

# 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: 31 October 2018	End date: 1 November 2018
<b>Proposed changes to current services (if any):</b>		
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	55	



# 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

Peacehaven is owned and operated by CHT Healthcare Trust and cares for up to 60 residents requiring rest home or hospital level care. On the day of the audit, there were 55 residents.

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

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

The three previous findings around care plan interventions and the environment related to the new extension have been addressed.

This audit has not identified any further areas for improvement.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Policies are implemented to support residents' rights, communication and complaints management. Management operate an open-door policy. Residents and relatives are kept informed on all aspects of their health including accidents/incidents. Complaints and concerns have been managed appropriately and an up to date complaint register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The unit manager is a registered nurse, she is supported by an area manager, clinical coordinator, registered nurses and care staff. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities are conducted, and this generates improvements in practice and service delivery. Facility meeting minutes' evidence discussion around quality and risk management data. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. A comprehensive education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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.

Standards applicable to this service fully attained.

The registered nurses are responsible for the assessments, development and review of care plans within the required timeframes. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and a relative interviewed confirmed they were involved in the care planning and review process. The general practitioner reviews residents at least three monthly or more frequently if needed.

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

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

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

## Safe and appropriate environment

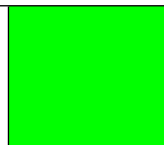
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group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

Standards applicable to this service fully attained.

The building has a current 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.

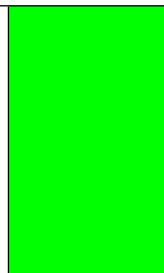


Standards applicable to this service fully attained.

Peacehaven 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 three hospital residents with restraint and two residents with an enabler.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

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

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	0	41	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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 complaints process. There are complaints forms available. Information about complaints is provided on admission. Interview with residents, relative and staff demonstrated an understanding of the complaints process.</p> <p>There is a complaint register. Five complaints from 2017 and ten complaints from 2018 year to date were reviewed. Verbal and written complaints are documented. All complaints have noted investigation, timelines, corrective actions, advocacy offered and resolutions. Results are fed back to complainants. Discussions with residents and relative confirmed that any issues are addressed, and they feel comfortable to bring up any concerns.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Residents (three rest home and two hospital residents) interviewed, and four relatives of hospital residents stated they were welcomed on entry and were given time and explanation about the services and procedures. Residents and relatives receive seasonal newsletters that keep them informed on facility matters and upcoming events. 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. The accident/incident form includes a section to record family notification. All 11 forms reviewed evidenced family had been notified. Interpreter services are available as required.</p>

conducive to effective communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Peacehaven Rest Home is owned and operated by CHT Healthcare Trust. The service provides rest home and hospital level care for up to 60 residents. All beds are dual-purpose beds. On the day of the audit there were 17 rest home residents and 38 hospital level residents. All residents were under the age-related residential care contract. There were no respite care residents or residents under medical services on the day of audit.</p> <p>The unit manager is a registered nurse and maintains an annual practicing certificate. She has been in the role two years and has previous experience as the clinical coordinator at Peacehaven. The unit manager is supported by a clinical coordinator who has been in the role for two years and previously worked as an RN at the facility. The unit manager reports to the CHT area manager on a variety of operational issues. The area manager is a RN with a current practicing certificate.</p> <p>CHT has an overarching five-year business/strategic plan reviewed monthly by the chief executive officer and managers. The organisation has a philosophy of care, which includes a mission statement. Peacehaven Rest Home has a unit quality and risk management programme in place for the current year.</p> <p>The unit manager has completed at least eight hours of professional development in the past year including a three-day trusted advisor course and CHT manager updates.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There are unit quality goals and a risk management plan for CHT Peacehaven. There is evidence that the quality system continues to be implemented at the service. Interviews with staff confirmed that quality data such as incident/accident, infection control, restraint, internal audits, concerns and complaints are discussed at monthly staff/quality meetings to which all staff are invited. The service's policies are reviewed at national level every two years, with input from facility staff. New/updated policies are sent from head office. Staff have access to policy manuals.</p> <p>Data is collected in relation to a variety of quality activities and a six-monthly comprehensive internal audit against the health and disability standards has been completed by the area manager. Other audits including infection control and restraint are also completed as per the internal audit schedule. Areas of non-compliance identified through quality activities are actioned for improvement. Annual resident/relative satisfaction survey results are collated and summarised. Peacehaven had a high satisfaction rate in all areas other than food services. A corrective action plan to address shortfalls in this area is in progress.</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. Two health and safety representatives (interviewed) were knowledgeable and proactive in their roles. Both representatives have completed stage one health and safety training. The representatives' complete monthly environmental checks of the facility and equipment providing monthly reports to the manager and three-monthly reports to the quality</p>

