

CHT Healthcare Trust - St Christophers

Introduction

This report records the results of a Certification 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:	St Christophers Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 October 2015 End date: 8 October 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:	46

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

St Christopher's Rest Home and Hospital is owned and operated by the CHT Healthcare Trust and cares for up to 46 residents requiring rest home or hospital level care, with full occupancy on the days of the audit. A clinical coordinator, currently in the role of acting unit manager, oversees the service and the area manager supports her. Residents, relatives and the GP interviewed spoke positively about the service provided.

This certification audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

This audit has identified areas for improvement around regular turns, medication documentation and trend analysis of quality data and communication of these trends.

The service has exceeded the required standard around implementation of the 'Life Map' concept to get to know residents and the service provided to residents at risk of weight loss.

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.

Staff at St Christopher's Rest Home and Hospital strives to ensure that care is provided in a way that focuses on the individual values, residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights. Cultural needs of residents are met. Policies are implemented to support residents' rights, communication and complaints management. Information on informed consent is included in the admission agreement and discussed with residents and relatives. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a 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.

Some standards applicable to this service partially attained and of low risk.

The acting unit manager is a registered nurse. An area manager, an acting clinical coordinator, registered nurses and other care staff support her. The quality and risk management programme includes a service philosophy, goals and a quality planner. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents meetings are held and residents and families are surveyed annually. 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 has been implemented with a current plan in place. Appropriate employment processes are adhered to and employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

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.		Some standards applicable to this service partially attained and of low risk.
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Entry to the service is managed primarily by the registered nurses or clinical coordinator. There is comprehensive service information available. A registered nurse completes initial assessments. The registered nurses complete care plans and evaluations within the required timeframe. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and family interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and interesting. 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. General practitioners review residents at least three monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were 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.

The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. All bedrooms are single occupancy and several have their own ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal area. The internal areas are able to be ventilated and heated. The outdoor areas are safe and easily accessible. Cleaning contractors and maintenance staff are providing appropriate services. Staff have planned and implemented strategies for emergency management. Emergency systems are in place in the event of a fire or external disaster.

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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents with restraint and four residents with enablers. Restraint minimisation processes are adhered to.

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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. 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	2	40	0	3	0	0	0
Criteria	2	88	0	3	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 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (five health care assistants, five registered nurses (RN), one acting clinical coordinator, two area managers and one acting unit manager) confirm their familiarity with the Code. Interviews with nine residents (three rest home and six hospital) and five relatives (two rest home and three hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident and staff/quality meetings.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with residents and families on admission. Written consents are signed by the resident or their EPOA. Advanced directives are signed for separately. There is evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Health care assistants and registered nurses interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's

		<p>lives.</p> <p>Seven of seven resident files sampled (three from the rest home and four from the hospital) have a signed admission agreement and consents.</p>
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interview with staff, residents and relatives informed they were aware of advocacy and how to access an advocate.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents are encouraged to be involved in community activities and maintain family and friends networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. On interview, all residents and relatives confirmed this and that visiting could occur at any time.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The service has a complaints policy that describes the management of the complaints process. A complaints form is available. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints register. Complaints for 2015 to date were reviewed. Verbal and written complaints are documented. All complaints have noted investigation, time lines, corrective actions when required and resolutions. Results are provided to complainants but not always to staff (link to finding 1.2.3.6). Discussions with residents and relatives confirmed that any issues are addressed and that they feel comfortable to bring up any concerns.</p>
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	There are posters displaying the Code throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if

