# Presbyterian Support Central - Cashmere Hospital

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Presbyterian Support Central

**Premises audited:** Cashmere Hospital

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

**Dates of audit:** Start date: 2 June 2015 End date: 2 June 2015

**Proposed changes to current services (if any):** This partial provisional audit was undertaken to review the level of preparedness of Presbyterian Support Central Cashmere Hospital at two sites to provide rest home level care for up to five residents.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 1

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Cashmere Hospital is part of the Presbyterian Support Central organisation and provides hospital level care services at two sites- Cashmere Hospital and Cashmere Heights. These two services are located within close proximity from each other. This partial provisional audit was completed to assess the readiness and appropriateness of the service to provide five rest home level care beds at both sites. Currently, there is one resident receiving rest home level care at Cashmere Hospital.

The facility manager is a registered nurse with over 20 years aged care experience and has been in the role for over three years. She is supported by a care manager who has been in this role for 18 months. Cashmere hospital is an Eden Alternative facility and has achieved 10 principles of Eden Alternative. Cashmere Heights has achieved three principles.

This audit also included reviewing a previous audit finding around dissemination of quality data to staff. The service presented evidence that the required corrective action has been implemented.

The audit identified that the building, staffing, policies and procedures are appropriate for providing five rest home beds to meet the needs of rest home residents.

## Consumer rights

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| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Not required to be audited.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

During the facility manager’s absence the facility is managed by the care manager and she is suitably qualified to perform this role. Human resource management policies and protocols are implemented. There will be no changes in staffing levels and skill mix and all positions are currently filled.

The required corrective action from the previous audit in relation to dissemination of quality data to staff has been addressed.

## Continuum of service delivery

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| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |

The medicines management system is consistently implemented to manage safe and appropriate administration. A medication audit has been completed April 2015 and identified 100 % compliance. Staff receive training around medication management annually and medication competencies are completed for all staff administrating medications. There is a policy on self-administration of medications which includes a three monthly competency review for residents.

There are no changes required in food services. Food and nutritional needs of residents are assessed and the menu is reviewed by a dietitian. Special needs and individual preferences are catered for and monitored. Food preparation and storage meets food safety requirements.

## Safe and appropriate environment

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

Both facilities are appropriate to accommodate five residents requiring rest home level care. Cashmere Hospital has completed renovation since the previous audit and the buildings, facilities, furnishings and equipment are well installed and maintained and suitable for the care and support of the rest home residents. There are no identified changes being made to the cleaning and laundry services.

Processes are in place to maintain the safety and security of residents over the 24 hours and residents are able to come and go as they wish. The service has appropriate stores and equipment in the event of a civil defence emergency or a pandemic.

## Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

Not required to be audited.

## Infection prevention and control

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| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |  | Standards applicable to this service fully attained. |

There are implemented infection control policies and procedures. Surveillance activities of individual incident of infections occur. All infections are recorded in the electronic data base system and monitored by the Presbyterian Support Central office.