		<p>meeting. Orientation on health and safety is provided to all new staff using a pictorial workbook and education on equipment use. The facility hazard register is reviewed three monthly and readily available to all staff.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the unit manager and clinical coordinator and analysis of incident trends occurs. There is a discussion of incidents/accidents at monthly quality meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by a registered nurse as evidenced in the 11 incident forms sampled. Discussions with the unit manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A section 31 was lodged for an unstageable pressure injury. Relevant authorities were notified of an influenza outbreak in 2018.</p>
<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, which includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Annual performance appraisals are completed. Five staff files were reviewed (one clinical coordinator, one registered nurse and three healthcare assistants). All files 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 plan for 2017 has been completed and the 2018 planner is being implemented. Healthcare assistants have completed or are completing an aged care education programme. There is at least one staff member on duty at all times with a current first aid certificate. There are six RNs interRAI trained.</p>
Standard 1.2.8:	FA	<p>CHT policy includes staff rationale and skill mix. There are five wings: Woodhouse Bay, Blockhouse Bay, French</p>

<p>Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>Bay, Green Bay and Jenkins Bay. All wings are rostered as one. Sufficient staff are rostered on to manage the care requirements of the residents. The unit manager (RN) and clinical coordinator (RN) work Monday – Friday (8.00 am – 4.30 pm). They also share an on-call roster. In addition to the management team, two RNs are rostered on both morning and afternoon shifts with RN on at night.</p> <p>There are 17 rest home residents and 38 hospital level care residents. Two RNs are rostered on each morning and afternoon shift with one RN on night shift. Ten health care assistants (HCAs) are rostered on morning shift (six long and four short). Six HCAs are rostered on afternoons (five long and one short) and three HCAs cover the night shift.</p> <p>The activities staff are rostered five days a week. There are separate cleaning staff available seven days a week. Laundry, kitchen and cleaning services are outsourced. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are stored safely. The service uses an electronic medications system. Weekly and monthly medication audits evidence that medication administration practice complies with the medication chart. Registered nurses and senior healthcare assistants complete an annual medication competency and medication education. Robotic medication rolls are checked on delivery by the RN on duty. All imprest stock and ‘as required’ medications are checked regularly for expiry dates. Eye drops are dated on opening. There are no standing orders. There were three residents self-medicating on the day of audit. All self-medicating residents had a three-monthly competence signed by the GP and medications were stored in a locked drawer in the residents’ rooms. The medication fridge temperature is monitored daily.</p> <p>Ten medication charts on the electronic medication system were reviewed. All charts met prescribing requirements including the indication for use of ‘as required’ medications.</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</p>	FA	<p>All meals and baking is done on-site by a contracted service. The Monday to Friday chef manager is supported by a weekend cook. There is a catering assistant on duty seven days a week. The four-weekly seasonal menu has been reviewed by a dietitian. The chef manager receives resident dietary profiles for all residents and notified of any changes such as weight loss. Resident dislikes are known and accommodated. Modified diets including pureed meals and fortified foods are provided. Meals are plated, covered and delivered to the upstairs dining areas in hot boxes. Serving temperatures of meals are monitored twice daily. The kitchen manager meets with the unit manager monthly to discuss changes in residents needs and to provide feedback on the food service.</p> <p>The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and end cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents interviewed, gave mixed responses to the quality and variety of food served.</p>