		<p>requested. Information is also given to next of kin or EPOA to read with the resident and discuss. On entry to the service an RN, the clinical coordinator or the unit manager discusses the information pack with the resident and the family/whānau.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies, which align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they manage maintaining privacy and respect of personal property. All residents interviewed stated their needs were met.</p> <p>There is a policy that describes spiritual care. Church services are conducted in the facility every week. All residents and relatives interviewed indicated that each resident's spiritual needs are being met when required.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan.</p> <p>Staff training includes cultural safety. The service is able to access Māori advisors as identified in the Māori health plan and policies.</p> <p>Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process and review. Discussions with staff confirm that they are aware of the need to respond to cultural differences.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	CI	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that their cultural and individual values being met.</p> <p>Information gathered during assessment including residents cultural beliefs and values is used to develop a care plan which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p> <p>A quality initiative was undertaken to assist care staff, in particular health care assistants (HCAs), in getting to know the residents and their families better, which demonstrate results of more effective relationships between the care staff and residents. This has exceeded the required standard.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The RNs supervise staff to ensure professional practice is maintained in the service. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that staff respected them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies to guide practice that aligns with the health and disability services standards. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. The resident satisfaction survey reflected high levels of satisfaction with the services provided. Residents and relatives interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of the principles of aged care and state that they feel supported by the management team.</p> <p>The facility demonstrates a culture of continuous quality improvement. Quality initiatives include (but are not limited to), the purchase of five low beds, maintaining a restraint free environment, the development of a manual handling team to assist with training new staff, purchase of a tilt shower chair for residents who have difficulty being showered in a standard chair. The development of life maps for the residents (link to CI 1.1.6.2), winning the CHT health and safety award for the development of a health and safety video, new painting and carpet throughout the facility and the purchase of two new flat screen TVs. The implementation of a nutrition programme to assist residents with unintended weight loss, (link to CI 1.3.13.1) and the reduction of laundry incidents of missing resident's personal clothing.</p> <p>Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank</p>

		<p>open disclosure occurs. Ten incidents/accidents forms were viewed. The forms include a section to record family notification. All ten forms indicated family were informed or if family did not wish to be informed. Relatives interviewed confirmed they were notified of any changes in their family member's health status.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>St Christopher's Hospital and Rest Home is owned and operated by the CHT Healthcare Trust. The service provides rest home and hospital level care for up to 46 residents. All beds are dual purpose. All residents were on the aged-related care contract. CHT also holds contracts for primary option acute care, young persons with disabilities and long term chronic conditions. There were no residents on these contracts during the audit.</p> <p>On the day of the audit, there were 11 rest home and 35 hospital level residents. The previous unit manager has transferred to a new role within CHT. The acting unit manager has been in her role since September 2015 and will remain in this role until a suitable replacement is found. She is normally the clinical coordinator for the facility, and is a registered nurse. She has worked for CHT for eight years. An acting clinical coordinator/RN has been appointed to the clinical coordinator role while she is the unit manager. The unit manager reports to the CHT area manager weekly on a variety of operational issues.</p> <p>CHT has an overall business/strategic plan, philosophy of care and mission statement. St Christopher's has an annual facility-specific business plan, which links to the organisation's strategic plan and is reviewed monthly with the CEO.</p> <p>The area manager and acting unit manager have completed in excess of eight hours of professional development in the past 12 months.</p>
<p>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.</p>	FA	<p>In the absence of the acting unit manager, the area manager is in charge with support from the senior management team, the (acting) clinical coordinator and care staff.</p>
Standard 1.2.3: Quality And Risk Management Systems	PA Low	A 2015 quality and risk management programme is in place. Interviews

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>with two area managers, the acting unit manager and care staff reflect their understanding of the quality and risk management systems that have been put into place.</p> <p>Policies and procedures, and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. These have been updated to include InterRAI requirements. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff, as evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, challenging behaviours) are collated, however, analysis of data and communication of results to staff was not consistently evidenced.</p> <p>Internal audits are completed six-monthly by an area manager. Areas of non-compliance include the initiation of a corrective action plan with sign-off by the unit manager when implemented.</p> <p>Falls prevention strategies include a comprehensive investigation of residents' falls on a case-by-case basis to ensure that strategies to reduce falls have been implemented. The facility is also continuing to purchase beds that can be lowered and sensor mats. Hip protectors are used to prevent injuries from falls.</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. The acting unit manager and clinical coordinator investigate adverse events. Adverse events are trended but not the analyses of trends. Nor are results communicated consistently to staff (link to finding 1.2.3.6). There is evidence to support actions are undertaken to minimise the number of incidents. Incident forms sampled demonstrated that clinical follow-up of residents is conducted by a registered nurse. Discussions with the acting unit manager and area managers confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. Public Health were notified of a norovirus outbreak in December 2014.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are human resource management policies in place, which</p>