## Summary of attainment

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 36 | 0 | 0 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Cashmere Hospital is part of the Presbyterian Support Central organisation (PSC) and provides hospital level care services at two sites- Cashmere Hospital and Cashmere Heights. These two services are located within close proximity from each other. Cashmere hospital has a 40 bed capacity and occupancy on the day of audit was 35. Cashmere heights has a 33 bed capacity and occupancy on the day of audit was 23. There was one resident receiving rest home level care at Cashmere Hospital. This partial provisional audit was completed to assess the readiness and appropriateness of the service to provide five rest home level care at both sites. All rooms with exception of the rooms with shared ensuite in Cashmere Hospital were assessed as appropriate to accommodate rest home residents.  Staff (two registered nurses) and the management interviewed (the care manager, the regional manager and the quality manager) stated that they are supporting the ageing in place policy by allowing couples to enter their service requiring either rest home or hospital level care and residents will remain in the facility as their care needs increase. The Care Manager stated that their discharge rate to resident’s own home has increased compared to previous years and staff are well trained and supported in rehabilitative care.  The facility manager is a registered nurse with over 20 years aged care experience and has been in the role for over three years. She is supported by a care manager who has been in this role for 18 months.  There is a 2015-2016 business plan that includes mission statement, vision, values and goals of the organisation and is currently in process of sign off by the PSC office. The 2014-2015 business plan had been reviewed.  Cashmere hospital is an Eden Alternative facility and has achieved 10 principles of Eden Alternative. Cashmere Heights has achieved three principles. |
| Standard 1.2.2: Service Management  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. | FA | During the facility manager’s absence, the care manager undertakes the role and she is supported by the regional manager and the Presbyterian Support Central (PSC) office. She is an experienced registered nurse and has recently completed her master’s degree in nursing. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service had one partial attainment from the previous audit around dissemination of quality data to staff. Review of meeting minutes revealed that quality data including audit results, outcomes of incident and accidents investigations and benchmarking data were communicated staff. The monthly graph reports are provided to staff via staff notice boards and meeting minutes include discussions around quality data. Staff interviewed also confirmed that this occurs. Therefore the required corrective action from the previous audit has been addressed. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Document review showed that internal audit system includes monitoring around implementation of these policies and procedures. The Care Manager stated that 100 staff are employed across both sites. All positions are filled and the service is not advertising for any position.  A copy of qualifications and annual practising certificates including registered nurses and general practitioners and other registered health professionals are kept.  A training programme is implemented that includes eight hours annually. The registered nurses and health care assistants attend PSC professional study days that cover the mandatory education requirements and other clinical requirements. The Quality Coordinator described a comprehensive orientation programme and confirmed that staff training and orientation programme include how to promote independence of residents. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There will be no changes in staffing levels. The care manager stated that staff levels/skill mix will be maintained at hospital level care. The facility manager and the care manager both work 40 hours per week at both Cashmere Hospitals. There is a 24 hours/7 days a week registered nurse cover.  There are dedicated cleaning, laundry staff and food services staff.  There are activities coordinators at both sites and the roster includes seven day a week cover. As part of the internal audit programme, activities programme and the documentation of individual resident’s recreational needs are audited. The audit results showed over 90% compliance and required follow up was completed. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Cashmere Hospital has in place policies and procedures for ensuring all medicine related recording and documentation meets acceptable good practice standards. The facilities use four weekly blister packs for the administration of medications. There is one treatment room on each site. Medications are appropriately stored and expired medications are returned to the supplying pharmacy. Medication errors and any pharmacy errors are recorded and investigated and fed back was given to the supplying pharmacy or staff.  The registered nurses are responsible for administration of all medications. A medication audit was last completed April 2015 with 100 % compliance. PSC has a policy on self-administration of medications which includes a three monthly competency review for residents. Four medication charts were reviewed as part of the audit. All medication charts were signed and dated by the prescriber. Medication signing sheets were current and fully completed. Staff receive training around medication management annually and medication competencies were completed for all staff administrating medications. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The main kitchen is located at Cashmere Hospital, and food is transferred to Cashmere Heights. There will be changes around the food services in relation to adding in rest home level care.  Food temperatures are recorded prior to leaving Cashmere hospital and prior to serving in Cashmere heights. Fridge and freezer temperatures are monitored daily. All food was covered and stored on shelving above floor level. A tour of the kitchen noted cleanliness and the pantry and fridges comply with guidelines. Kitchen staff receive annual training and updates around food safety.  A nutritional profile for each resident is completed on admission and kitchen maintains a copy of the nutritional profiles. Likes, dislikes and allergies are noted and catered for. There is an external provider dietitian available for individual resident‘s need. The menu is designed and reviewed by a PSC registered dietitian in September 2014. The six weekly menus are varied with evidence of review.  