

# CHT Healthcare Trust - Peacehaven Resthome & Hospital

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## 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:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Peacehaven Resthome & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 23 November 2015    End date: 23 November 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	45

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

CHT Peacehaven provides care for up to 45 rest home and hospital residents with full occupancy on the day of the audit. Peacehaven is part of the CHT organisation. The CHT group of facilities are governed by a trust board, with management of the facility provided by a registered nurse, who has been in the role for two years. Resident and family feedback during the audit was positive.

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 a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management and the general practitioner.

Two of the three shortfalls identified at the previous certification audit have been addressed around meeting minutes and the senior coordinator role. Improvement continues to be required around first aider on duty at all times.

The service has maintained a continuous improvement rating around food services.

This audit identified an improvement is required around corrective actions and documented interventions.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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CHT Peacehaven practices open disclosure with residents and family reporting they are well informed. Complaints processes are implemented and there is a complaints register.

## 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.
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The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents meetings have been 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. There are sufficient staff and appropriate staff coverage for the effective delivery of care and support.

## Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Registered nurses are responsible for the assessments, care plans and evaluation of care. InterRAI assessment tools are in use. Care plans are individualised and demonstrate service integration including allied health professionals. Care plans are evaluated six monthly. The resident and family/whānau interviewed are complimentary about the staff and standard of care provided.

An activity coordinator provides an integrated rest home and hospital activity programme for the residents that is varied, interesting and involves community visitors and outings.

Staff responsible for medication administration complete annual competencies and education. The general practitioner (GP) reviews the medication chart three monthly.


An external contractor prepares meals on site and a dietitian has approved the menu. There are individual and special dietary needs, including fortified foods for weight loss.

## Safe and appropriate environment

<p>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.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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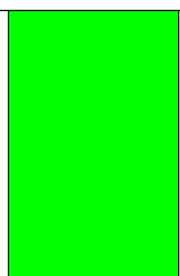
Peacehaven Hospital and Rest Home holds a building warrant of fitness.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Peacehaven Hospital and Rest Home has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were five hospital residents with restraint and no residents with an enabler. Restraint management 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.
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The infection control coordinator is a registered nurse. Infection information is collated monthly. The infection control surveillance and associated activities are appropriate for the size and complexity of the service.

## 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)
<b>Standards</b>	1	13	0	3	0	0	0
<b>Criteria</b>	1	36	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. There is a complaints form available and information about the complaints process is provided on admission. Interviews with residents (one hospital and two rest home level of care) demonstrated an understanding of the complaints process and staff interviewed were able to describe the process around reporting complaints.</p> <p>There is a complaints register. All verbal and written concerns/complaints were investigated with corrective actions where required and resolutions, with results fed back to complainants. There have been no complaints to the Health and Disability Commission. Discussions with residents (one hospital and two rest home level of care) and relatives confirmed that staff are approachable should they have any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Residents interviewed stated they were welcomed on entry and 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 open disclosure occurs. Incident/accident forms reviewed evidenced family were informed or if family did not wish to be informed. Relatives interviewed (three hospital level of care) confirm they are notified of any changes in their family member's health status. Resident/relative meetings provide a forum for open discussion.</p>



communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Peacehaven 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 45 residents. All 45 beds are certified for dual purpose. On the day of the audit, there were nine rest home and 36 hospital level residents. All residents were under the aged related contract and there were no respite residents.</p> <p>The manager is a registered nurse and maintains an annual practicing certificate. She has been in the role since 2013. The manager reports weekly to the CHT area manager on a variety of operational issues. CHT has an overall business/strategic plan and Peacehaven hospital and rest home has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. The manager has completed in excess of eight hours of professional development in the past 12 months.</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>	PA Low	<p>There is an organisational business/strategic plan that includes quality goals and risk management plans for Peacehaven Hospital and Rest Home. Interviews with staff confirmed that quality data is discussed at monthly quality meetings and this was confirmed in the meeting minutes reviewed. The previous finding has been addressed. The area manager advised that the manager is responsible for providing oversight of the quality programme. The quality and risk management programme is designed to monitor contractual and standards compliance. The service's policies are reviewed at national level with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to policy manuals. Data in relation to a variety of quality activities is collected. Internal audits have been completed as scheduled. Not all audits have corrective actions documented or signed off when completed.</p> <p>Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p> <p>The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and</p>	FA	<p>There is an accidents and incidents reporting policy. The manager and RN investigate accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at monthly quality meetings including actions to minimise recurrence. Ten incident/accident forms reviewed evidenced RN clinical follow up of residents. Discussions with the administrator confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Relevant authorities were notified of an outbreak in May 2015.</p>

