

CHT Healthcare Trust - Onewa Hospital and Rest Home

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 BSI Group New Zealand Ltd, 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:	Onewa Hospital and Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 June 2021 End date: 16 June 2021
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:	55

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

CHT Onewa is owned and operated by the CHT Healthcare Trust and cares for up to 67 residents requiring hospital and rest home level care. On the day of the audit, there were 55 residents.

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, staff, management and nurse practitioner.

The unit manager (registered nurse) is an experienced manager and was appointed February 2019. She is supported by an experienced clinical coordinator, an area manager and registered nurses. The healthcare assistants are long serving. Residents, relatives and nurse practitioner interviewed spoke positively about the service.

This audit has not identified any areas for improvement.

There service has exceeded the standard around restraint minimisation.

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.

Staff at CHT Onewa strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The personal privacy and values of residents are respected. Cultural needs of residents are met. Care plans accommodate the choices of residents and/or their family/whānau. Discussions with residents and relatives confirmed that residents and where appropriate their families are involved in care decisions.

Policies are implemented to support residents' rights, communication and complaints management.

Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends are able to visit residents at times that meet their needs. Examples of good practice were provided.

There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

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.

The quality and risk management programme includes service philosophy, goals and a quality planner. Quality and risk data is collected, analysed and discussed, and changes made as a result of trend analysis. Corrective actions are implemented and

evaluated where opportunities for improvements are identified. Meetings are held to discuss quality and risk management processes. Health and safety policies, systems and processes are implemented to manage risk.

Residents' meetings have been held and residents and families are surveyed annually. 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. Registered nursing cover is provided 24 hours a day, 7 days a week. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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.
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A registered nurse is responsible for the provision of care and documentation at every stage of service delivery. There is sufficient information gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. The care plans are resident, and goal orientated and evaluated every six-months or earlier if required with input from the resident/family as appropriate. Allied health and a team approach are evident in the resident files reviewed. The general practitioner/nurse practitioner reviews residents at least three-monthly.

The activities team implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

Medications are managed appropriately in line with accepted guidelines. The registered nurses and medication competent healthcare assistants administer medications and have completed an annual competency assessment. Electronic medication charts are reviewed three-monthly by the general practitioner.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents interviewed were satisfied with the meals provided.

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.
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CHT Onewa holds a current building warrant of fitness. There is a reactive and planned maintenance programme in place. Chemicals are stored safely throughout the facility. All except one resident room is single occupancy and the majority have ensuites while some share ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are several lounge and dining areas throughout the facility. The internal environment was warm and comfortable. The outdoor areas are safe and easily accessible with seating and shade. Cleaners are providing appropriate services. Staff have planned and implemented strategies for emergency management. There is at least one first aid trained staff member on duty at all times.

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.		All standards applicable to this service fully attained with some standards exceeded.
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CHT Onewa 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 no residents with restraint and no residents using enablers. The service has exceeded the standard in this area

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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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	1	44	0	0	0	0	0
Criteria	1	92	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Policies and procedures developed by the CHT head office are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Families and residents are provided with information on admission which includes information about the Code. Staff receive training about resident rights at orientation and as part of the in-service programme. Interviews with two managers (one area manager and one unit manager) and 13 staff including: six healthcare assistants (HCA), two registered nurses (RN), one kitchen manager, one housekeeper, one maintenance, two activities coordinators reflected their understanding of the Code with examples provided of how it is applicable to their job role and responsibilities. Four residents (two rest home and two hospital) and five relatives (two hospital and three rest home) interviewed, confirmed that staff respect their privacy and support residents in making choices.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the	FA	There are informed consent, resuscitation and advance care planning policies in place. Residents and relatives interviewed confirmed informed consent processes are discussed with them on admission. Eight resident files reviewed (four hospital including one under the long-term chronic health condition [LTS-CHC] and one under ACC funding and four rest home files including one younger person - YPD) contained signed general consents and specific consents, for example, influenza vaccines. Resuscitation forms had been signed by the competent resident or where the resident was deemed incompetent completed by the general