Kitchen caters specific nutritional needs and the cook stated that currently they cater for high protein diet, diabetic, vegetarian, soft and pureed diet. The care manager stated that cultural diets are also catered for. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are documented policies, procedures and an emergency plan to respond to significant waste, infectious and hazardous substance. Staff complete training around management of waste and hazardous substances and this is also included during orientation of new staff. Chemicals are labeled and there is appropriate protective equipment and clothing for staff. Sharps containers are available and meet the hazardous substances regulations for containers. Hazard register is current and identifies hazardous substance. All accidents/incidents are reported on the accident report form which is in turn investigated by the management and appropriate action is implemented. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | Both facilities have a current building warrant of fitness. There is a planned maintenance schedule, and maintenance person works eight hours a week and covers both sites. Fire equipment is monitored and inspected by a contractor. Electrical equipment is checked and medical equipment calibration and servicing occur annually.  There is adequate space in the facility for storage of mobility equipment. Resident’s rooms, lounge areas and environment are suitable for residents requiring rest home level care.  Since the previous audit, the renovation is completed at both sites and some new equipment and furniture were purchased.  All rooms are single and residents can individualised their own room. This is observed during the tour of the facility. The external areas and gardens are well maintained. Residents can safely access these areas. There is a transportation policy. The facility has a van available for transportation of residents. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | There are adequate numbers of toilets and showers with access to a hand basin and paper towels. All residents’ rooms have a hand basin. There are four ensuite rooms, and six rooms have shared bathrooms at Cashmere hospital. There are four new rooms at Cashmere Heights that have shared bathrooms and one ensuite room. These rooms have a privacy lock on the doors.  All rooms with exception of the rooms with shared ensuite in Cashmere Hospital were assessed as appropriate to accommodate rest home residents. These rooms do not have a privacy lock at either site of the door. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Resident’s rooms are spacious and allow residents to personalise their own room with their on belongings. All rooms and ensuite throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. The rooms are also appropriate for residents requiring rest home level care. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There are several lounge areas at both sites for entertainment and recreation. Residents who require rest home level care can access any of these areas.  Cashmere hospital has separate lounge and dining rooms and an additional two lounges. Cashmere Heights has combined lounge and dining areas separated by a permanent room divider/screen. There is also a separate lounge and a siting area. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The laundry services are located at the Cashmere hospital and provide services for the both sites. Laundry services are appropriately managed, and the changes in bed configuration do not require any changes in laundry services.  Chemicals are stored in a locked room and all chemicals are labelled with manufacturer’s labels. Material safety data sheets are available in a folder.  Effectiveness of laundry, and cleaning services are monitored through laundry services audit and environmental cleanliness audits. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Staff receive appropriate training, information, and equipment for responding to emergency situations. The training is provided to staff at induction and as part of the annual training programme. Fire drills are completed six monthly, and on the day of audit, the NZ fire service was responding to a false fire alarm. Staff were observed well prepared and fire wardens were instructing staff and visitors to move in to a safe area. The emergency response process was well managed.  There is a comprehensive civil defence manual, and emergency procedures manual is in place. The evacuation scheme was approved by the NZ Fire Service. Civil defence kit is readily available for staff. Key staff maintain first aid certificate. Both facilities have a generator and 1500 litre capacity water tank. The Clinical Manager stated that most recently, the generator has been in use during electricity cut in the area and staff are very familiar with use of a mobile generator.  Emergency food supplies for three days are kept in the kitchen at Cashmere hospital.  The call bell system is available in all areas.  At both sites, residents and visitors can leave anytime from the inside with the push of the exit button located by the doors. It is easy to operate and suitable for residents requiring rest home level care. Doors are secured after hours, and night staff wear a pendant to alert a security firm in the event of emergency. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Both sites are appropriately heated and ventilated. There is plenty of natural light in the rooms and all have windows. |
| Standard 3.1: Infection control management  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. | FA | Both Cashmere hospitals continue to implement their infection control program, which is linked into their risk management system. The infection control committee and the governing body are responsible for the development of the infection control programme and it is last reviewed in August/September 2014. The Quality Coordinator advised that there has been no outbreak since previous audit.  There are implemented infection control policies and procedures. Surveillance activities of individual incidents of infections occur. The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters. The service utilises an external benchmarking programme, which analyses service data on a quarterly basis, and document review shows low infection rates. All infections are recorded in the electronic data base system and monitored by the PSC office. Each site has a dedicated registered nurse who takes responsibility on infection control and prevention activities. The service developed links with infection control and prevention team from the local DHB and can access other external consultants as required. The Quality Coordinator confirmed close liaison with the contracted general practitioner. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. |

# 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.

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

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End of the report.