

CHT Healthcare Trust - St Christopher's

CURRENT STATUS: 15-Oct-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

St Christopher's Hospital and Rest Home provides residential care for up to 46 residents at two service levels (hospital/medical and rest home). Occupancy on the day of the audit was 35 residents at hospital level care and nine residents at rest home level care. The facility is operated by CHT, formally known as Christian Healthcare Trust. CHT has a strong board and effective governance practices. The service is managed by a manager who is a registered nurse and has been in the position for two years. A well-developed staff education programme is implemented with compulsory external education programme, enrolment for new staff and a well-developed in-service programme to compliment this. There are improvements required around accident/incident documentation, pressure area documentation, documenting evaluations, medication administration and transcribing.

AUDIT SUMMARY AS AT 15-OCT-12

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 15-Oct-12	Assessment
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.		No short falls

Organisational Management	Day of Audit 15-Oct-12	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 15-Oct-12	Assessment
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.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 15-Oct-12	Assessment
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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 15-Oct-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 15-Oct-12	Assessment
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.		No short falls

AUDIT RESULTS AS AT 15-OCT-12

Consumer Rights

Information about all services CHT St Christopher's Hospital and Rest Home provide is available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is evident in the entrance and throughout the facility. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Staff training reinforces an understanding of residents' rights and their ability to make choices this is reflected in the delivery of care. Complaints processes are implemented and complaints and concerns are actively managed.

Organisational Management

Key components of the quality management system link to the facility meetings including quality management, health and safety and staff meetings. The service is active in analysing data. Any trending or issues that are found through the quality system have corrective action planning implemented. Client satisfaction surveys are completed and resident meetings are held which include feedback from surveys and corrective action plans of issues arising from surveys.

Health and safety policies, systems and processes are implemented to manage risk. Discussions with families identified that they are fully informed of changes in health or wellbeing status. There is an improvement required around incident form information.

There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme aligned with the organisations policies and processes on care and support.

Continuum of Service Delivery

Residents who enter St Christopher's are assessed by the needs assessment and service coordination (NASC). Entry information is available in hard copy. An information pack is available for residents, their families and referral agencies. Residents' care plans are individualised, up-to-date and reflect current service delivery requirements for each resident. There is an improvement required around evaluations. Residents' clinical notes are integrated to ensure service delivery reflects continuity of care, including input from all providers involved. Residents are assessed within set timeframes and receive well planned and co-ordinated services. There is an activities programme, which offers a variety of activities suited to the needs of the residents. Detailed activity plans describe activities for each individual. Residents also participate in local community and social clubs.

Medicine is administered via the robotic sachet dispensing system. All medications are kept in locked treatment rooms and medication charts are reviewed three monthly by the GP and the pharmacist. Staff who dispense medicines have been assessed as competent. There is an improvement required around medication administration and transcribing.

Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff at admission. The menu was reviewed by a dietitian in March 2012. The service commenced using a Replenish Energy and Protein (REAP) programme in July 2012 and this has achieved a rating of continuous improvement.

Safe and Appropriate Environment

The environment is appropriate and fit for purpose. There are systems in place for the storage and management of waste and hazardous substances. Any incidents or accidents concerning waste are reported through the incident and accident reporting system. Staff have completed training concerning chemicals and protective equipment is available for staff use. The building was purpose-built and has had two additional wings added over the years. Approximately half of the bedrooms in the newer area have ensembles and the remainder have shared toilets and showers. There is one shared bedroom, which on the day of audit was occupied by only one resident. The building has a current warrant of fitness and an approved evacuation scheme. There is a routine maintenance plan in place, which is managed by a dedicated maintenance team who are assisted by contractors. Residents have access to external areas and there are a number of communal areas available within the building. All cleaning and laundry is contracted to the ISS Group who has a close working relationship with management. There is a wireless call system in operation. There is adequate heating and ventilation. The building is smoke free. An emergency management system has been implemented.

Restraint Minimisation and Safe Practice

The service implements policies, procedures and forms related to restraint and enabler use. The practice is overseen by a registered nurse who acts in the position of restraint coordinator. There is a documented definition of restraint and enablers that is congruent with the definition in the standards. The service has two residents assessed as requiring restraint in the form of bedrails and six residents using enablers. The use of restraints and enablers are documented in the register and in care plans. Assessments are based on information in the care plan, discussions with residents and on staff observations of residents. Use of

restraint and enablers are reviewed six monthly or earlier, usually as part of care plan reviews. The restraint approval group meets annually to comprehensively review use of restraint and all associated aspects.

Infection Prevention and Control

The service has a range of infection prevention and control policies, which are reviewed annually. There is an identified infection prevention and control officer, who is an enrolled nurse. She reports to the manager of the facility and to the infection prevention and control committee. Information on infections are recorded on an on-going basis and reported monthly to the infection prevention and control committee. The service has access to specialist advice from Auckland Regional Public Health, Counties Manukau DHB and the contracted laboratory. Staff are aware they should not attend work if potentially infectious and the same messages are provided to visitors. Infection prevention and control data are collated monthly, and annually. Results are benchmarked across the organisation and monitored by the infection prevention and control committee and the CEO. Staff complete infection prevention and control education on appointment, and this education is on-going.