

Te Hopai Trust Board

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:	Te Hopai Trust Board
Premises audited:	Te Hopai Home and 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 March 2015 End date: 24 March 2015
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:	123

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

Te Hopai Home and Hospital provides hospital, medical, geriatric, rest home and dementia level care for up to 151 residents across four units. One the day of audit there were 123 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the District Health Board. The audit process included the review of resident's and staff files, observations and interviews with residents, relatives, staff and management. Te Hopai Home and Hospital has an experienced general manager (registered nurse). She is supported by a hospital manager, rest home manager and a dementia unit manager.

The one shortfall from the previous certification audit has been addressed. This was around signing incident forms. The service has undergone a renovation project and a number of shortfalls relating to the building have been addressed around a certificate for public use (CPU) for the new wing, external landscaping and a fire evacuation approval and practice. This audit has maintained the seven areas where the standard is exceeded from the previous certification audit around best practice, quality systems and initiatives, training, activities and infection control. There are no improvements required.

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.

All standards applicable to this service fully attained with some standards exceeded.

Residents and family are well informed including of changes in resident's health. The management team have an open door policy. Complaints processes are implemented and complaints and concerns are managed and documented.

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.

All standards applicable to this service fully attained with some standards exceeded.

Te Hopai Home and Hospital continues to implement its well-established quality and risk management system. Interviews with staff and review of meeting minutes/quality reports demonstrate a culture of quality improvements. The quality plan and quality outcomes are communicated to staff and management through a series of meetings including three monthly staff meeting and monthly quality meetings, graphs and benchmarking reports are posted in the staff offices. Audits are undertaken according to the set plan and summaries and action plans are completed where a noncompliance is identified. Issues are reported to the appropriate committee e.g. quality. The service is active in analysing data collected and corrective actions are required based on benchmarking outcomes.

There is an in-service training programme covering relevant aspects of care and support and external training is supported plus addition subject requested by staff. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and having input into rostering.

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.

All standards applicable to this service fully attained with some standards exceeded.

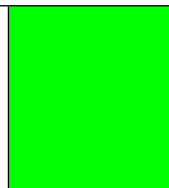
The sample of residents' records reviewed provides evidence that the provider has established processes to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed on a regular basis with the resident and/or family/whanau input. Care plans demonstrate service integration. Care plans are reviewed six monthly or when there are changes in health status. Resident files include notes by the GP and allied health professionals. Medication policies and procedures are in place to guide practice. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted.

The activities programme is facilitated by a diversional therapist. The activities programme provides varied options and activities are enjoyed by the residents. The programme caters for the individual needs. Community activities are encouraged; van outings are arranged on a regular basis. This is an area of continued improvement.

Food services are provided by an external contractor. All food is cooked on site. All residents' nutritional needs are identified, documented and choices available and provided. Meals are well presented.

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.

Reactive and preventative maintenance occurs. The building holds a current warrant of fitness and a CPU. External areas are suitable for the resident group. There is an approved fire evacuation scheme and fire drills have taken place.

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.

Te Hopai Home and Hospital has a comprehensive restraint minimisation policy. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective.

There are four residents with an enabler in the hospital wing (bedrail/chair restraint). Restraint was not used in any areas of the facility on the day of audit.

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.

All standards applicable to this service fully attained with some standards exceeded.

Infection control (IC) data is collated monthly and reported to the quality and health and safety meeting. Infections are documented on the Infection monthly register. The surveillance of infection data assists in evaluating compliance with infection control practices. The IC programme is linked with the quality management programme. Quality Improvement initiatives are taken and recorded as part of continuous improvement. The annual quality report included a comprehensive report on infection control.