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.		includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are kept. Six staff files were reviewed and evidenced 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 in-service education programme for 2014 has been completed and a plan for 2015 is being implemented. Healthcare assistants have completed an aged care education programme. The acting unit manager, acting clinical coordinator and staff registered nurses are able to attend external training including sessions provided by the Counties Manukau District Health Board. Annual staff appraisals were evident in all staff files reviewed.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	CHT policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. At least one registered nurse is on site at any one time. Activities staff are available seven days a week. Advised that extra staff can be called on for increased resident requirements. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Material containing sensitive resident information is not displayed in a way where other residents or members of the public can view it. Entries in records are legible, dated and signed by the relevant healthcare assistant or registered nurse. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are in a separate folder.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for	FA	The service has comprehensive admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The

services has been identified.		manager screens all potential residents prior to entry and records all admission enquires. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the manager and clinical coordinator. The admission agreement form in use aligns with the requirements of the ARC contract. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the residents' condition.
<p>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.</p>	PA Low	The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication rounds sighted. Medication prescribed is signed as administered on the pharmacy generated signing chart. All non-packaged medications are signed-for on one sheet with one signature for all medications. Registered nurses administer medicines. All staff that administer medication are competent and have received medication management training. The facility uses robotic packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Medical practitioners write medication charts and there was evidence of three monthly reviews by the GP. Not all medication charts sampled have correct indications for use documented for 'as required' medications. No residents self-administer medicines.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met</p>	CI	There is a fully functional kitchen and all food is cooked on site by contracted kitchen staff. A food services manual is in place to guide staff. A resident nutritional profile is developed for each resident on

where this service is a component of service delivery.		admission and this is provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who need special diets and the kitchen manager works closely with the RNs on duty. Kitchen staff have completed food safety training. The kitchen manager and cooks follow a rotating seasonal menu, which is currently in the process of review by a dietitian. Temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed were very happy with the quality and variety of food served. The service has exceeded the standard around meeting the specific dietary needs of residents.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	The service records the reasons for declining service entry to residents should this occur and communicates this decision to residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	All appropriate personal needs information is gathered during admission, in consultation with the resident and their relative where appropriate. Appropriate assessment tools were completed and assessments were reviewed at least six monthly or when there was a change to a residents health condition in files sampled. The InterRAI assessment tool is implemented. Care plans are developed based on these assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans reviewed described the support required to meet the residents' goals and needs and identified allied health involvement under a comprehensive range of template headings. Residents and their family/whānau are involved in the care planning and review process. Short-term care plans are in use for changes in health status. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Registered nurses (RNs) (including the clinical coordinator) and healthcare assistants follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required the RNs will initiate a referral (eg, to the district nurse). If

		<p>external medical advice is required, this will be actioned by the GP. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for eight residents with 14 wounds including four pressure areas. One resident has two pressure areas and is on cubitan drinks and a high protein diet with photographic evidence of the wounds healing; one resident was admitted with a grade four pressure area (and has wound nurse specialist input) and one resident has a grade two pressure area. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the district nursing service.</p> <p>Interviews with registered nurses, the acting clinical coordinator and health care assistants demonstrated an understanding of the individualised needs of residents and report that two hourly turns occur. Food and fluid charts are comprehensively completed as required.</p> <p>Care plan interventions and food and fluid charts demonstrate interventions to meet residents' needs. Turning charts do not consistently document two to three hourly turns.</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>	FA	<p>Two activities coordinators are employed to operate the activities programme for all residents over seven days. Each resident has an individual activities assessment on admission, and from this information an individual activities plan is developed by the registered nurses, with input from the activities staff, as part of the care plan. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. All resident files sampled have a recent activities plan within the care plan and this is evaluated at least six monthly when the care plan is evaluated. Residents and families interviewed commented positively on the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p>	FA	<p>The registered nurses evaluate all initial care plans within three weeks of admission. The long-term care plan is evaluated at least six monthly</p>

