

St Catherine's Rest Home Limited - St Catherine's Rest Home

Introduction

This report records the results of a Partial Provisional Audit; Certification 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: 23 February 2017 End date: 23 February 2017

Proposed changes to current services (if any): Increase certified beds by three to make a total of 14.

Total beds occupied across all premises included in the audit on the first day of the audit: 10

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 care for up to 14 resident's requiring rest home level care. At the time of this audit there are nine rest home residents and one other 'guest' receiving care.

St Catherine's is part of the charitable organisation overseen by the Sisters of Mercy Ministries New Zealand Trust Board. An executive manager is responsible for the care services provided at St Catherine's. There is a management service agreement in place between St Catherine's rest home and the chief executive officer of Mercy Healthcare.

This certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, families/whānau, a general practitioner, management and staff.

There are three areas identified for improvement related to informed consent, the hot water temperature in three rooms, and having a staff member on duty with a current first aid certificate.

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.		Some standards applicable to this service partially attained and of low risk.
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Staff demonstrated good knowledge and practice of respecting residents' rights in their day to day interactions. Staff receive ongoing education on the Health and Disability Commissioner's (HDC) Code of health and Disability Services Consumers' Rights (the Code).

There are no known barriers to Maori or residents who identify with different cultures accessing the service. All services are planned to respect the individual culture, values and beliefs of the residents.

Written consents are obtained from the residents' family/whanau, enduring power of attorney (EPOA) or appointed guardians.

Residents are encouraged and supported to maintain community and family links. Family and residents interviewed expressed high satisfaction with the caring manner and respect that staff show towards each resident.

The organisation respects and supports the right of the resident to make a complaint. Very few complaints are received. The service has a complaint register and complaints are managed and documented to meet all the requirements of the standard.

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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The organisation's philosophy, mission and vision statements are identified in the business and strategic plan. The executive manager ensures service planning covers business strategies for all aspects of service so the services offered meet residents' needs, legislation and good practice standards. The service also works to ensure the needs and values of the Sisters of Mercy are met.

The quality and risk system and processes support effective, timely service delivery. The quality management systems include an internal audit programme, complaints management, incident/accident reporting, hazard management, resident satisfaction surveys, and restraint and infection control data collection. Quality and risk management activities and results are shared among management, staff, residents and families/whānau, as appropriate. Corrective action planning is well documented. The executive manager reports regularly to the CEO of Mercy Healthcare via detailed monthly reports, or more frequently as appropriate.

New staff have a comprehensive orientation. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and family/whānau confirmed during interview that all their needs and wants are met. The service has a documented rationale for staffing. Staffing numbers, including registered nurse hours, exceeds contractual requirements.

Clinical records are integrated. Clinical documentation is sufficiently detailed and the content aligns with the required sector and professional standards. Records are stored appropriately to ensure confidentiality

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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Pre-admission information identifies the services offered. The service has policies and processes related to entry into the service.

Residents on admission to the service are admitted by a qualified and trained registered nurse who completes an initial assessment and then develops, with the resident and family, a care plan specific to the resident. When there are changes to the resident's

needs a short-term plan is developed and then integrated into a long-term plan. The service meets the contractual time frames for all short and long term care plans and long term care plans evaluated at least six monthly.

Residents are reviewed by their general practitioner (GP) following admission, and assessed thereafter either monthly or three monthly depending on their needs. Referrals to the DHB and community health providers are requested in a timely manner and a team approach supports positive links with all involved.

The activity coordinator provides planned activities meeting the needs of residents as individuals and in group settings. Families reported that the activities are appropriate to meet their chosen lifestyle and they are encouraged to participate in the activities.

A safe and effective medicine administration system was observed at the time of audit.

The onsite kitchen caters for residents with food available 24 hours of the day, with specific dietary, likes and dislikes met. The service has a five-week rotating menu which is approved by a registered dietitian. Residents' nutritional requirements are met.

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 service has processes in place to protect residents, visitors and staff from harm as a result of exposure to waste or infectious substances.

There are documented emergency management response and security processes which are understood and implemented by staff.

The building has a current building warrant of fitness and an approved fire evacuation plan. The residents' bedrooms have re-located to two fully refurbished floors since the last audit. The services at St Catherine's Rest Home are provided over four levels. The entrance and laundry are on the first (ground) floor, the kitchen, dining room, lounge, activities room, chapel, library and external courtyards are located on the second floor. These areas meet residents' relaxation, activity and dining needs. The third and fourth floor contain the residents' bedrooms and St Mary's convent. Both these floors have been recently renovated and refurbished.

Furniture and equipment is maintained. All bedrooms are single occupancy with a full bathroom ensuite. The facility has appropriate heating and ventilation. The outdoor areas provide furnishings and shade for residents' use. There is no smoking on site. Residents and families/whānau were very happy with the environment provided.

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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The service has a commitment to using restraint only as a last resort. The restraint minimisation and safe practice policy and definitions complies with the standard. There were no restraint or enablers in use at the time of the audit. In the event that restraint is required, there were processes in place to ensure appropriate assessment, approval and monitoring of restraint occurs. Staff are provided with ongoing education and have current related competencies.

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.

The service has an appropriate infection prevention and control management system. The infection control programme is implemented and provides a reduced risk of infections to staff, residents and visitors. Relevant education is provided for staff, and when appropriate, the residents.

