providing accounting support. The facility manager is an experienced manager who has been in the role for four years. She is supported by a clinical manager who has been in the position for the past three and a half years. The owners, facility manager and clinical manager have a sound understanding of aged care. The facility manager has attended professional development in the past year relating to managing the facility.  As part of the surveillance audit, the service was assessed for the addition of a medical component to the certificate. Marne Street Hospital has appropriate policies, procedures, skilled staff and access to allied health professionals and specialists to provide medical services. Five files reviewed had evidence around wound care specialist, oncology services, palliative care team from the local hospice, district health nursing team and mental health team. The service also has a contracted physiotherapist. The service has been assessed as able to provide medical care. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. The facility manager reports that new and/or revised policies are developed with input from staff. The facility manager signs off on all new policies. They are available for staff to read and to sign after reading. Policies and procedures are stored in hard copy at the facility. Each policy includes a review date and lists related documents (if any). Policies are scheduled to be reviewed two-yearly unless changes occur more frequently.  The service has a quality and risk management plan for 2016. The plan includes a focus on resident care, provision of effective programmes, risk management and continuous improvement. Each quality goal has documented processes and activities for achievement, with a corrective action format implemented for non-achievement of goals and objectives. Quality activities include internal audits, feedback from staff and residents, incidents and accidents and complaints. The internal audit programme involves monitoring areas of quality and risk management. The facility manager and quality coordinator are responsible for ensuring all internal audits are completed. Audits are being completed as per the annual audit schedule.  There is a monthly quality improvement meeting where all quality data and indicators are discussed. Minutes of these meetings are made available to all staff. Interviews with caregivers confirmed that the monthly quality data is kept in a folder for all to view. Resident meetings occur bi-monthly. An annual residents/relatives survey completed (September 2015) reports positive resident and family experiences. Survey outcomes have been communicated to residents via the resident meetings and have been published in the facility newsletter. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | There is an accident and incident reporting policy and procedure in place. Staff interviewed (two registered nurses and five caregivers) were able to describe their involvement in the reporting processes. A sample of 12 incident forms was reviewed for March 2016. The incident forms document the follow-up actions taken. Appropriate clinical care and responses have been actioned. Monthly incident/accident analysis is conducted and results are discussed at the monthly facility meetings. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Six staff files were reviewed (one clinical manager, one registered nurse, one kitchenhand, two caregivers and one activities coordinator). Each staff file evidenced a signed employment agreement, position description, appropriate qualifications and a completed orientation programme. Staff undergo annual performance appraisals and all files reviewed were up to date.  Marne Street Hospital has an orientation programme that is specific to worker type. There is a designated caregiver educator who has responsibilities for ensuring that all new care staff has a comprehensive orientation. New staff must demonstrate competency before working independently (evidenced in the completed orientation checklists for one new caregiver). Interviews with five caregivers confirm their orientation to the service was thorough. All six staff files reviewed reflected evidence of an orientation programme that had been completed.  Discussion with the caregivers confirmed that a comprehensive in-service training programme is in place that covers relevant aspects of care and support and meets requirements. There is a completed in-service calendar for 2015 and a scheduled calendar for 2016. The annual training programme exceeds eight hours annually. Caregivers have completed either the national certificate in care of the elderly, the ACE training programme, care training online or are working towards completion. The facility manager is a certified trainer and assessor for the ACE programme. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The employer policy includes staffing levels and skills mix. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Part-time and casual staff fills casual shifts and no agency staff are utilised. The manager and clinical manager work full-time from Monday to Friday. Registered nurses are rostered on every shift. Care staff interviewed advised that they are well supported by the facility manager, clinical manager and the registered nurses. Residents and relative interviewed advised that there are sufficient staff on duty. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Marne Street Hospital uses electronic medication management system that was fully implemented. The supplying pharmacy delivers all medicines in blister packs on a monthly basis. Medication storage and monitoring meets the required guidelines. Medication charts reviewed complied with current legislative requirements and safe practice guidelines.  Registered and enrolled nurses administer medications. There are also medicine competent caregivers who administer medication if required. Registered nurses have completed syringe driver training. Standing orders were not in use. One resident self-administers inhalers. Review of self-administration documentation showed compliance with medication management guidelines. The medication fridge temperatures were monitored daily and temperatures were within the acceptable range. There was evidence of three monthly GP reviews of medications. