

Nurse Maude Association - Nurse Maude Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Nurse Maude Association

Premises audited: Nurse Maude Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 23 February 2021 End date: 23 February 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 60

Executive summary of the audit



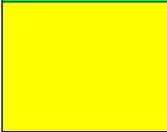
Introduction

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

Nurse Maude Hospital provides rest home and hospital level care for up to 75 residents. The service is operated by Nurse Maude Association and managed by a service manager and a clinical nurse manager. Residents and family/whānau spoke positively about the care provided.

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

There were no areas identified as requiring improvement.

Consumer rights

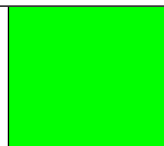
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and family/whānau is promoted, and confirmed to be effective. There is access to interpreting services if required.

A complaints register is maintained with complaints resolved promptly and effectively.

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.

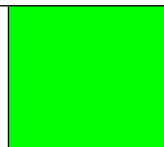
Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and family/whānau. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and were current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

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.

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

The multidisciplinary team, including a registered nurse and general practitioner, assess residents' needs on admission. Care plans are individualised, based on a comprehensive range of information and accommodate any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular and timely basis. Residents are referred or transferred to other health services as required.

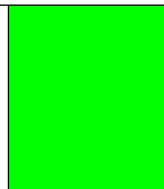
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. Residents verified satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Standards applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation has implemented policies and procedures that support the minimisation of restraint. There were no restraints or enablers in use at the time of audit. Staff were aware that the use of enablers is voluntary for the safety of residents and in response to individual requests. Staff demonstrated a sound knowledge and understanding of restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints policy and associated forms meet the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so.</p> <p>The complaints register reviewed showed that ten complaints have been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans showed any required follow up and improvements have been made where possible. The two most recent complaints have yet to be fully closed out. The clinical nurse specialist quality and risk is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff knew how to access interpreter services, although reported this was rarely required due to all residents able to speak English. Staff able to provide interpretation as and when needed and this has occurred in the past.</p>

<p>provide an environment conducive to effective communication.</p>		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. These were confirmed by the chief executive officer (CEO) during interview. A sample of monthly reports to the board of directors showed adequate information to monitor performance is reported including financial performance, emerging risks and issues.</p> <p>The service is managed by a service manager (SM) who holds relevant experience and a clinical nurse manager (CNM) who has relevant qualifications and is supported by the clinical nurse specialist quality and risk. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The CNM and SM confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through regional meetings and District Health Board (DHB) meetings and training sessions.</p> <p>The service holds contracts with the Ministry of Health (MOH) for long term chronic conditions (LTCC), Younger people with a disability (YPD) and the District Health Board (DHB) for hospital services, complex medical services, serious medical illness, geriatric services, rest home care and respite care. Five residents were receiving rest home care, including one respite resident; 50 residents were receiving hospital level care including two LTCC and one YPD; and five residents were under the serious medical illness contract. The facility also holds an Accident Compensation Corporation (ACC) contract which had no residents under this at the time of audit.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents including infections and bed status.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the management / quality and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities and staff meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family/whanau satisfaction surveys are completed annually. The most recent survey showed dissatisfaction with some food service. The clinical nurse specialist quality and risk has implemented increased monitoring of the food service and developed a food specific questionnaire, as well as notifying the contracted provider to address the shortfalls.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to appropriate assessment tools and processes. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval,</p>

		<p>distribution and removal of obsolete documents.</p> <p>The clinical nurse specialist quality and risk and SM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The managers are familiar with the Health and Safety at Work Act (2015) and have implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the quality meeting and monthly to the board.</p> <p>The clinical nurse specialist quality and risk described essential notification reporting requirements, including for pressure injuries. They advised there have been six notifications of significant events made to the Ministry of Health, since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period and thereafter annually.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Twenty-five hospital aids (HA) have completed level 2 qualification, and nine have completed level 3. A further three are working toward level 2 and seven enrolled in level 3. There are no HA's registered and waiting to commence. A staff member is the internal assessor for the programme. All RN's have either completed or are enrolled in the DHB professional development and recognition programme (PDRP). Records reviewed demonstrated completion of the required in-service training and completion</p>