There is a monthly surveillance programme, where infections information is collated, analysed and compared with previous data. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported and discussed at staff and resident 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	42	0	3	0	0	0
Criteria	0	90	0	3	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The consumer rights policy contains a list of consumer rights that are congruent with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). New residents and families are provided with a copy of the Code on admission included in the information pack. Access to information identifying the Code was evident throughout the facility.</p> <p>On commencement of employment, staff receive induction orientation training regarding residents' rights and their implementation. Education regarding consumer rights is held as part of the annual education calendar. The clinical staff interviewed demonstrated knowledge on the Code and its implementation in their day to day practice. Staff were observed to be respecting the residents' rights in a manner that was individual to their needs.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information</p>	PA Low	<p>An informed consent policy is in place. Every resident has the choice to receive, refuse and withdraw consent for services. The policy documents that if a resident is unable to give formal consent due to illness, incapacity or other disability, then the best interest of the resident will be protected by reference to the authorised next of kin (NOK), enduring power of attorney (EPOA) or trust.</p> <p>The residents' files reviewed had consent forms signed by the residents, and/or family and enduring power of attorney (EPOA). Advance directives are encouraged and discussed at the time of admission and signed</p>

<p>they need to make informed choices and give informed consent.</p>		<p>by the resident, if competent, however of the five advance directives reviewed, one advanced directive was signed by the enduring power of attorney stating the resident's advance directive. Consent also included on-charging costs information for dressing and continence supplies and for obtaining medical treatment/assistance that may occur for the resident. Consent was also evidenced requesting support for authorised staff to administer pharmaceuticals that were not prescribed by a medical practitioner, based on the residents' verbal orders. Five of five consents signed by residents and/or EPOA did not meet the ARRC contract requirements or the current accepted practice and guidelines for safe medication management. The family member interviewed stated that their relative was able to make informed choices around the care they received and families were actively encouraged to be involved in their relative's care and decision making. Residents interviewed stated that they were able to make their own choices and felt supported in their decision making.</p> <p>Staff interviewed acknowledged the resident's right to receive, refuse and withdraw consent for care/services and were aware of safe medication management. Staff demonstrated good knowledge around challenging behaviours as evidenced in progress notes, care planning and observations at the time of audit.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>All residents receiving care within the facility have appropriate access to independent advice and support, including access to cultural and spiritual pastoral advocates whenever required.</p> <p>The family member interviewed reported that they were provided with information regarding access to advocacy services at the time of enquiry and at admission and were aware of the location of pamphlets and information situated around the facility. They stated that they were always encouraged to become actively involved as an advocate for their relative and felt comfortable when speaking with staff.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>There are no set visiting hours and family are encouraged to visit. Residents are supported and encouraged to access community services with visitors/family/pastoral care or as part of the planned activities programme. This was evidenced in family/resident interviews and documented in daily and planned activities in resident's progress notes and care planning, such as visiting the local shopping centre or community groups.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to</p>	<p>FA</p>	<p>St Catherine's Rest Home implements organisational policies and procedures to ensure complaints processes reflect a fair complaints system that complies with the Code. During interview, residents, family/whānau and staff reported their understanding of the complaints process.</p>

<p>make a complaint is understood, respected, and upheld.</p>		<p>A complaints register is maintained and associated records verified complaints are investigated and responded to in a timely manner. Very few complaints are received. There have been no complaints received from the District Health Board, Ministry of Health or Health and Disability Commissioner since the last audit.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and is also evidenced in the admission agreement. Information about the Code of Rights is available in English and Tongan and via video and audio tape.</p> <p>The family member and residents that were interviewed reported that the Code was explained to them on admission. Family/whanau and residents expressed that they were very happy with the care at the facility and provided by the staff.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The policy identifies that a copy of the Code and information about the Nationwide Health and Disability Advocacy Service is provided to the resident and family on admission and is also evidenced in the admissions agreement. The policy has references to the vulnerable person's legislation. The residents' files reviewed also reflected that residents received services that were specific and individual to their level of independence, personal privacy, beliefs, dignity and respect.</p> <p>The family member interviewed reported that the Code was explained to them on admission. Their relative was treated in a manner that showed regard for the resident's dignity, privacy and independence and beliefs. At the time of the audit staff were seen to knock on residents' doors and await a response before entering. The use of occupied signs on the communal bathroom/toilet doors when in use were noted.</p> <p>The family member interviewed expressed no concerns in relation to residents' abuse or neglect and reported that staff know their relative well. This was also evidenced at the time of audit with observed interactions.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and</p>	<p>FA</p>	<p>The executive manager, registered nurse and care staff interviewed reported that there are no barriers to Maori accessing the service. At the time of the audit there were no Maori residents who affiliated with their culture. The care staff interviewed demonstrated good understanding of practices that identified the needs of the Maori resident and importance of whanau and their Maori culture. A Maori health plan was available.</p>