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.		or earlier if there is a change in health status. There is at least a three monthly review by the GP. All changes in health status are documented and followed-up. An RN signs care plan reviews. Short-term care plans are evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed and the resident reassessed.
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 implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing	FA	There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Several bedrooms

facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		have their own ensuites. Toilets and showers have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.
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	All residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalised their bedrooms.
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	The communal areas include two main lounges (one primarily for rest home residents and one primarily for hospital residents), and several smaller lounges and two separate dining areas. The communal areas are easily and safely accessible for residents.
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 facility is cleaned by contracted cleaning staff. They have access to a range of chemicals, cleaning equipment and protective clothing. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility. All laundry is done off site except kitchen laundry, personal items and facecloths and hand washed clothes. Residents and relatives interviewed were satisfied with the laundry service.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back up power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary

		<p>resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
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	General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.
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	St Christopher's Rest Home and Hospital has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from the acting unit manager (the clinical coordinator) and all staff as the quality management committee (infection control team). Minutes are available for staff. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	A registered nurse at St Christopher's Rest Home and Hospital is the designated infection control (IC) coordinator. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC nurse and IC team (comprising all staff) has good external support from the local laboratory infection control team and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and	FA	There are CHT infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have

procedures are practical, safe, and appropriate/suitable for the type of service provided.		been reviewed and updated.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has completed infection control training. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.
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.	FA	Infection 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 signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are not discussed at quality meetings (link 1.2.3.6). If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the unit manager. A norovirus outbreak in December 2014 was appropriately managed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. There were no residents with restraint and four residents with enablers. Enabler use is voluntary. All necessary documentation has been completed in relation to the enablers. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Staff education on RMS /enablers has been provided. Restraint is discussed as part of staff meetings. A registered nurse is the designated restraint coordinator.

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)
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	Quality improvement data (eg, complaints, accident/incidents/near miss events, infections, medication errors, wounds) is collected in hard copy and then transferred to an electronic system. Data is collated and trended, although there was a lack of evidence to reflect that this data is being analysed. Staff meetings are held two-monthly. Included in the agenda is discussions relating to quality and risk but the information provided often repeats the same issues and lacks informing staff about trends occurring.	Quality and risk data is not consistently analysed with results communicated to staff.	Ensure quality and risk data is consistently analysed with results communicated to staff. 90 days
Criterion 1.3.12.6 Medicine management information is recorded to a level of detail, and	PA Low	All robotic sachet packed medications on medication records sampled (18) are signed as administered. All non-packaged medications are documented on one pharmacy generated sheet	Non-packaged regular medications do not have a signature for each medication demonstrating this has been	Ensure that all non-packaged medications have each medication individually signed as