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Food services were contracted out to an external provider. Meals are delivered in a hot box and served from the two kitchen areas. Special diets are being catered for. There was a seasonal rolling menu. The menu has been reviewed by a registered dietitian and the service had a copy including required corrective actions. Residents have a nutritional profile developed on admission that identifies dietary requirements and likes and dislikes. This was reviewed three monthly as part of the care plan review or sooner if required. Regular audits of fridge/freezer temperatures and food temperatures were undertaken and documented. The contractor follows a recognised food safety program. Fridge and freezer temperatures were monitored. Residents and relatives interviewed reported satisfaction with food services. Special equipment is available and this is assessed as part of the initial nursing assessment. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Residents' files reviewed showed that the care plans recorded appropriate interventions based on the assessed needs, desired outcomes or goals of the residents. These were reviewed at least three monthly or earlier if required. Residents and relatives interviewed confirmed that care and treatments meet their needs.  Residents’ care plans were completed by the RNs. Caregivers interviewed stated that they have access to appropriate equipment.  Dressing supplies are available and the treatment rooms were well stocked for use. Wound assessment and wound management plans were in place for ten wounds and nine pressure injures. All wound care documents were appropriately completed and wound care nurse specialist and GP input in wound care were sighted in the sample files reviewed. The two RNs and the clinical manager interviewed described the referral process and related form for referral to a wound specialist or continence nurse.  Continence products were available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use and other management. Specialist continence advice is available as needed. A physiotherapist is contracted to work each week. |
| Standard 1.3.7: Planned Activities  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. | FA | An experienced diversional therapist (DT) provides planned activities. There were also additional programme activities for staff to provide on weekends. Individual activities were provided either within group settings or on a one-on-one basis. Residents interviewed confirmed their participation in the activities programme and that their individual activity needs were being met. Interview with a DT confirmed that residents were encouraged to maintain their links with the community and transport was arranged as required. There were three residents under the age of 65 and an interview with these residents confirmed that the programme also meets the individual needs of the younger residents. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plans were evaluated three monthly and more frequently when clinically indicated. All initial care plans were evaluated by the RN within three weeks of admission.  Short-term care plans were evidenced in the sampled files reviewed. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current warrant of fitness dated 7 October 2016. Two additional rooms have been fully completed and equipped. Both rooms were occupied on the day of audit. The service has received a code of compliance certificate. The previous finding has been addressed. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Marne Street Hospital continues to implement their infection control program and it is linked to their quality management system. Monthly infection data was collected for all infections. An individual resident infection form was completed. Surveillance of all infections is entered into a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at the management meetings and staff meetings.  Review of the meeting minutes showed that an infectious outbreak occurred in 2015. Outbreak management plan was implemented and this was discussed in the staff/quality meetings. Infection control training has been provided to the staff. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is a documented definition of restraint and enablers, which are congruent with the definition in NZS 8134.0. Currently, there are 12 residents with restraint and this includes bed rails and lap belts. There are seven residents using enablers (bedrails). Included in the three restraint and three enabler files reviewed is an assessment process that covers alternatives and least restrictive options. The enablers and restraints are linked to the resident’s care plan. A register for each restraint/enabler is completed that includes a three-monthly evaluation.  There are clear guidelines in the policy to determine what a restraint is and what an enabler is. The restraint standards are being implemented and implementation is reviewed through internal audits and facility meetings. Restraint education and competencies have been completed. |

# 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)** |
| Criterion 1.3.3.3  Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Low | Care plans were developed in consultation with residents and their families where appropriate, as evidenced in all five resident files reviewed. Medical reviews were completed at least three monthly and the general practitioners (GP) had seen all of the samples of residents within two working days of entry to the service. There are three interRAI competent RNs and one EN. A range of assessment tools were being used along with interRAI. Registered nurses and caregivers interviewed confirmed that residents and/or family members were involved in all stages of service provision. Residents interviewed confirmed their input into assessment, service delivery planning and care evaluations. | 1) All five files reviewed showed that the initial nursing assessments and initial care plans had not been dated and signed by an RN and one long-term care plan was not dated; 2) Two residents admitted after 1 July 2015 had not been assessed with the interRAI assessment tool within 21 days of entry to the service; and 3) in three files, the long-term care plan was developed after 21 days of admission. | 1)Ensure that all initial assessments and nursing care plans are dated on completion; 2) Ensure that interRAI assessments are completed within 21 days of entry to the service; and 3) Ensure that long-term nursing care plans are completed 21 days of entry to the service.  60 days |

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

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End of the report.