acknowledges their individual and cultural, values and beliefs.		
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The cultural appropriateness policy details an organisation commitment to providing culturally appropriate services to all residents. The residents' files reviewed evidenced consultation with family and cultural advisors at Mercy Hospice and that residents received services that were specific and individual to their needs, values and beliefs of culture, religion and ethnicity. The family member interviewed reported that the staff are meeting the needs of their relatives and that their relative was treated in a manner that supported their cultural beliefs and values.</p> <p>This was also evidenced at the time of audit with observed interactions.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Family/whanau and residents reported that they are very happy with the care provided. The family member interviewed reported that professional boundaries are maintained. No concerns were reported. Staff interviewed stated that they are aware of the importance of maintaining professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice was observed and evidenced in interviews with the executive manager, registered nurses, care staff and through care planning. Policies and procedures are linked to evidence-based practice. There are regular visits by residents' GPs, links with the mental health services, the Mercy Hospice, the geriatrician and different DHB nurse specialists and consultants and allied health staff. Care guidelines are utilised as appropriate.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The open disclosure policy is based on the principle that residents and their families have a right to know what has happened to them and to be fully informed. All residents and relatives who do not speak English are advised of the availability of an interpreter at the first point of contact with staff. Pastoral care staff support residents and family with hospital/consultant and other appointments, with the option of formal interpreters to support the residents and family as required.</p> <p>The family member interviewed confirmed that they are kept informed of their relative's wellbeing including any incidents adversely affecting their relative and were happy with the timeframes that this occurred.</p>

		Evidence of timely open disclosure was seen in the residents' progress notes, accident/incident forms and at shift handover.
<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>	FA	<p>St Catherine's has a documented mission statement, philosophy and values that is focused around the provision of individualised, quality care in a peaceful, loving environment for women of Catholic faith. The executive manager is observed being readily available to residents.</p> <p>The executive manager monitors the progress in achieving these goals via a regular formal review. The day to day operations and ensuring the wellbeing of residents is the responsibility of the executive manager. A formal management service agreement is in place between St Catherine's Rest Home and the chief executive officer (CEO) of Mercy Healthcare. The executive manager reports formally on a monthly basis to the CEO and provides comprehensive written reports. The executive manager and the CEO of Mercy Healthcare also communicate regularly as both have offices co-located on the same floor.</p> <p>Mercy Healthcare includes two other residential aged care facilities (Mercy Assisi Home and Hospital in Hamilton, and Mercy Parklands Ltd Auckland), as well as Mercy Hospice in Auckland. A clinical governance committee has been established with representatives from St Catherine's and the three Mercy Healthcare facilities.</p> <p>The Mercy Healthcare Auckland Ltd CEO reports to a governance board on a regular basis, which in turns reports to the Sisters of Mercy Ministries Trust Board which is a charitable trust. Five of the Sisters of Mercy are trustees. Business and strategic planning for St Catherine's includes wide consultation with stakeholders.</p> <p>Since the last audit there has been significant change at St Catherine's with a facility renovation/refurbishment programme and the reduction in certified beds from 30 to 11 beds. St Catherine's has applied to increase up to 14 certified beds. Staff and management advise 2016 was a very challenging period, however services are focused on providing services that meet the organisation's vision, mission and values.</p> <p>The executive manager is an experienced registered nurse, who has been in this or another senior management role at St Catherine's since 1998. The executive manager participates in relevant ongoing education as required to meet the provider's contract with ADHB. The executive manager has post graduate qualifications in business health management and economics, maintains a current annual practising certificate (APC) and current interRAI competency and participates in the aged related care 'cluster group meetings'.</p>
Standard 1.2.2: Service	FA	The continuous quality improvement (CQI) facilitator is a registered nurse. She works one day a week undertaking CQI activities and works two days a week as a registered nurse (RN). The RN/CQI facilitator is

<p>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>		<p>responsible for services in the executive manager's temporary absence. A job description details the roles and responsibilities. The CQI facilitator/RN is supported by the CEO for Mercy Healthcare and a senior administrator at St Catherine's.</p> <p>The RN/CQI facilitator has worked at St Catherine's since February 2014, has a current APC and appropriate aged residential care experience.</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. This includes internal audits, satisfaction surveys, incident and accident reporting, health and safety reporting, hazard management, infection control data collection and management, restraint and complaints management. Regular internal audits are conducted and demonstrated a high level of compliance with organisation policy. An annual review is undertaken of the previous years quality and risk programme and outcomes.</p> <p>If an issue or deficit is found a corrective action is put in place to address the situation. Corrective actions are developed and implemented and monitored for effectiveness. Quality information is shared with all staff via shift handover as well as via the continuous quality improvement / infection prevention and control meetings, the health and safety meetings and the staff meetings. These committees meet two monthly. The minutes of each meeting were displayed in the rest home staff office area. Staff interviewed verify they are kept well informed of quality and risk information.</p> <p>Meetings are held every two months with residents to obtain resident feedback on services and for future planning. The minutes of these meetings were displayed on a noticeboard for residents, along with the results of the recent resident satisfaction survey. The feedback from residents in the satisfaction survey was very positive.</p> <p>Policies and procedures were readily available for staff. Policies have been reviewed in a planned manner by the executive manager and document control processes implemented.</p> <p>Staff, resident and family/whānau interviewed expressed a high level of satisfaction about the services provided at St Catherine's Rest Home.</p> <p>Actual and potential risks are identified using the quality and risk planning processes. The organisation risk register is extensive and showed regular monitoring (at least three monthly) of the organisation's risks. Clinical risk is also monitored with patient's weight and body mass index changes also being detailed and trended over time. Newly found hazards are discussed, monitored and managed via the health and safety committee. Staff confirmed that they understood and implemented documented hazard identification</p>