reported to affected consumers and where appropriate their family/whānau of choice in an open manner.		
<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>	FA	<p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. The senior coordinator now has a new role as administrator. A contract and signed job description was sighted. The previous finding has been addressed.</p> <p>Five staff files were reviewed and evidence that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2015 has been completed as per the programme. Healthcare assistants have completed an aged care education programme. The manager and registered nurses attend external training, including sessions provided by the local DHB. Annual staff appraisals were evident in all staff files reviewed.</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>CHT policy includes staff rationale and skill mix. Sufficient staff are rostered on duty to manage the care requirements of the residents. At least one registered nurse is on duty at all times. Additional staff are provided for increased resident requirements. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents (link #1.4.7.1).</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medication policies and procedures that align with the ministry of health legislative requirements for medicine management. Registered nurses and senior HCAs complete medication annual competencies and attend annual medication education. An RN checks the regular medications on delivery. All expiry dates are checked regularly. Standing orders are not used. Storage meets legal requirements and guidelines. Two self-medicating residents have competency assessments in place.</p> <p>Ten medication administration signing-sheets reviewed corresponded with the medication charts. All medication charts sampled had photo identification and allergies/adverse reactions noted.</p> <p>All 10 medication charts reviewed identified that the GP had reviewed the medication chart at least three monthly.</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>	<p>CI</p>	<p>An external contractor provides meals. Qualified chefs prepare and cook all meals on-site. There is a four-week menu cycle in place that has been reviewed by a dietitian. Dietary information forms are completed on resident admission and reviewed six monthly, with copies held in the kitchen. The chef is informed of any dietary changes. Dislikes are accommodated with alternatives offered. Special diets such as vegetarian, soft foods and diabetic desserts are provided. Scan boxes are used to deliver meals to the rooms. The service has continued to exceed the standard in relation to their nutritional programme.</p> <p>Snacks are readily available for residents as required outside of kitchen hours.</p> <p>Fridge and freezer and dishwasher temperatures in all areas are taken and recorded daily. End cooked temperatures are recorded daily. All foods sighted in fridges, freezers and the pantry are suitably stored and dated.</p> <p>Food services staff have been trained in safe food handling and hygiene.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a resident's condition alters, the registered nurses initiate a review and if required, GP consultation. Relatives interviewed confirm they are kept informed of any changes in their relative's health. Residents interviewed stated their needs were being met.</p> <p>Staff interviewed state they have all the equipment referred to in care plans necessary to provide care. Continence products are available and resident continence management plans are completed for residents as applicable.</p> <p>Adequate dressing supplies were sighted. Wound assessments and treatment plans, and ongoing assessments notes were in place for 11 wounds (eight minor wounds, one venous leg ulcer, one pressure injury of toes and one grade 2 pressure injury of the sacrum). Short-term care plans were in place for minor wounds. Chronic wounds were linked to the long-term care plan. Wounds were reviewed at the required timeframes. Pressure injury interventions had not been documented for one resident with a pressure injury.</p> <p>Resident weight is recorded on admission and monitored monthly. Weight loss reports are completed for any resident with weight loss. Residents with weight loss are commenced on the REAP (replenish energy and protein – food fortification) intervention therapy (link CI 1.3.13.1.) Nutritional requirements had not been identified for one hospital level resident.</p> <p>Monitoring records are kept for pain management, food intake, behaviour, restraint, fluid balance and turning charts.</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>The service employs an activity coordinator for 27 hours per week to implement a seven-day week activity programme. The service is actively recruiting for the weekend activity coordinator vacancy. The company diversional therapist oversees the integrated rest home/hospital activity programme. Attendance at activities is voluntary. The activity coordinator makes daily contact with residents who are unable to participate in activities or choose to stay in their rooms. Activities are varied, interesting and meet the resident's individual abilities, and include a men's group. The physiotherapist is involved in the resident exercise programme. There are monthly outings. A wheelchair access van is hired. Community visitors include singing groups, youth groups, church groups and entertainers. Church services are held on-site.</p> <p>Two monthly resident meetings provide residents with an opportunity to feedback on the activity programme. Residents and family confirm they are involved in the development of the care plan which includes activities. The activity coordinator maintains an individual activity attendance sheet.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial assessments and initial care plans are evaluated within three weeks. The long-term care plan is evaluated at least six monthly or earlier for any health changes in four of five resident files sampled. One rest home resident has not been at the service six months. Six monthly evaluations identify if the resident goals have been met or unmet. Care plans are updated with changes as identified in the evaluations.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The service has a current building warrant of fitness, which expires 1 June 2016.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely</p>	PA Low	<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. 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. The previous finding remains in relation to first aid trained staffing cover on all shifts.</p>