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	6	13	0	0	0	0	0
Criteria	7	37	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
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The service has in place a complaints policy and procedure that aligns with Code 10 of the Code of Rights. The information pack for residents includes the complaints procedure. Residents and relatives interviewed were familiar with the process to make a complaint. There is a complaints log which is up to date. Three complaints reviewed, two from 2014, both document that there is timely and appropriate follow up. E4.1biii. There is written information on the service philosophy and practices particular to the Unit included in the information pack.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	Te Hopai Home & Hospital continues to maintain robust quality and risk management systems and evidence good practice.
Standard 1.1.9: Communication Service providers communicate effectively with	FA	Te Hopai provides comprehensive information to residents and family on admission. Care plans reviewed (two dementia, two rest home and three hospital) document that

<p>consumers and provide an environment conducive to effective communication.</p>		<p>families are involved in the initial care planning and in on-going care.</p> <p>Ten relatives (four hospital, two rest home, and four dementia) all agree that they are always informed when their family member's health status changes and three rest home and three hospital residents report being well informed.</p> <p>The information pack and admission agreement included payment for items not included in the services. A site specific Introduction to Dementia unit booklet providing information for family, friends and visitors visiting the facility is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families.</p> <p>Incident forms from each of the units (dementia, hospital, hospital Owen street, and rest home,) all document that family have been informed as appropriate following a resident related incident.</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>CI</p>	<p>Te Hopai Home and Hospital provides hospital - medical, geriatric, rest home and dementia level care for up to 151 residents across four units.</p> <p>The Kowhai dementia unit – 16 bed capacity, Te Hopai hospital wing - 41 bed capacity, Te Hopai home wing -dual services has, in total 47 beds and the new Te Hopai Owen Street- dual services: Floor 1- 21 beds and floor 2 – 26 beds.</p> <p>One the day of audit there were 123 residents; 26 rest home residents and 81 hospital residents including one YPD resident and 16 residents receiving dementia level care.</p> <p>Te Hopai Home and Hospital has an experienced general manager - a registered nurse (RN). She is supported by a hospital manager (RN with a Master's degree). There are job descriptions for both positions that include responsibilities and accountabilities. There are a rest home and dementia unit managers, both of whom are registered nurses. A quality manger and an education coordinator are also part of the management team.</p> <p>ARC, D17.3di (rest home), D17.4b (hospital), the managers have maintained at least either hours annually of professional development activities related to managing a hospital.</p> <p>Te Hopai has both a five year business plan and a risk management plan. The quality plan is separate from this and is reviewed and re-written every year. The objective of the quality plan is to ensure that the goals and objectives of service</p>

		<p>delivery are achieved. These goals are determined by the Ministry of Health standards, the District Health Board contract and the needs and wishes of the residents and relatives as established by the satisfaction surveys that are sent out every year. The service continues to exceed the standard around service direction and goals.</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>	CI	<p>Te Hopai Home and Hospital continues to implement its well-established quality and risk management system. Interviews with staff and review of meeting minutes/quality reports demonstrate a culture of quality improvements. The quality plan and quality outcomes are communicated to staff and management through a series of meetings including three monthly staff meeting and monthly quality meetings, graphs and benchmarking reports are posted in the staff offices. Audits are undertaken according to the set plan and summaries and action plans are completed where a noncompliance is identified. Issues are reported to the appropriate committee e.g. quality. The service is active in analysing data collected and corrective actions are required based on benchmarking outcomes. Te Hopai continues to implement the quality and risk management process.</p> <p>The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. The content of policy and procedures are detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff which are based on their policies. Discussion regarding policy development/revision occurs at staff meetings and training sessions.</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>All incidents and accidents are recorded on a form and all data collected and collated monthly. Information is analysed and information is feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow up action required. The data is linked to the new benchmarking programme adopted by Te Hopai and this is used for comparative purposes. Minutes of the quality meetings and H&S meeting reflect a discussion of results.</p> <p>Incident/accident forms were reviewed for February. All demonstrated clinical follow up by a registered nurse and documented appropriate short or long term care plan interventions, including wound care plans as needed.</p>