information they need to make informed choices and give informed consent.		<p>practitioner in consultation with the enduring power of attorney (EPOA). Activated EPOA were available where required on the resident files. Advance care plans where available were sighted on the files reviewed.</p> <p>Healthcare assistants (HCA) and registered nurses (RN) interviewed confirmed verbal consent is obtained when delivering care. Family members are involved in decisions that affect their relative's lives. All eight resident files reviewed had a signed admission agreement.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer. Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files included information on resident's family/whānau and chosen social networks. Interview with staff, residents and relatives informed they are aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The activities programme includes opportunities to attend events outside of the facility. Residents are supported and encouraged to remain involved in the community. Relatives and friends are encouraged to be involved with the service and care.</p>
<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. Complaints forms are made available at reception. Information about complaints is also provided on admission. Interviews with residents and families confirmed their understanding of the complaints process. The unit manager and clinical coordinator were able to describe the process around reporting complaints, which complies with requirements set forth by the Health and Disability Commissioner (HDC). There is a complaint register available. Eleven complaints were registered in 2020 and eight complaints have been lodged in 2021 (year-to-date). Eight complaints were reviewed in detail (all from 2021). They all reflected evidence of acknowledgement, a comprehensive investigation and communication with the complainant within the timeframes determined by HDC. Complaints received may result in a corrective action plan, or a quality improvement (such as an updated orientation programme for registered staff) if opportunities for improvement are identified. Staff are kept informed in meetings, evidenced in meeting minutes. All complaints received have been documented as resolved to the complainant's satisfaction, complaints are</p>

		logged as 'open' until the service has completed all action plans.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There is an information pack given to prospective residents and families that includes information about the Code and their right to make a complaint. There is the opportunity to discuss aspects of the Code during the admission process. Residents and relatives interviewed confirmed that information is provided to them about the Code. Large print posters of the Code in English and in te reo Māori are displayed in visible locations. An RN or member of the management team discusses the information pack with residents/relatives on admission. Families and residents are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement.</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>A tour of the premises confirmed there are areas that support personal privacy for residents. Resident rooms are large with ample space for visitors. Staff were observed to be respectful of residents' privacy by knocking on doors prior to entering resident rooms. Staff could describe definitions around abuse and neglect. Residents and relatives interviewed confirmed that staff treat residents with respect.</p> <p>Resident preferences are identified during the admission and care planning process and include family involvement. Interviews with residents and family confirmed their values and beliefs are considered. This was also evidenced in the eight residents' files reviewed. Healthcare assistants (HCAs) interviewed could describe how they assist the residents to make choices.</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>There is a documented Māori health plan that includes recognition of Māori values and beliefs. The service has a connection with Te Rakipaewhenua (The north shore) group who are associated with Awataha Marae. This marae includes representatives from Nga Puhi and Ngawhatua iwis. Linkages are established to Māori advisory services. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are assessed during the admission process and are addressed in the care plan. There were two residents who identified as Māori at the time of the audit. Discussions with care staff confirmed the specific cultural care plan interventions for both residents had been implemented.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values,</p>	FA	<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 were being met. Staff interviewed had a good understanding of enduring power of attorney (EPOA) and advance directives and their application in care.</p>

And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		Information gathered during assessment including residents' cultural beliefs and values is used to develop a care plan that the resident (if appropriate) and/or their family/whānau are asked to consult on. HCAs interviewed described prompt cards, family support and that they have Chinese staff who speak the same language as one resident.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	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 the staff were respectful. 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.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service has policies to guide practice that align with the health and disability services standards to meet the needs of residents requiring hospital and rest home level of care. Staffing policies include pre-employment and the requirement to attend orientation and an ongoing in-service training plan. Staff interviewed have an excellent understanding and knowledge of EPOAs and advance directives. The resident satisfaction survey reflects high levels of satisfaction with the services that are provided. Residents and relatives interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	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. Seventeen incidents/accidents electronic forms were viewed. The forms included a section to record family notification. All twelve forms indicated that family were informed or if family did not wish to be informed. Relatives interviewed confirmed they are notified of any changes in their family member's health status.
Standard 1.2.1: Governance The governing body of the	FA	CHT Onewa is owned and operated by the CHT Healthcare Trust. The service provides rest home and hospital level care for up to 67 residents. All beds are dual purpose beds. On the day of the audit there were

organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.		<p>24 rest home and 31 hospital level residents. This includes one hospital level resident on long stay - chronic health condition (LTS-CHC), two hospital residents and two rest home residents on a younger person with disabilities contract (YPD) and one hospital resident funded by ACC.</p> <p>The unit manager is a registered nurse and maintains an annual practicing certificate. She has been in the role for three years and was previously the clinical coordinator at another CHT site for two years. She is supported by a clinical coordinator who has been in the role for six years. Management staff are supported by an area manager (also a registered nurse). The unit manager and the clinical coordinator have completed in excess of eight hours of professional development in the past year.</p> <p>The service has a business plan that lists performance goals for the facility that are centred on strategic themes. The unit manager reports monthly (at a minimum) to the area manager regarding progress towards meeting goals. The unit manager discussed the quality improvement themes she is implementing around: decreasing RN turnover, improving overall wound management and reducing pressure injuries, and improving staff attendance at mandatory training.</p>
<p>Standard 1.2.2: Service Management</p> <p>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>The clinical coordinator is responsible for clinical operations during the temporary absence of the care manager with additional support available from the area manager.</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 is an organisational business/strategic plan that includes quality goals and risk management plans for CHT Onewa. There is evidence that the quality system continues to be implemented at the service. The quality and risk management programme are designed to monitor contractual and standards compliance. The services 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 file vision manuals and are alerted to changes via a weekly newsletter which is emailed to all staff and posted in the staffroom.</p> <p>The unit manager advised that she is responsible for providing oversight of the quality programme. Interviews with the managers and staff and review of meetings including monthly registered nurse meetings and monthly quality/health and safety meeting minutes confirmed that quality systems developed by CHT are</p>

		<p>being implemented.</p> <p>Resident/relative meetings are held monthly, and a quarterly newsletter is sent to all family and residents. Residents and families are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</p> <p>Data collected (e.g., falls, skin tears, pressure injuries, infections) are analysed with trends identified. Results are discussed in the monthly quality/health and staff meetings and monthly RN meeting. Minutes and quality data graphs are posted in the staffroom for staff who did not attend to read. Restraint and enabler use is reported within the quality meetings. Interviews with staff confirmed that quality data is discussed at the monthly quality health and safety staff meeting</p> <p>A six-monthly internal audit programme is being implemented along with monthly health and safety and medication audits. There are risk management, and health and safety policies and procedures in place including accident and hazard management. Health and safety representatives include two HCAs, one activities coordinator and one RN. All representatives have had external training related to their roles. Hazard controls are regularly reviewed (most recently in May 2021). Contractors are orientated to health and safety processes.</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>The unit manager or clinical coordinator investigates/signs off on all accidents and near misses. There is an incident/accident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring, corrective action to minimise and debriefing. Individual incident/accident reports are completed for each incident/accident with immediate action noted and any follow-up action required.</p> <p>Analyses of incident trends occur. There is a discussion of incidents/accidents in the quality/health and safety and clinical meetings.</p> <p>Seventeen incident forms that were sampled, documented clinical follow-up of residents by an RN. Neurological observations are completed when there is a suspected injury to the head. Incident form follow-up included: ongoing review through progress notes by the RN, the use of short-term care plans and pain monitoring. One resident stated that she felt very well looked after following a recent fall.</p> <p>Discussions with the unit manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no complaints involving HDC since the previous audit. One coronial inquiry is in progress. The service responded to a request for additional information and are awaiting further correspondence. There have been no outbreaks since the previous audit. There have been</p>