		<p>processes. The hazard register sighted was up to date. The hazard register for each room / service or environment is laminated and displayed in the applicable area for quick reference as observed during audit.</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>	<p>FA</p>	<p>Policy and procedure details the required process for reporting incidents and accidents including near miss events. Staff are provided with education on the responsibilities for reporting and managing accidents and incidents during orientation and as component of the ongoing education programme.</p> <p>Applicable events are being reported in a timely manner and also disclosed to the resident and or designated next of kin. This was verified by residents and a family member interviewed. A summary of the reported events is maintained in each resident's clinical record. A review of reported events including falls, pressure injury, skin tear and medicine error, demonstrated that incident reports are completed, investigated and responded to in a timely manner. Changes were made to the resident's care plan where applicable or a short term care plan developed where necessary. Staff communicated incidents and events to oncoming staff via the shift handover. A summary of events were discussed with staff at the staff meetings and at the continuous quality improvement meetings. The number and type of incidents per month was also displayed on the staff notice board.</p> <p>The executive manager and the CEO of Mercy Healthcare identified the type of events that must be reported to external agencies as an essential notification. There have been no events requiring essential notification since the previous audit, with the exception of the changes in facility bed numbers.</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>	<p>FA</p>	<p>Copies of the annual practising certificates (APCs) for two general practitioners (GPs), pharmacists, the podiatrist, the dietitian, and the five registered nurses (RNs) were sighted. The certificate of an approved vaccinator was also sighted.</p> <p>Recruitment processes includes completing an application form, conducting interviews and reference checks and police vetting. Staff have signed job descriptions on file which are reviewed and resigned annually. The job description includes a statement advising staff of privacy / confidentiality requirements. Annual performance appraisals have occurred in the applicable staff files sampled.</p> <p>New employees are required to complete an orientation programme relevant to their role. A checklist is utilised to ensure all relevant topics are included. New employees are buddied with senior staff for a number of shifts until the new employee is able to safely work on their own. Contractors and volunteers are provided with a site induction and records are retained.</p> <p>A staff education programme is in place. Core components of the annual education programme are provided annually in the form of a study day that is repeated to ensure all staff attend. The study days held in November 2016 were attended by all staff. The topics included (but were not limited to) complaints</p>

		<p>management, cultural safety, restraint minimisation, the use of enablers, fire safety, pressure injury prevention/management, manual handling and use of the hoists, falls prevention, and undertaking neurological observations. The study day is provided twice to enable all staff to attend. There is some variation in content from year to year as determined by the executive manager. Staff are required to complete questionnaires following the annual study day as part of the education/competency assessment process. Throughout the year education and questionnaires are also provided to staff on other topics, including infection prevention and control and safe handling of chemicals. Staff can also attend relevant external education.</p> <p>Records of education are maintained and copies of some education certificates are present in the staff files reviewed. A number of caregivers interviewed have completed an industry approved qualification.</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>	FA	<p>A policy details staffing levels and skill mix requirements and this exceeds the requirements of the provider's contract with Auckland District Health Board (ADHB).</p> <p>The current roster was reviewed and demonstrated that there is a RN on duty eight hours a day, seven days a week. The executive manager is on site weekdays and on call when not on site. The executive manager and two other RN's have completed interRAI training and competencies. This includes one RN who was recently employed and has yet to start undertaking interRAI assessments at St Catherine's.</p> <p>A caregiver works 7am to 3pm, 7am to 12pm, 3pm to 11pm, 4pm to 9pm and 11pm to 7 am. A staff member with a current first aid certificate is not on duty at all times. (Refer to criterion 1.4.7.1.) The executive manager advised that additional staff hours would be allocated to meet the care needs of the additional residents if required.</p> <p>The activities facilitator has allocated time weekdays. She works part of the shift as a caregiver then progresses to facilitating the activities programme.</p> <p>The laundry is staffed two days a week.</p> <p>Additional staff hours are rostered for the food / kitchen services, and cleaning services.</p> <p>The staff confirmed the executive manager is available out of hours if required. Residents and the family member interviewed confirmed their personal and other care needs are being well met.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p>	FA	<p>The resident's name and date of birth and national health index (NHI) are used as the unique identifier on resident's information sighted. Clinical notes were current and integrated with GP and auxiliary staff notes. The files were being kept secure and only accessible to authorised people. On the day of admission all relevant information is entered into the resident's file by the RN following an initial assessment and medical</p>