		Discussions with the general manager (GM), quality manager (QM) and unit managers confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications.
<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>	CI	<p>Register of registered nurses' practising certificates continue to be maintained. Website links to the professional bodies of all health professionals have been established and are available on the computers and in training folder.</p> <p>Six staff files were reviewed. All staff files documented an orientation process had been completed (or is in process for the new RNs). Longer term staff all has up to date appraisals. All six staff files document a robust employment process including reference checking and police checks.</p> <p>At the end of 2014 a human resources manager was appointed to assist recruitment process required to staff the new building. The recruitment process is still ongoing</p> <p>Discussion with staff and management confirmed that a comprehensive in-service training programme in relevant aspects of care and support is in place. Education is an agenda item of the staff meetings. The service continues to exceed the required standard around staff training.</p> <p>There are 11 staff members who work in Kowhai wing and all have completed required dementia specific training except one staff member who has worked in the unit since December 2014 has three more modules to complete.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a roster for all units that aligns with contractual requirements and includes skill mixes. There is good registered nurse cover. Nursing/caring hours per resident day for the various client groups are documented.</p> <p>There are four units/departments within the facility. There is an experienced care manager (all registered nurses) in each area, who works Monday-Friday 40 hours per week.</p> <p>The service provides 24 hr. RN cover. There are three registered nurses on night duty. Interviews with relatives and residents all confirmed that staffing numbers were good. Caregivers/registered nurses interviewed stated that staffing ratio to residents is extremely good, that they have input into the roster and management were supportive around change when times are busier.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	The previous audit identified that registered nurses were not signing incident forms. Incident forms reviewed for this audit demonstrate that this issue has been resolved.
<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>Te Hopai has comprehensive medication policies in place.</p> <p>Medication storage and administration follow safe guidelines. Medication reconciliation is completed on admission and the policy includes guidelines on checking medications on admission. All staff administering medication have completed an annual medication competency. Sixteen medication charts were reviewed. They were legible and meet legislative guidelines. Signing on administration was up to date, including as required medications (PRN). All PRN medications had indication for use identified on the medication chart. All medication charts identified any allergies. Sixteen medication charts reviewed had written evidence of the GP three monthly reviews, or more as conditions changed, all had been signed and dated. All medications prescribed to be administered regularly were signed as being administered regularly. Weekly medication checks documented.</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>	FA	<p>Food services are provided by an external contractor. There are two cooks and three cook assistants. All food is cooked on site. Fridge, freezer and food temperatures are monitored and documented daily. All food containers are labelled and dated. Meals are prepared in the kitchen and delivered to the rest home, hospital and dementia care dining rooms in hot boxes to keep the food hot. There are nutritional assessments and management policy and a weight management policy. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are communicated to the kitchen as reported by the kitchen manager. Special diets are noted and recorded. Special diets are catered for. The dementia unit has snacks available 24 hours a day. Feedback regarding food services are obtained through a satisfaction survey, resident meeting and verbally.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate</p>	FA	When a resident's condition changes, the registered nurses initiates a review and if required, GP or, specialist consultation.