		of annual performance appraisals.
<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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of patients. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Staff reported there were adequate staff available to complete the work allocated to them. Residents and family/whānau interviewed supported this. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate. Staffing of the hospital showed – on morning shift one RN and one enrolled nurse (EN), or two RN's on each floor, six hospital aids (HAs) and one ward assistant on the ground floor and eight HAs and one physio assistant on the first floor. On afternoon shift there is one RN and one EN (or two RN's) and six HA on each floor. On night there is one RN and one EN for both floors and two HCAs for each floor.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and undergo annual competency assessments.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription and enters them into the system as a record of delivery. All medications sighted were within current use by dates. Clinical pharmacist input is available on request.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices within the electronic system were evident including the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata medicines documented. The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. Standing orders are no longer used.</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>The food service is provided on site by an external contractor who employ two cooks and a kitchen team of six. The menu is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years (November 2020). There were no recommendations made at that time.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Ministry of Primary Industries and is current until 7 April 2022. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. The unit manager (responsible for kitchen, laundry and cleaning) and cook have undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training through the external provider, which are repeated annually.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Modified textured food is sourced from a recognised provider. The unit manager reviews an allergen declaration chart daily and ensures appropriate substitutes are provided, if required. Special equipment, to meet residents' nutritional needs, is available.</p> <p>Meals are prepared in the kitchen and transported to the hospital via hot box where they are placed in preheated bain-maries and temperature taken before service.</p> <p>Evidence of resident satisfaction with meals was verified through resident and family interviews. A group of residents who were interviewed felt that their concerns with the meals had been heard and were being addressed. The unit manager stated that any complaints are taken seriously, and the resident is visited by the kitchen manager. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided in a respectful manner.</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>Documentation and observations confirmed care provided to residents was consistent with their individual needs, goals and plan of care. Interviews with family members and residents confirmed they were satisfied with their care and had input into planning. The general practitioner confirmed that care was of a high standard, medical intervention was sought in a timely manner with medical orders being completed by staff. Care staff confirmed that care was provided as outlined in documentation and that they had opportunity for input. The physiotherapy assistant monitors the equipment and resources for the residents and that there is sufficient supply. Each room has an inbuilt ceiling hoist for ease of safely transferring residents.</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, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme is provided by three activities coordinators who work together to provide an interesting and varied programme during the weekdays with staff using videos at the weekend and family visits. A lounge is able to be booked to provide space for family celebrations.</p> <p>A social profile is undertaken on admission with the resident and family members to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activity programme that is meaningful to the residents. A range of activities including exercises, visiting speakers, community groups, church services and van outings using a hire company and driver to visit local places of interest. Volunteers are involved in one-to-one chats with residents and providing company for those residents who prefer to remain in their own rooms.</p> <p>The resident's activity needs are evaluated in response to the activities and as part of the formal six monthly care plan review. Using the electronic system progress and satisfaction is documented in the resident's files.</p> <p>Resident meetings occur monthly and provide opportunity for input and evaluation of the programme. Meeting minutes showed response and follow through on some ideas.</p> <p>Residents interviewed confirmed they find the programme varied and interesting.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care is evaluated on each shift and reported in the electronic files. If any change is noted, it is flagged and reported to the RN who follows this up.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care using an update function in the programme. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections and wounds. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit</p>	<p>FA</p>	<p>A current building warrant of fitness (expiry date 01 January 2022) is publicly displayed. The facility is clean and tidy and there is sufficient equipment to meet the needs of the residents.</p>

for their purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance criteria are based on accepted long-term care definitions, which are established and used to identify any facility acquired infections. Overall, the hospital has low rates of infection, with extensive historical records available for comparison. Reporting occurs via the electronic patient management system and the reporting capability enables identification of any trends. Both symptom and laboratory analysis contribute to identifying infections and best treatment options in this setting. Treatment details are recorded in the electronic clinical record. Collated reports can be generated for various infections types including urinary tract, skin and soft tissue, eye infections, respiratory tract, and gastrointestinal conditions. Treatment is a clinical decision by medical personnel, with monitoring of therapeutic and prophylactic antimicrobial usage also undertaken in the service. There have been no Covid-19 related infections reported in the facility.</p> <p>Data is collected organisation wide, with results provided for individual services. Infection rates are benchmarked against the previous year's data. Monthly surveillance data is collated, analysed, and graphed (per 1000 occupied bed days) and shared with staff. Results are presently reviewed and reported by the quality coordinator. A brief spike in urinary infections rates in 2020 has been reviewed in detail, with some additional education (toolbox sessions), inclusion and discussion at staff meetings and featured displays. Rates have subsequently dropped. The infection control report is received and discussed at the clinical governance group and variances discussed and acted upon when necessary.</p> <p>An audit undertaken in 2020 considered the correct reporting of infections and to ensure that prescribing was in line with Canterbury District Health Board (CDHB) guidelines. Patients clinical and medication records were audited and reviewed, with prescribing noted to be in line with the CDHB guidelines.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There were no restraints or enablers in use on the day of audit. Policies and procedures are available to guide the process if required. Staff receive annual training (due March 2021) on the use of enablers and restraint minimisation. Staff interviewed were aware of the difference between enablers and restraints. Restraints were last used in January 2019.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.