response during emergency and security situations.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection monitoring is the responsibility of the infection control coordinator/registered nurse who has been in the role for two years. The surveillance activities at Peacehaven are appropriate to the acuity, risk and needs of the residents.</p> <p>The infection control coordinator enters infections on to the infection register and carries out a monthly analysis of the data. Analysis is reported to the quality/staff meeting. The infection control coordinator uses the information obtained through the surveillance of data to determine infection control education needs within the facility. There is evidence of GP involvement and laboratory reporting.</p> <p>There has been one outbreak (confirmed norovirus) since the last audit. The infection control coordinator (interviewed) and staff stated the outbreak was well managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Staff were familiar with the policy and the definition of enablers. Restraint practices are used only where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The restraint policy determines that enablers are voluntary and the least restrictive option. There were no enablers and five restraints in use on the day of audit.</p>

## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	<p>An extensive internal audit has been completed by head office every six to twelve months at Peacehaven. This audit is based on the Ministry of Health standards and the ARCC contract. It provides the facility with detailed information around areas of non-conformance from which they are required to produce a corrective action plan. The outcome of the internal audit was shared with staff at the quality meeting.</p>	<p>The internal audit completed in September 2014 did not have any corrective actions documented and the internal audit carried out in July 2015 did not have any documentation of the progress or sign-off of documented corrective actions.</p>	<p>Ensure a corrective action plan is compiled for all non-conformance identified from internal audits. Ensure that there is documented evidence of the progress towards conformation and the corrective action plan is signed off when conformance is achieved.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and</p>	PA Low	<p>Pressure injury risk assessment tools are utilised to identify residents at risk of developing a pressure injury. There are no documented pressure injury interventions in place for one hospital resident with a pressure injury. Residents have dietary requirements and nutritional</p>	<p>(i) One rest home resident did not have a pressure injury risk assessment completed for recent pressure injury of toes. There were no documented</p>	<p>Ensure documented interventions reflect the resident's current health status.</p>

<p>contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>assessments completed on admission, which is reviewed six monthly or earlier for any nutritional changes.</p>	<p>pressure injury interventions/management for the pressure injury of toes.</p> <p>ii) There were no documented interventions for one hospital resident requiring soft foods for swallowing difficulty and REAP level two requirements.</p>	<p>90 days</p>
<p>Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>The education plan includes training and information on responding to emergencies. A review of the roster for the past four weeks shows that there were shifts when there was no staff member with a first aid certificate on duty. First aid training is provided however, not all staff have attended.</p>	<p>A review of the roster identified two shifts had not been covered with a staff member trained in first aid.</p>	<p>Ensure there is a staff member on duty at all times with a current first aid certificate.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	CI	<p>The service commenced using a Replenish Energy and Protein (REAP) programme in October 2013. REAP puts a focus on nutrition and 'nutrition alerts' and is an agenda item at nursing and caregiver meetings. The documented programme has been developed by the Medirest dietitian and provides eligibility criteria and implementation guidelines for each level of REAP. Residents identified at risk of malnutrition or who have lost weight are commenced on the appropriate level of the REAP programme. The chef is responsible for ensuring the fortified foods are prepared for residents on the REAP programme.</p>	<p>The chef (interviewed) had been in the role six weeks and was able to describe the REAP programme levels and foods provided. REAP fortified foods were sighted in the fridges, including ensure puddings and pureed fruit salads.</p> <p>All residents are weighed monthly and the RN reports any weight loss or gain and initiates the REAP programme in consultation with the dietitian and GP.</p> <p>Two resident files reviewed were on the REAP programme. There was ongoing dietitian review of the REAP level and involvement in the</p>



			residents nutritional status. Both residents weights had stabilised over a six month period and they continued the REAP programme.
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End of the report.