delivery.		
<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>	FA	<p>When a resident's health changes, the RN initiates a medical visit by the GP or nurse specialist review such as referral to physiotherapist or wound nurse. Short-term care plans are developed to meet the short-term needs and supports of the residents. Changes to a resident's health is communicated to staff on duty and at handovers to oncoming staff. There is documented evidence of relatives being kept informed on the resident health status form including: (but not limited to) GP visits, infections and medications. Residents stated their needs are being met. Interviews with registered nurses and healthcare assistants demonstrated an understanding of the individualised needs of residents. All required interventions for medical conditions had been documented in the residents' short-term/long-term care plan in the files reviewed. The previous partial attainment has been addressed.</p> <p>Staff have access to sufficient clinical supplies including dressing products. 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 32 wounds including five chronic ulcers, three facility-acquired pressure injuries (one stage one, one stage two and one unstageable), one stage two pressure injury present on admission, and a number of skin lesions and skin tears. All wounds had been evaluated at the documented frequency. The previous partial attainment has been addressed. The RNs have access to specialist nursing wound care management and advice through the DHB and the district nurses.</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>An activities coordinator (AC) is employed to coordinate and implement the activities programme for all residents. One AC works Monday to Friday 9.00 am to 3.30 pm. She is supported by a second AC on two days a week between 10.00 am and 2.00 pm. There is a Monday to Friday programme with organised activities and a monthly theme such as Queen's birthday, sports events, Anzac or similar celebrations. Healthcare assistants assist with weekend activities including church services, movies or garden walks. Group activities reflect ordinary patterns of life and include: indoor games events, exercise programmes, planned visits to the community, lunches at cafés and the RSA, visits to the garden centres and shopping. A taxi van is hired for outings. Community visitors include school children and pet owners. Each resident is free to choose whether they wish to participate in the group activities programme. There is allocated one-on-one time for residents who choose not to or are unable to participate in group activities.</p> <p>A lifestyle questionnaire is completed soon after a resident's admission. An individual activities plan is developed as part of the care plan by the registered nurses with input from the activity coordinator. Participation is monitored. Residents have the opportunity to feedback on the activity programme through resident meetings and surveys. Residents were observed enjoying an interactive activity and residents interviewed stated they enjoyed the activity programme.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Initial care plans reviewed had been evaluated by the registered nurses within three weeks of admission. The long-term care plans are evaluated at least six monthly or earlier for three long-term residents. Two rest home residents had not been at the service six months. There is at least a three-monthly review by the GP. Written evaluations record the residents' progress against the resident goals. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem is ongoing as sighted in resident files reviewed.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires 26 May 2019. There is a maintenance person employed to address the reactive and planned maintenance programme. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. There are outside areas with seating, tables and shaded areas that are easily accessible. The external landscaping for the newest extension has been completed. The certificate for public use for the new extension has been completed. The previous partial attainment has been addressed. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The infection control coordinator oversees infection surveillance for the service. Surveillance is an integral part of the infection control programme and is described in CHTs infection control manual. Monthly infection data is collected for all infections based on standard definitions, as described in the surveillance policy. An individual resident infection form is completed, which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Short-term care plans are used. Infection control data is monitored and evaluated monthly and annually. Trends and analysis of infection events, outcomes and actions are discussed at quality meetings. If there is an emergent issue, it is acted upon in a timely manner. The GP reviews the monthly data and antibiotic use. There has been one influenza outbreak since the previous audit. Relevant authorities were notified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. There were three hospital residents with restraint (three bedrails and one lap belt). One resident had two restraints. There were two residents using bedrails as enablers. Staff interviews and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and challenging behaviours.</p>

minimised.		
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## 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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.