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>examination by the GP. The date of admission, full and preferred name, next of kin, date of birth, gender, ethnicity/religion, NHI, the name of the GP, authorised power of attorney, allergies, next of kin and phone numbers were all completed in each resident's record reviewed. No personal or private resident information was observed to be on public display during the days of audit</p> <p>All residents' files remain traceable and held within the required time frames which also encompasses the (Retention of Health information) Regulations. The Executive manager reported that all archived documents are held off site in a secure location. This site was not reviewed at the time of audit.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The resident admission agreement is based on the Aged Care Association agreement. The residents' records reviewed had signed admission agreements by the resident/family or enduring power of attorney (EPOA).</p> <p>St Catherine's is designed principally for the retired sisters of Mercy. Vacancies are updated daily through Eldernet and the facility has their own dedicated website. Staff contact the executive manager if enquiries are made by prospective residents and/or their family members outside of normal working hours.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The facility uses the DHB's processes and forms for admission and discharge to and from the acute care hospital which includes a transfer template, envelope and check list requiring specific information to accompany the resident. This form requests information on all aspects of care provision, known risks and intervention requirements. A copy of the resident's individual risk profile, individual file front page, medication profile form and allergies records, and a summary of medical notes is included. A copy of any advance directives were also included. Transfer of a resident to another facility includes notification to appropriate and required external services. Communication between services and with the family occurs prior to transfer and any concerns are documented. Documentation of a resident's hospital transfer was sighted during the audit and was well completed.</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</p>	<p>FA</p>	<p>The medication management policy and procedure clearly describes the processes to ensure safe administration of all medications. This includes competency requirements, prescribing, recording, a process when an error occurs, as well as definitions for 'over the counter' medications that may be required by residents. At the time of audit one resident was self-administering medicines and the required documentation was evidenced.</p> <p>Medications for residents are received and delivered by the pharmacy in a pre-packed delivery system. A safe system for medicine management was observed on the day of audit. However, one resident and 'a</p>

<p>practice guidelines.</p>		<p>boarder' had medicine that was in their rooms that were not securely stored. The boarder's medicines included controlled drugs which were not pre-packaged and were being administered by staff when required. A specific medicine register for the controlled drug and medication prescribed drug chart was evidenced at the time. Staff state that the controlled drugs had been removed from the St Catherine's controlled drug cupboard early on the morning of the audit and put in the boarder's room. Both lots of medicine was evidenced as appropriately stored by the time the audit was completed.</p> <p>Medicines are stored in a locked medicine trolley in the treatment room which is locked when not occupied. Medications that requires refrigeration are stored in a separate fridge. A locked safe is used for controlled medications and the medicine register was sighted and meets requirements. A pharmacist once a month completes an audit of resident medicine documentation / prescribing.</p> <p>The ten medicine charts reviewed have been reviewed by the GP every three months and this is recorded on the electronic paper based medicine chart. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts have each medicine individually prescribed and 'as required' (prn) medications identified had the reason stated for the use of that medication. There is a specimen signature register maintained for all staff who administers medicines. All the medicine files reviewed have a photo of the resident to assist with the identification of the resident and a pharmacy medication/tablet identifying sheet.</p> <p>There are documented competencies sighted for registered and care staff responsible for medicine management. The registered nurses administering medicines at the time of audit demonstrated competency related to medicine management.</p> <p>The admission consent form includes an area where a RN can administer medicines for a resident admitted from the community at the verbal request of a resident in the absence of an appropriate medicine order. The new RN interviewed advised she would never do this. This is raised in 1.1.10.4.</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>	<p>FA</p>	<p>Regular monitoring and surveillance of food preparation and hygiene is carried out. Food procurement, production, preparation, storage, delivery and disposal was sighted at the time of audit. Fridge and freezer recordings were observed daily and recorded and meet food safety requirements. Kitchen staff interviewed have a very good understanding of food safety management and have completed regular ongoing food safety training.</p> <p>There is a five-week rotating menu. The menu was reviewed by a dietitian in November 2016. Where unintentional weight loss is recorded, the resident is discussed with the GP and referred for a dietitian and or speech language specialist review.</p> <p>A nutritional profile is completed for each resident by the RN at the time of admission and this information was shared with the kitchen staff with a copy remaining in the kitchen to ensure all needs, wants, dislikes</p>

		<p>and special diets of the resident are catered for. The kitchen is available for staff to provide residents with food and nutritional snacks 24 hours a day.</p> <p>There are kitchenettes situated in the facility where residents/family can make their own hot and cold beverages.</p> <p>All meals are cooked and served directly from the kitchen. A menu is provided on the dining room tables. The residents have the option of one of two meals at each sitting and are encouraged to self-serve from the bay-marie. Residents also have the option of trays in their rooms.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The executive manager interviewed reported that the service does not refuse a resident if they have a suitable Needs Assessment and Service Coordination assessment (NASC) for the level of care and there is a bed available. In the event that the service cannot meet the needs of the resident, the resident, family and the NASC service will be contacted so that alternative residential accommodation can be found.</p> <p>If the resident's needs exceed the level of care provided, they are reassessed and an appropriate service is found for the resident. The resident agreement has a statement that indicates when a resident is required to leave the service. The admission agreement has a clause on when the agreement can be terminated and the need for reassessment if the service can no longer meet the needs of the resident.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The service has implemented the electronic interRAI assessment and relevant tools for all residents. Assessments are carried out by a registered nurse appropriate to the level of care of the resident and include falls, skin integrity, and challenging behaviour, nutritional needs, continence, and communication, end of life and pain assessments. The interRAI assessment is also utilised when a change of level in care is required.</p> <p>The residents' files reviewed have assessment information obtained from any prior place of living, services involved, the resident, and where applicable the resident's family/pastoral care and/or nominated representative. Where a need is identified, interventions for this are recorded on the care plan and external services are requested as required. All of the files reviewed have falls risk and pressure injury risk assessments.</p> <p>The family member interviewed reported their relative receives 'above and beyond the care required' to meet their needs.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery</p>	FA	<p>The five residents' files reviewed have electronic care plans and documented long term care plans that address the resident's current abilities, concerns, routines, habits and level of independence and any</p>

