

CHT Healthcare Trust - Royal Oak Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Royal Oak Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 May 2017 End date: 10 May 2017
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:	39

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
Yellow	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
Red	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

Royal Oak Rest Home is owned and operated by the CHT Healthcare Trust and cares for up to 40 residents requiring rest home level care. On the day of the audit, there were 39 residents.

The service is overseen by an experienced unit manager, who is a registered nurse and is supported by the area manager and clinical coordinator. Residents, relatives and the GP interviewed spoke positively about the service provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with resident, family, management, staff and the general practitioner.

The one previous certification audit finding around care plan interventions remains an area for improvement.

The service has maintained a continuous improvement rating around the activity programme.

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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Policies are implemented to support residents' rights, communication and complaints management. Management operate an open-door policy. Residents and relatives are kept informed on all aspects of their health including accidents/incidents. Complaints and concerns have been managed appropriately and an up-to-date complaints register is maintained.

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 unit manager is a registered nurse, she is supported by an area manager, clinical coordinator, registered nurses and care staff. The quality and risk management programme includes: service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Facility meeting minutes' evidence discussion around quality and risk management data. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. A comprehensive education and training programme is being implemented with a current plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for the assessments and development and review of care plans within the required timeframes. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and relative interviewed confirm they are involved in the care planning and review process. The general practitioner reviews residents at least three-monthly or more frequently if needed.

The activities programme is varied, interesting and meets the recreational preferences of rest home residents.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment.

Meals are prepared on-site by a contracted service. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents and relative interviewed are complimentary about the food service.

Safe and appropriate environment

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Royal Oak Rest Home has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents with restraint and no residents with an enabler.

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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The type of surveillance undertaken is appropriate to the size and complexity of the organisation. The infection control coordinator is responsible for the collation of infection control data. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

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	1	14	0	0	1	0	0
Criteria	1	37	0	0	1	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 service has a complaints policy that describes the management of the complaints process. There is are complaint forms available. Information about complaints is provided on admission. Interview with residents, relatives and staff demonstrates an understanding of the complaints process.</p> <p>There is a complaints' register. Two complaints for 2016 to date were reviewed. Both complaints have a documented investigation, timeline, corrective action and advocacy offered. Results are fed back to complainants. One complaint (environmental) remains open. Discussions with residents and relatives confirm that any issues are addressed and they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Residents (five rest home) interviewed and three relatives stated they were welcomed on entry and were given time and explanation about the services and procedures. Residents and relatives receive newsletters that keep them informed on facility matters and upcoming events. There are resident meetings held regularly with a resident representative. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. All accident/incident forms reviewed in the online database evidenced family had been notified.</p> <p>Interpreter services are available as required.</p>

conducive to effective communication.		
<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>Royal Oak Rest Home is owned and operated by the CHT Healthcare Trust. The service provides rest home level care for up to 40 residents. On the day of the audit there were 39 residents. All residents were under the Age Related Residential Care Services Agreement (ARCC). There were no respite care residents or residents under the age of 65 years.</p> <p>The unit manager is a registered nurse and maintains an annual practising certificate. She has been in the role since January 2016 and was previously an RN at the service for many years. The unit manager is supported by a clinical coordinator Monday to Friday. The unit manager reports to the CHT area manager on a variety of operational issues. The area manager is a RN with a current practising certificate.</p> <p>CHT has an overarching five-year business/strategic plan which is reviewed regularly. The organisation has a philosophy of care, which includes a mission statement. The unit manager attends monthly management meetings at head office which include training. She has also attended a study day on leadership.</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>	FA	<p>Royal Oak Rest Home has a unit quality and risk management programme in place for 2017. Current goals include: reducing falls, compliance with interRAI and training Careerforce assessors. Progress against goals are reviewed regularly.</p> <p>Interviews with staff (two healthcare assistants, one registered nurse and one activity coordinator) confirms that quality data such as: incident/accident, infection control, restraint, internal audits and outcomes; and concerns, complaints and compliments is discussed at two-monthly staff meetings and clinical meetings. The service's policies are reviewed at national level every two years, with input from relevant staff. New and updated policies are sent from head office. Staff confirm they are informed of any new and reviewed policies and they are required to read and sign as read.</p> <p>Data is collected in relation to a variety of quality activities and a six-monthly comprehensive internal audit against the Health and Disability Standards has been completed by the area manager in March and August of each year. Other audits including: infection control, restraint and medication are also completed as per the internal audit schedule. Areas of non-compliance identified are actioned for improvement. Annual resident/relative satisfaction survey results are collated and summarised through an external service. Royal Oak Rest Home satisfaction survey results have increased from 79% in 2015 to 87% in 2016 which put them in second place ranking of all the CHT facilities. The service conducts internal "mini" surveys monthly on 10% of its residents and address concerns as required.</p> <p>The service has a health and safety management system. There are implemented risk management and health and safety policies and procedures in place including accident and hazard management. There is a combined quality,</p>