<p>services in order to meet their assessed needs and desired outcomes.</p>		<p>The caregivers interviewed stated that they have all the equipment referred to in care plans and necessary to provide care. All staff report that there are always adequate continence supplies and dressing supplies. Residents and families interviewed were complimentary of care received at the facility.</p> <p>The care being provided is consistent with the needs of residents; this is evidenced by discussions with six caregivers, families interviewed, three registered nurses and the clinical manager. There is a short-term care plan that is used for acute or short-term changes in health status.</p> <p>D18.3 and 4 Dressing supplies are available and a treatment room is stocked for use. Wound assessments, wound management and evaluations are in place. There are four pressure areas identified in the service. Chronic wounds are reviewed and nursing interventions evaluated, as required. All wound assessments have completed short-term care plans describing appropriate interventions. All wounds have been reviewed in the timeframes.</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>CI</p>	<p>There is one qualified diversional therapist (DT) who oversees the activities at Te Hopai and develops the activity programme for all areas. There is also one full-time activities co-ordinator/EN who works in the hospital wing. She is an Extra Lesson Practitioner and has experience in the field of intellectual disability. There is a dementia care activities co-ordinator and activities offered seven days a week in the dementia unit. Consideration has been taken to provide meaningful activities that can cover 24 hours in the dementia unit. In the rest home/hospital wing there is an activity co-ordinator. There is also a visiting reflexology therapist/RN that visits each resident every week and provides reflexology to those residents' who want it. Music therapy is also offered to residents in the dementia unit and in the hospital wing.</p> <p>There is a full and varied activities programme in place, which is appropriate to the level of participation from residents'. On the day of audit residents in all areas were observed being actively involved with a variety of activities. The programme is developed weekly and displayed in large print in communal areas and resident bedrooms. Residents and families interviewed expressed their satisfaction with the activities programme.</p> <p>Residents have an activities assessment completed over the first few weeks.</p> <p>D16.5d Resident files reviewed identified that the individual activity plan is reviewed six monthly, or as condition changed. Activities at Te Hopai continue to exceed the required standard.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	<p>FA</p>	<p>Care plans are reviewed and evaluated by an RN at least six monthly, or as changes occur, as sighted in all care plans sampled. ARC: D16.3c: All initial care plans are</p>

comprehensive and timely manner.		evaluated by the RN within three weeks of admission. There is documentation evidence of family and/or resident involvement at these evaluations. Documentation on clinical notes evidenced review by the GP at least three monthly. There are short-term care plans to focus on acute and short-term issues. From the sample group of residents' notes the short-term care plans are well used and comprehensive.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Reactive and preventative maintenance occurs. The building holds a current warrant of fitness and a CPU. External areas are suitable for the resident group. There is an approved fire evacuation scheme and fire drills have taken place. Reactive and preventative maintenance occurs. The building holds a current warrant of fitness. Since the previous audit the service has addressed the shortfalls around a CPU for the new wing and landscaping external areas.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Since the previous partial provisional audit the service had addressed the shortfalls around an approved evacuation plans for the new wing and fire evacuation training for staff in the new wing.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	CI	The service continues to exceed the required standard around follow up actions of infections and clinical indicators. The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control co-ordinator. Infection control data is collated monthly and reported at the quality, and infection control meetings. The infection control programme is linked with the quality management programme.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is	FA	Te Hopai Home and Hospital has a comprehensive restraint minimisation policy. Restraint practices are only used where it is clinically indicated and justified and other

<p>actively minimised.</p>		<p>de-escalation strategies have been ineffective.</p> <p>The policy includes that enablers are voluntary and the least restrictive option.</p> <p>There are four residents with an enabler in the hospital wing (bedrail/chair restraint). Enabler use is voluntary. There is no restraint used in any areas of the facility on the day of audit.</p> <p>E4.4a: The care plans reviewed focused on promotion of quality of life and minimised the need for restrictive practises through the management of challenging behaviour.</p>
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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, 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 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Te Hopai Home & Hospital continues to maintain robust quality and risk management systems. Comprehensive policy/procedures are well established, cross referenced and evidence that they are reviewed on a regular basis and when legislation/ best practice dictates</p> <p>A2.2 Services are provided at Te Hopai Home and Hospital that adhere to the health & disability services standards. There is an implemented quality improvement programmes that includes performance monitoring.</p> <p>D1.3 all approved service standards are adhered to.</p> <p>D17.7c There are implemented competencies for care workers and registered nurses. There are clear ethical and professional standards and</p>	<p>Te Hopai has continued to maintain their continuous improvement from the previous audit. New initiatives have also included; policies and procedures reference and incorporate best practice. An example is the palliative care best practice information from the University of Queensland. The service has ensured that an RN is trained in the new palliative care process and acts as a lead person to roll out the palliative approach at Te Hopai. This is now integrated into practice at the service. To accompany the palliative approach the service has entered in to partnership with the local hospice. The GP and the Hospice medical director undertake a weekly round together, this ensures a streamlines approach to care.</p>