<p>plans are consumer focused, integrated, and promote continuity of service delivery.</p>		<p>changes implemented. Strategies for reducing and minimising risk while promoting quality of life and independence were sighted in the files. Also evidenced was the assessment of techniques used that were individual and specific to the resident, with interventions and evaluations sighted. The care staff interviewed demonstrated knowledge about the individual residents they care for.</p> <p>Residents' files reviewed included activity care plans identifying the resident's individual spiritual/pastoral care, diversional, motivational and recreational requirements showing evidence of how these are supported. The files reviewed showed input from registered nurse, health care assistants, the activity coordinator, medical and allied health services. The registered nurse and care staff interviewed reported they receive adequate information to assist with the resident's continuity of care. This was also evidenced in the shift handover (verbal and paper) and staff communication/diary book and resident's progress notes.</p> <p>The family member interviewed reported they were very happy with the quality of care provided at the service.</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>Clinical management policies and procedures include assessment on admission, weight and bowel management, clinical notes and referral information.</p> <p>As observed on the day of the audit, the registered nurses and care staff demonstrated good knowledge of individual residents, providing individual and specific care that was reflected in the resident's care plan. The residents' files showed evidence of discussions and involvement of pastoral care staff and family. The residents interviewed reported that the staff knew them all very well and had no concerns with the care they received.</p> <p>The service has adequate dressing and continence supplies to meet the needs of the residents. The care plans reviewed recorded interventions that are consistent with the residents' assessed needs and desired goals. The registered nurses and care staff interviewed reported they have input into residents' care plans on a regular basis and stated that the care plans were accurate and kept up to date to reflect the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture,</p>	<p>FA</p>	<p>The activities programme uses a framework to empower the residents to be valued and respected. The residents are provided with opportunities that are of interest to them from the past and present and are encouraged and supported to maintain their community networking (both local and overseas) and friendships, allowing for ongoing socialisation and developing new interests. The activities coordinator adapts activities to meet the needs/choices and spiritual/cultural needs of the resident.</p> <p>The facility has one activities coordinator who covers a Monday to Friday (18 hours a week) dependent on the activities organised. The weekly activities plan/calendar sighted was developed based on the residents'</p>

<p>and the setting of the service.</p>		<p>needs and interests and was adapted and changed depending on the residents' interest and reaction at the time. The activity coordinator advertises the upcoming activities on the notice boards daily through the facility and a monthly calendar of upcoming events is available. Care staff, while supporting residents with personal cares, remind and encourage residents to attend the activities. Regular activities include church services, mass/prayer, regular visiting entertainment/schools and includes trips to other events occurring in the community. For residents that wish to remain in their rooms, activities and one to one interaction is offered and supported by staff. The registered nurse and care staff interviewed stated that they have access to activities to support residents after hours and on the weekends.</p> <p>The outside environment provides easy access to garden areas that enable residents to come and go safely. There are seating arrangements and different areas of focus throughout the facility.</p> <p>The residents' files reviewed have activities and social assessments that identify the resident's individual spiritual, diversional, motivational and recreational requirements over a 24-hour period. Daily activities attendance sheet records are maintained for each resident and are assessed and reviewed to determine the level of enjoyment and interests of the residents. The activities goals are updated and evaluated in each resident's file six monthly.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The residents' files reviewed had a documented evaluation that was conducted within the last six months. Evaluations are resident focused and document achievements or response to supports/interventions and progress towards meeting the desired outcome/goal.</p> <p>Residents' changing needs are very clearly documented in the care plans reviewed. Residents whose health status changes, and/or are not responding to the services/interventions being delivered, are discussed with their GP and family. Short term care plans were sighted for wound care, infections, and changes in mobility, changes in food and fluid intake and skin care. The medical and nursing assessments of these short-term care plans were documented in the residents' progress notes. The care staff interviewed demonstrated good knowledge of short term care plans and reported that they were discussed at handover; this was also evidenced at time of the audit.</p> <p>The family member interviewed stated that they can consult with staff at any time if they have concerns or there are changes in their relative's condition.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p>	<p>FA</p>	<p>There is one GP who visit the residents at the facility once a fortnight or sooner as required. The GP also supports an on call after hours' service. The RN or the GP arrange for any referrals required to specialist medical services when necessary. Records of progress were recorded in the residents' files. These referrals and consultations included mental health services, general medicine services, and referrals to</p>