		<p>health and safety and infection control meeting held three-monthly. The facility health and safety representative has completed stage one and two of health and safety training. The area manager (interviewed) confirmed the organisation uses an external contracted service for the provision of health and safety training. The CHT board has been updated on the health and safety legislation. Policies and procedures were reviewed in 2015. The facility hazard register is reviewed regularly and readily available to all staff. The service has achieved the tertiary level (February 2017) of the ACC Workplace Safer Management Practice. All contractors receive induction and are required to provide safety permits. The area manager is the CHT representative on the Residential Aged Care Safety Steering Group developed in consultation with ACC. The groups aim is to reduce resident falls and reduce staff back injuries in aged care.</p> <p>Falls prevention strategies are implemented for individual residents including: sensor mats, hip protectors, suitable footwear and physiotherapy input. Staff receive training to support falls prevention and there is a moving and handling assessor available on each shift.</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>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the unit manager and clinical coordinator. Analysis of incident trends occurs. There is a discussion of incidents/accidents at quality meetings including actions to minimise recurrence. An online database is maintained for all accidents/incidents and reviewed monthly against the organisation key performance indicators (KPIs). Clinical follow up of residents is conducted by a registered nurse as evidenced in the thirteen incident forms reviewed for March 2017 (six falls, three bruises and four skin tears). There is documented evidence of relative notification of accidents/incidents. Discussions with the unit manager confirms that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no incidents to report.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	FA	<p>There are human resources management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Annuals performance appraisals are completed. Five staff files were reviewed (one clinical coordinator, one RN, two healthcare assistants and one activity coordinator), all evidence that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The two-yearly in-service education plan covers all mandatory education and additional in-service. The 2016 planner has been completed and the 2017</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>planner is being implemented. Registered nurses and healthcare assistants (HCAs) have attended the DHB study days. The service has one qualified Careerforce assessor and one in training. There is at least one staff member on duty with a current first aid certificate.</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>	<p>FA</p>	<p>CHT policy includes a staffing rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. Staff interviewed state there are adequate staff numbers on each duty to meet the resident needs as per the care plans. There is a unit manager/RN and clinical coordinator/RN on Monday to Friday and a weekend RN on morning duty. An RN is also rostered seven days a week from 4 pm to 8 pm. There are two healthcare assistants (HCAs) and short shift on mornings and afternoons and two HCAs on night shift.</p> <p>The unit manager and clinical coordinator are on duty Monday to Friday and on call. Advised that extra staff can be called on for increased resident requirements. Interviews with residents and family members identify that staffing is adequate to meet the needs of residents.</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>	<p>FA</p>	<p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal and medicine reconciliation in line with accepted guidelines. The service uses an electronic medication system. Staff administering medications undergo annual medication competencies and receive medication education. The service uses robotic sachets, which are delivered weekly and checked by the RN on duty. Expiry dates are checked regularly. The pharmacy is available for advice and support, as and when required. One resident is currently self-medicating at Royal Oak Rest Home. The resident is deemed competent to self-medicate by the GP and this is reviewed three-monthly. The self-medicating resident's medications are kept in a lockable drawer in their individual room.</p> <p>Medications are reviewed three-monthly or as required by the GP on 10 of 10 medication files reviewed on the electronic medication system. All medications used are prescribed for individual residents.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids</p>	<p>FA</p>	<p>All meals and baking is completed on-site by a contracted service. The qualified cook is supported by a second cook and kitchen hand. The six-monthly menu has been reviewed by a dietitian. The cook receives resident dietary profiles for all residents and is notified of any changes such as weight loss. Resident dislikes are known and accommodated. Modified diets including: pureed/minced, moist, diabetic and fortified foods are provided. Meals are transported in a bain-marie to the dining room and are served from the bain-marie to the residents. The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and end cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored</p>