		boundaries within job descriptions.	Falls prevention plans now demonstrate a reduction in falls, there is a weight management project which has resulted in a reduction of the amount of resident who are losing weight.
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>There is a comprehensive annual quality plan and specific quality goals for 2015. The quality plan was developed following a review of previous year's outcomes and consumer feedback. There is a strategic plan business plan and risk management plan, also an infection control plan and health and safety plan for 2015.</p>	<p>The service continues to exceed the standard around service planning and goals. The 2015 quality plan includes headings of abuse and neglect, open disclosure, service standards, medication management, environment, quality and risk, safe services, assessment and service continuum. Reviews for the previous year and consumer feedback have been used to assist development of the 2015 quality and business plan.</p> <p>There are documented monthly reports to the Board that include achievement against set strategic goals, a quality report and reports around the progress of specific action plans such as falls prevention, and weight loss prevention.</p> <p>The service has documented a very comprehensive end of year report. This includes infection control, health and safety, quality improvement dementia specific plans and report of 2014 projects. This review confirms that the quality plan is a living document which reflects progress towards achieved goals and continues to evidence progress towards a culture of continuous improvement. New projects that have commenced as a result of the previous year's review include; relative education sessions have included understanding of dementia (three sessions) and infections and antibiotic use.</p>

<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>CI</p>	<p>Monitoring for each area continues to be completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule. There is well documented feedback and to staff and management and robust actions plans which are documented as followed up and actioned. Results from resident surveys are posted up on resident/ family notice board. Individuals are responded to as needed. Ten relatives interviewed and all praised the service and the communication</p>	<p>Te Hopai Home and Hospital continues to be proactive in developing and implementing quality initiatives. The service continues to be active in analysing data collected. Additional processes are in place where quality outcomes indicate a service risk. An example is high falls in August 2014 resulted in addition discussion documented in the quality management meeting and action plans.</p> <p>Te Hopai continues to ensure the process around medication patches has continued, and skin preparation and daily checking has continued to ensure that medication patches remain in situ. New quality improvements have included reviewing laundry services and now personal laundry is undertaken on site. This has improved resident satisfaction with service as noted by relatives and residents interviewed during the audit (two of the four relatives made a point of commenting on the laundry services all six were satisfied with the service). Te Hopai has also commenced benchmarking with a new Australian based benchmarking provider. As part of this Te Hopai have taken a proactive approach of working with the service to align benchmarking to the New Zealand Health and Disability Standards. Additionally, the implementation of education sessions for families and residents has been met with wide approval as evidenced in resident and family interviews</p>
<p>Criterion 1.2.3.7</p> <p>A process to measure achievement against the quality and risk</p>	<p>CI</p>	<p>A review of quality out comes evidences that actions plans have been in place, reviewed and followed up for high falls in dementia February and March 2014. Continued efforts to reduce skin</p>	<p>The service continues to implement a robust quality improvement process that evidences that quality improvement in place are reviewed and improved as needed and new process are</p>

<p>management plan is implemented.</p>		<p>tears are documented though meeting minutes, and high adverse outcomes such as mouth infections have been followed up with additional training for staff.</p>	<p>put in place in response to need.</p> <p>The following new quality initiatives have been implemented since the previous audit; a) proactive offering and uptake of vitamin D for residents in the dementia unit. b) documented falls have reduced c) the introduction of a reflexologist in the dementia unit; d) palliative care processes and resident management have been improved in association with the local hospice and linked to the University of Queensland.</p> <p>The service has continued with quality improvements for the previous audit such as regular staff review to ensure that optimum staffing is in place, implementation of dementia specific care plans, and new care plans that align to the InterRAI process.</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>CI</p>	<p>There are comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. Ten files reviewed files (two registered nurses, one care manager, one quality manager. one cleaner, three caregivers, cook, and diversional therapist) and all had up to date performance appraisals.</p> <p>The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g. RN, support staff) and includes documented competencies. New staff are buddied for a period of time (e.g. caregivers two weeks, RN four weeks); during this period they do not carry a clinical load. Completed orientation</p>	<p>The service continues to exceed the required standard around staff training. Te Hopai is funding one staff member with PhD studies. Staff training includes a wide range of subjects as well as compulsory subjects. In response to staff requests the service now has a process where staff can request training in areas of interest or where they perceive a gap in knowledge. Six care givers interviewed all praised the training and support provided.</p> <p>A number of staff were evidenced to have attended various conferences throughout the year. Caregivers, ancillary staff, registered nurses and care managers interviewed confirmed the Trust has supported staff with access to education both through in-service education and external education provided by</p>