<p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>radiology, geriatrician services, podiatry, dietitian, and a speech language therapist. The GP and an allied health specialist interviewed reported that referrals to requested services were well managed from the facility and no concerns were noted.</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>Policies detail how waste is to be segregated and disposed. The policy content aligns with current accepted practice.</p> <p>Chemicals sighted were stored in designated and secure areas. Material safety data sheets and wall safety charts detailing actions to take in the event of exposure were sighted for chemicals in use. Staff have been provided with recent training on chemical safety and handling. There is a spill kit on site.</p> <p>Appropriate personal protective equipment (PPE) was available on site including disposable gloves, aprons, masks, and face protection. An emergency kit with PPE is also available for use in an outbreak or other significant event.</p> <p>Staff advised they would report inadvertent exposures to hazardous substances and blood and body fluids via the incident reporting system, and confirmed receiving education on handling chemicals and waste.</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>There is a current building warrant of fitness (BWOFF) with an expiry 2 June 2017. Ongoing checks to maintain the BWOFF are occurring, via a contracted company. Another company undertakes performance monitoring and electrical safety checking (where applicable) of clinical equipment and provides a written summary. Electrical equipment sighted had evidence of current electrical testing and tag checks. Clinical equipment checked at random had a current performance validation. Maintenance requests are identified and documented by staff when issues are noted in a notebook in the nursing station / office. Requested tasks have been signed off as completed or are in progress.</p> <p>There are two garden / courtyard areas on the second floor that residents and family can use. These are appropriately furnished and include shade. Residents were observed to be mobilising independently including with the use of a mobility device in their bedrooms and throughout the rest home communal areas. Elevators are utilised to transport residents between floors. Internal audits detail that the temperature of hot water is above 45 degrees Celsius in three residents' bedrooms.</p> <p>The three additional bedrooms that are being certified are located on the top floor of the facility. They are on the floor above the other 11 rest home bedrooms and can be readily accessed via the stairwell or elevator. Call bells present in these rooms are linked to the pagers worn by on duty staff. The three bedrooms have a</p>

		full ensuite and are fit for purpose.
<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>	FA	<p>Hand basins and showers are present in each resident's ensuite bathroom. Waterless hand gel is also available for staff and residents at locations around the facility.</p> <p>There are separate bathroom facilities for staff and visitors to use.</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>	FA	<p>All residents' bedrooms are single occupancy. The rooms contain space for the residents, personal possessions and use of mobility devices if required. The majority of rooms contain a walk-in wardrobe. Residents were sighted mobilising inside the rest home independently, including while using a mobility aid.</p> <p>The staff interviewed advised there is sufficient space for the residents to mobilise, including when assistance was required. The residents and family member interviewed confirmed this.</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>	FA	<p>All residents have single occupancy rooms. There are a number of other areas that residents can use for activities or to meet with family and friends. This includes the chapel, the library, the dining room, the activity room, and the lounge which are located on the second floor. There is also a lounge on the third floor where the majority of rest home bedrooms are located. The residents and family member interviewed confirmed that there is sufficient space available for residents and support persons to use in addition to the residents' bedrooms</p>
Standard 1.4.6: Cleaning	FA	Policies and activity lists detail how the cleaning and laundry services are to be provided. Resident's

<p>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>personal clothing is washed and returned two days each week. Soiled linen is promptly washed and dried using a washing machine and drier that is located near the nurses' station. Each resident has a linen basket in their room for their personal laundry.</p> <p>The residents and family member interviewed confirmed the rest home is kept very clean and tidy and residents' laundry is washed and returned in a timely manner. Audits of cleaning and laundry services were undertaken as scheduled and reports demonstrated compliance with the service requirements. The resident satisfaction survey includes questions related to environmental cleanliness and laundry services. The feedback from residents is very positive. Chemicals are stored in designated secure cupboards. A cleaner confirmed being provided with training on the safe handling of chemicals and had written instructions readily available on the use of products and required cleaning processes / activities. Instructions for managing emergency exposures to chemicals is readily available to staff.</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>The fire evacuation plan has been approved by the New Zealand Fire Service (NZFS) in a letter dated 2 February 2004. The executive manager advises the fire evacuation plan does not require any changes related to the additional three certified beds. The most recent fire evacuation drills were conducted in November 2016 as part of the annual mandatory staff training day.</p> <p>Policy documents provide guidance for staff on responding to civil emergency and disaster events</p> <p>Review of the staff files and training records verifies that staff are provided with first aid training, although a staff member with a current first aid certificate is not rostered on duty each shift.</p> <p>There are sufficient supplies available of dry food, lighting, a radio and batteries, and other clinical supplies for use in emergency. A BBQ for cooking is available along with spare blankets located in each resident's wardrobe. Water tanks are onsite that refill with fresh water and contains sufficient supplies for use in emergency. A small supply of bottle water is also available in the kitchen.</p> <p>Call bells are present in the bathrooms and residents' bedrooms. They alert via a light which illuminates outside the room, and alerts through to a pager that is carried by staff. Three call bells tested at random were fully functioning. Call bells are also present in the three additional rest home bedrooms on the top floor.</p> <p>Most persons entering the building come to the main entrance. The door is locked and an alert button / intercom and camera is used to alert rest home staff of people waiting to enter. Entry can be granted remotely. There are two other doors that have key pad entrances which could be used by residents if they wanted to independently enter the building. The executive manager report the residents are normally accompanied by support persons including the pastoral care team when entering and exiting the facility. No concerns were expressed by residents or the family member interviewed about security arrangements.</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>All residents' rooms have a window. Heating is centralised via a radiator or electrical wall mounted heater. Residents and the family member interviewed verified the facility is keep suitably warm and ventilated. Smoking is not allowed on site.</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 service has a documented infection control programme. The infection control programme minimises and reduces the risk of infections to residents, staff and visitors to the facility.</p> <p>The infection control coordinator is the registered nurse, who holds accountability and responsibility for following the programme in the infection control manual. The infection control coordinator monitors for infections, by using standardised definitions to identify infections, surveillance activity, changes in residents' behaviours which may indicate an infection, monitoring of organisms related to antibiotic use and the monthly surveillance record. Infection control is discussed at staff meetings. If there is an infectious outbreak this is reported immediately to staff, management and where required, to the DHB and public health departments.</p> <p>The registered nurse reported that staff have good assessment skills in the early identification of suspected infections. Residents with suspected and/or confirmed infections are reported to staff at handover and short term care plans implemented, and this was documented in the progress notes. Staff interviewed stated that they were alerted to any concerns and are included in the management of reducing and minimising risk of infection through staff meetings, the staff communication book, one to one, at shift handover, in short term care plans and in resident's documented progress notes.</p> <p>A process is identified in policy for the prevention of exposing staff, residents and visitors from infections. Staff and visitors suffering from infectious diseases are advised not to enter the facility. When outbreaks are identified in the community, specific notices are placed at the entrance saying not to visit the service if the visitor has come in contact with people or services that have outbreaks identified. Sanitising hand gel is available throughout the facility, in the kitchen at the self-servey and there are adequate hand washing facilities for staff, visitors and residents with hand washing signs noted throughout the facility. Gloves and gowns are easily accessible to staff. Residents who have infections are encouraged to stay in their rooms if required.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The registered nurse has the role of infection prevention and control coordinator. Infection control issues are discussed at staff meetings. The facility has the support of a clinical specialist nurse who is available for advice on infection prevention. Advice can also be sought from different external sources including the laboratory diagnostic services and GP. The registered nurse is supported by the executive manager. The registered nurse and care staff interviewed demonstrated good knowledge of infection prevention and control. On several occasions throughout the audit good hand washing technique was observed.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>An infection control policy sets out the expectations the facility uses to minimise infections. This is supported by an infection control manual and policies and procedures that support specific areas, including antibiotic use, MRSA screening, wound management, blood and body spills, cleaning, disinfection and sterilisation, laundry and standard precautions. Staff were observed demonstrating safe and appropriate infection prevention and control practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The registered nurses and care staff interviewed could demonstrate good infection prevention and control techniques and awareness of standard precautions, such as hand washing. The hand washing technique of staff is reviewed regularly by the infection control nurse. Infection control in-service education/tool box sessions are held and resident education is provided, as and when appropriate.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is</p>	FA	<p>All staff are required to take responsibility for surveillance activities as shown in policy. Monitoring is discussed in meetings to reduce and minimise risk and ensure residents' safety. The infection control nurse</p>