and nutritional needs are met where this service is a component of service delivery.		appropriately. There is a robust system for managing all food wastage. Residents interviewed were satisfied with the quality and variety of food served.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Moderate	<p>Registered nurses (RNs) and healthcare assistants (HCAs) follow the care plan and report progress against the care plan each shift at handover. If a resident's condition changes, the RNs will initiate a nurse specialist referral (e.g., to the wound care nurse specialist) or if external medical advice is required, this will be actioned by the GP. Families interviewed confirm they are kept informed on their relative's health status. Not all care plan interventions are fully documented.</p> <p>Staff have access to sufficient medical supplies and wound dressings. Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB.</p> <p>Wound assessment, monitoring and wound management plans are in place for nine residents with wounds. All wounds have a wound assessment, however, there are documented discrepancies (on three forms) for the frequency of dressing changes for one wound. There were no pressure injuries at the time of audit. The RNs have access to specialist nursing wound care management advice through the DHB and the district nurses.</p> <p>The previous finding around care plan interventions remains.</p>
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	CI	<p>The service employs two activities coordinators who are qualified HCAs (both completing DT training). They are employed to coordinate and implement the activities programme for the rest home. There is a programme provided across seven days covering the hours from 9 am to 1 pm. Volunteers are involved in supporting activities. One Māori volunteer provides quizzes and talks about New Zealand history. Group activities include: monthly theme, planned visits to the community, inter-home visits, exercise and other activities. A wheelchair access bus is hired for outings. Community visitors include: entertainers, school children, youth groups, students and animal therapy visits. Each resident is free to choose whether they wish to participate in the group activities programme. There is allocated one-on-one time for residents who choose not to or are unable to participate in group activities.</p> <p>A lifestyle questionnaire is completed soon after a resident's admission. An individual activities plan is developed for each resident and reviewed six-monthly in consultation with the resident and RN. Participation is monitored. Residents have the opportunity to feedback on the activity programme through resident meetings and surveys.</p>
Standard 1.3.8:	FA	Initial care plans reviewed have been evaluated by the registered nurses within three weeks of admission. The

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>long-term care plans have been evaluated at least six-monthly or earlier for health changes in all files reviewed. There is at least a three-monthly review by the GP. Written evaluations record the resident's progress against the resident goals. Short-term problems reviewed have been evaluated and resolved or added to the long-term care plan in the electronic patient management system if the problem is ongoing (link 1.3.6.1).</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>FA</p>	<p>The building has a current building warrant of fitness that expires 4 December 2017.</p>
<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>	<p>FA</p>	<p>The infection control coordinator/RN oversees Infection surveillance for the service. Surveillance is an integral part of the infection control programme and is described in CHT's infection control manual. Monthly infection data is collected for all infections based on standard definitions as described in the surveillance policy. Infection control data is monitored and evaluated monthly and annually. Trends and analysis of infection events, outcomes and actions are discussed at the combined quality/health and safety and infection control meetings. The GP reviews and signs the monthly data and antibiotic use. Results from laboratory tests are available monthly. There have been no outbreaks since the previous audit.</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>The service has documented systems in place to ensure the use of restraint is actively minimised. There are no residents with enablers or restraints. An RN is the restraint coordinator. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and challenging behaviours.</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 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>There is evidence of monitoring a resident's health status including: food and fluid charts, regular monitoring of bowels, monthly weights, blood pressure, blood sugar levels, and behaviour. Four of five resident care plans reviewed did not reflect the resident's current health status.</p>	<p>(i) A resident with identified weight loss did not have interventions documented to manage and prevent weight loss; (ii) A resident with identified pain did not have pain monitoring interventions documented and there was no documented evidence of effectiveness of analgesia given. (iii) There were documented discrepancies around the frequency of wound dressing changes for one resident; therefore, dressings have not been completed as per the treatment plan frequency. (iv) The file for one resident identified as a repeat faller, did not have the 'high falls risk' identified and did not include interventions to mitigate the risk.</p>	<p>(i) Ensure interventions are documented to manage and prevent weight loss; (ii) Ensure interventions are documented to include responsibilities around pain monitoring and effectiveness of analgesia is documented; (iii) Ensure wound dressing changes are completed as per the documented treatment plan frequency; (iv) Ensure care plans reflect the current falls risk (as identified by the assessment process). Ensure the falls risk is reflected in the care plan and interventions assist in mitigating the risk.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The service has continued to provide new and interesting activities based on resident suggestions and areas of interest. The feet beat programme continues and a new project involving a charity of resident choice has commenced. The service has maintained a continuous improvement around meaningful activities.</p>	<p>There is evidence of the feet beat programme continuing every spring where the residents compete (in four teams) from each home and the residents choose their preferred prize. A new project has commenced at the suggestion of residents to support a charitable organisation within the community. With many residents being cat lovers, they chose to set a goal of making 100 pompoms for the cats and kittens at the SPCA. To date, 20 pompoms have been made and the residents interviewed were pleased they have the opportunity to support the SPCA. The resident survey demonstrates a high satisfaction rate with the activity programme.</p>

End of the report.