		booklets are on staff files.	the District Health Board (DHB) the New Zealand Aged Care Association (NZACA), the local hospice, Gerontology conferences and independent trainers. Registered nurses are encouraged to participate in the DHB PDRP program.
<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>Te Hopai Home and Hospital has a trained DT and three activity co-ordinators. There is a separate activities programme for each of the areas and each area has a programme developed weekly and displayed in large print. Residents have an initial assessment completed over the first few weeks after admission obtaining a complete history of past and present interests, career, family etc. Music therapy services are provided by an independent contractor.</p> <p>The dementia recreation programmes are over seven days and the hospital and rest home over five days (residents can join in the hospital as desired). Dementia care residents' are able to join the residents in the rest home and hospital for entertainers. The recreation plan is a key part of the overall long-term care plan and the service is pro-active in providing a meaningful programme.</p> <p>Everyday life activities are included in the programme, such as baking and folding laundry, as well as expressive programmes such as sing-a-longs and entertainers. Family are encouraged to join in the activities programme.</p>	<p>Te Hopai Home and Hospital provides music therapy mainly in the dementia unit. This staff member has been particularly beneficial in the dementia unit. The programme is very adaptable as evidenced when a resident decided to play the piano (the resident is a proficient pianist). Many of the residents gathered round the piano for a sing-a-long and the therapist produced tambourines and musical instruments for residents to play. The care manager and the music therapist explained that the addition of a music therapist has been therapeutic and benefited residents. Music has become an interactive intervention for residents with obvious resident engagement and enjoyment seen on the day of audit. The music therapy has been linked with physiotherapy for music and movement. A resident who is a pianist is in great demand and was also observed to come over to the rest home and play for residents. Interaction of and enjoyment of resident participation was observed. There is a reflexology therapist who visits each resident at Te Hopai Home and Hospital each week offering a ten minute therapy one on one. The diversional therapist has introduced the use of an iPad tablet for taking and showing resident photos. The use of technology to assist in engaging residents' interests was evident on the day of audit.</p>

			Family and GP interviewed expressed their satisfaction at the interactive and expressive activities programme; the GP went onto say that the level of activity offered, especially in dementia care helps provide a calm and happy environment for residents’.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Infection control (IC) data is collated monthly and reported to the quality and health and safety meeting. Infections are documented on the Infection monthly register. The surveillance of infection data assists in evaluating compliance with infection control practices. The IC programme is linked with the quality management programme. Quality Improvement initiatives are taken and recorded as part of continuous improvement. The annual quality report included a comprehensive report on infection control.</p>	<p>The service continues to exceed the required standard around infection control. A norovirus outbreak in February 2015 was very well managed and resulted in a letter from the DHB congratulating the service on its excellent management. The IC coordinator reviews antibiotic use against antibiotic prescription guidelines. This review is copied to individual GPs to enable them to review their prescribing practice against best practice.</p> <p>Addition fluids continue to be provided to residents. Benchmarking is undertaken with an external benchmarking service. Annual infection control review evidences that urinary tract infections have reduced by 45% from 2013 to 2014. Infection control statistics demonstrate a reduction in respiratory infection and cellulitis.</p>

End of the report.