<p>communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>		<p>that is signed with one signature when all these medications are administered. All residents have a medication chart signed by the doctor. For long-term residents these are pharmacy generated. Appropriate prescribing practices were evidenced on seven of the 18 medication charts sampled.</p>	<p>administered. For 11 of 18 charts sampled, there is either no indication for use documented for 'as required' medications or the pharmacy has generated a generic list of uses for that medication. The generic list is not specific to the resident for whom the medication is prescribed.</p>	<p>administered. Ensure that indications for use are documented for all 'as required' medications and that these are specific to the resident. 60 days</p>
<p>Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Low</p>	<p>Two to three hourly turns are appropriately documented in resident care plans for residents assessed as requiring these. Health care assistants and registered nurses report that two hourly turns occur when residents are in bed and that residents are repositioned regularly when in lazy boy chairs. This was observed to be occurring during the audit. Staff report that all residents who are immobile are turned two to three hourly overnight although this is not always documented on turning charts. Therefore, the risk is assessed as low.</p>	<p>Four (two to three hourly) turning charts sampled, do not document regular turns as having occurred overnight for some night shifts.</p>	<p>Ensure residents are turned as required and that this is documented. 60 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, there 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
Criterion 1.1.6.2 The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.	CI	All seven residents' files (three rest home level and four hospital level) reflect evidence of the residents' individual values and beliefs. This is further enhanced through interviews with staff and residents that extra steps have been undertaken to ensure staff understand each resident's cultural heritage through a quality initiative entitled 'Life Map' programme.	The service undertook a programme to assist care staff to get to know the residents better by using a poster containing a life map for each resident. This programme was targeted to assist care staff who speak English as their second language. The benefits are to gain confidence in communicating with residents and their families, encourage interactions with the resident and promote the activities that the resident would be interested in joining. A pre-test 'do you really know your residents' was completed on 16 April 2014 before embarking on an individual life map for residents. Seventeen staff (RNs, HCAs and activities staff) were asked to answer questions pertaining to five residents that they mainly care for. Questions ranged from naming the residents and family to naming activities the residents enjoyed doing in the past and currently. No staff answered all

			<p>the questions correctly. Two of the staff only knew the names of the residents.</p> <p>Over a six month period, life maps were completed for the residents and staff were asked to complete the survey tool for a second time. Sixteen staff undertook the survey and the majority of staff answered all questions correctly. The programme was evaluated again on 28 Sept 2015. Staff reported that prior to the implementation of life maps they felt that their communication with residents was awkward and that they did not know the residents in depth or much about the residents' families. Care staff reported that they know things from life maps such as the resident's favourite food/work/history/things that they like to do in the past and things that they like to do now. Resident/family interviews report that the HCAs are easier to approach when they need help after the life map programme was initiated.</p>
<p>Criterion 1.3.13.2</p> <p>Consumers who have additional or modified nutritional requirements or special diets have these needs met.</p>	CI	<p>The facility has an appropriate food service in place for residents and all weights are monitored and documented monthly. There is dietitian input when weight loss is identified.</p>	<p>The service commenced using a Replenish Energy and Protein (REAP) programme in July 2012. REAP puts a focus on nutrition and 'nutrition alerts'. The documented programme has been developed by the external contractors dietitian and provides eligibility criteria and implementation guidelines for each level of REAP. There are three levels. The emphasis is on food first rather than commercial supplements for managing unintended weight loss. At St Christopher's Rest Home and Hospital there are currently 14 residents on REAP. These residents are clearly documented on the whiteboard in the kitchen. When a resident is identified as having unintended weight loss a weight loss report is completed. This includes checking the mouth and teeth, reviewing diet type, monitoring food intake, consulting with the cook, consulting the dietitian, referring to the GP, referring to family and reviewing medication. Two files were sampled for residents who have been on</p>

		<p>REAP. Both were assessed by a dietitian prior to commencement on REAP. Each of the two residents on REAP whose files were sampled have had weight gain. All staff were provided with training around REAP by the external contractors dietitian, with kitchen staff receiving more detailed training. Five health care assistants and five registered nurses interviewed are all familiar with REAP and report the benefits to residents. The cook interviewed reports that ways in which she implements REAP include fortifying food wherever possible for those on the programme. Examples include cream and brown sugar on cereals, extra margarine on vegetables, fortifying mashed potato, sauces and purees, cream on desserts in the evening, fortifying soup, providing fortified milk and fortified drinks, fortified custard for supper and sandwiches for supper. The service continues to evaluate and improve the REAP programme and initial results show a marked decrease in weight loss for those using the programme.</p>
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End of the report.