<p>carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>completes a monthly surveillance report. The service monitors respiratory tract infections, wounds, skin, ear, nose and throat, urinary tract infections and gastroenteritis. The monthly analysis of the infections includes comparison with the previous month, reason for increase or decrease, trends and actions taken to reduce infections. This information is fed back and discussed in staff and management meetings and where appropriate residents/family. Overall monthly statistics remain very low for the facility. Five of the last eight months' recordings evidenced no infections for each of the months.</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>St Catherine's has a commitment to using restraint only as a last resort. The restraint minimisation and safe practice policy and definitions complies with the standard. In the event that restraint is required, there are processes in place to ensure appropriate assessment, approval and monitoring of restraint occurs. Staff are provided with ongoing relevant education. This most recent occurred as a component of the mandatory staff training days held in November 2016 which was attended by all staff. A copy of the PowerPoint presentation was sighted and included the definitions of restraint and enablers, de-escalation and restraint minimisation practices. Staff were required to complete a questionnaire to verify knowledge and have current competencies. Caregivers interviewed could detail the differences between restraint and enablers and verified there were no restraints or enablers currently in use or recently used.</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 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	<p>All residents had signed consent forms. Staff interviewed acknowledged the resident’s right to receive, refuse and withdraw consent for care/services. The written consent form requires review of the statements related to self-administration of medicine for residents admitted from the community and the aspects of services that may be on-charged to the resident. The consent form includes the consent of residents to allow staff to support residents with medications which have not been prescribed. The new registered nurse interviewed advised she would not administer any medicines that had not been appropriately prescribed. Residents interviewed stated that they were able to make their own choices and felt supported in their decision making.</p>	<p>One of five residents’ advanced directives were signed by their enduring power of attorney.</p> <p>Five of five residents’ consent forms signed evidenced possible on charges for dressing and continence products and medical treatment/assistance and gave permission for authorised staff to administer non-prescribed medications to</p>	<p>Ensure that all consents meet care contract requirements, and that only residents who are deemed competent to do so, sign advance directives.</p> <p>180 days</p>

			residents admitted from the community.	
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The CQI facilitator undertakes monthly audits that includes monitoring the temperature of hot water in residents' rooms. Whilst interventions have occurred, the temperature in three residents' rooms has been above 45 degrees Celsius (46 – 53 degrees Celsius) since October 2016. The executive manager advises that quotations are being sought for remedial plumbing work.</p>	<p>The hot water temperatures in three residents' bedrooms has been above 45 degrees Celsius since October 2016 despite a number of interventions.</p>	<p>Ensure that the temperature of hot water in resident areas is at or under 45 degrees Celsius.</p> <p>180 days</p>
<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>Staff are provided with first aid training and records are retained to demonstrate this. There are six shifts in the current roster for the period 20-26 February 2017, where a staff member with a current first aid certificate is not rostered on duty for part or all of the shift. This occurred in the afternoon weekdays and weekends. The executive manager has booked first aid training for staff to occur in April 2017.</p>	<p>A staff member with a current first aid certificate is not present on duty at all times.</p>	<p>Ensure a staff member with a current first aid certificate is on duty at all times.</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.