		four section 31s for two unstageable pressure injuries (one community acquired, and one facility acquired), one grade three pressure injury (community acquired) and one abscondment.
<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>Human resources policies cover recruitment, selection, orientation and staff training and development. Six staff files reviewed (two RNs, one clinical coordinator, one activities coordinator/HCA and two healthcare assistants) reflected evidence of reference checking, signed employment contracts and job descriptions, completed orientation programmes and annual performance appraisals. The orientation programme provides new staff with relevant information for safe work practice. Orientation is specific to the individual's job role and responsibilities. Current registered nursing staff and external health professionals (general practitioners, physiotherapist, pharmacists, podiatrist) practising certificates were sighted.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually per staff member. Training is primarily online with competency assessments linked to training. A register for each training session and an individual staff member record of training was verified. Additional training had included Covid-19 (infection control, PPE), EPOA and advance directive training, early identification of CVAs, and effective monitoring of the acutely unwell resident for registered staff.</p> <p>Registered nurses are supported to maintain their professional competency. Three of the four registered nurses have completed their interRAI training. The unit manager and clinical coordinator attend monthly management meetings which include an education component relevant to managing an aged care facility. Registered nurses are able to attend external training including sessions provided by the local DHB. Two HCAs working as Health and Safety representatives have completed Health and Safety training. The service encourages Careerforce qualifications for staff. There are six HCAs with level four Careerforce qualification, ten with level three and one with level two.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The clinical coordinator is an RN that works Monday – Friday. When necessary, bureau registered nurses are utilised.</p> <p>There is one roster and staff are allocated to each of the six wings. The roster allows for at least one HCA in each wing during the day plus assistance from the clinical area. On the day of audit there were 55 residents (24 rest home and 31 at hospital level).</p> <p>AM shift: There are two RNs (including the clinical coordinator and six HCAs (four long and two short). PM shift: There are two RNs (one long and one short) and six HCAs (four long and two short). Night: There is one RN and three HCAs.</p> <p>Staff were visible and were attending to call bells in a timely manner as confirmed by all residents</p>

		interviewed. Staff interviewed stated that the staffing levels are satisfactory and that the RNs and clinical coordinator provide good support. Residents and family members interviewed reported there are sufficient staff numbers.
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	The resident 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. Resident files are held both electronically and in files and are protected from unauthorised access. Entries are computerised, dated, and include the relevant care giver or nurse including their designation. Individual resident files demonstrated service integration. Informed consent to display photographs is obtained from residents/family/whānau on admission. Other residents or members of the public cannot view material containing sensitive resident information. Medication charts are in a separate folder.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	The service has 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 manager/registered nurse screens all potential residents prior to entry to ensure the service can provide the required level of care. 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.
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>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 admission to hospital are managed appropriately and relevant information is communicated to the DHB. Relatives are notified if transfers occur and have the opportunity to accompany the resident for transfers to hospital.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	FA	The medication management policies and procedures comply with medication legislation and guidelines. Medicines are stored safely. Registered nurses and senior HCAs are responsible for medication administration and complete annual medication competencies and annual medication education. Registered nurses have completed syringe driver competencies through the hospice. Robotic medication rolls for regular medications are checked on delivery by the RN on duty and the pack checked in on the electronic medication management system. 'As required' medications are dispensed in blister packs. There is a

requirements and safe practice guidelines.		<p>hospital stock for hospital residents which is checked regularly for stock level and expiry dates. There are no standing orders. There were no residents self-medicating on the day of audit. All eye drops and ointments in use were dated on opening. The medication fridge is monitored daily, and temperatures had been maintained below 8 degrees Celsius. The air conditioning unit in the medication room was set at 18 degrees Celsius.</p> <p>Sixteen medication charts on the electronic medication system were reviewed. All charts met prescribing requirements including the indication for use of 'as required' medications. The effectiveness of 'as required' medications had been entered into the electronic recording system. All charts had photo identification and allergy status identified.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals and baking are done on site by a contracted service. The chef manager (interviewed) is responsible for the operations of the food services. The chef is supported by a weekend cook and kitchenhands. Staff have completed online food safety training and infection control standards. The menu is a four weekly rotating seasonal menu which has been reviewed by the contracted service dietitian. Meals are served from the kitchen bain marie to residents in the hospital dining room and other meals are delivered in hot boxes to the rest home and second hospital dining room and served by HCAs. Special diets are plated and labelled in the kitchen. The chef manager receives individual resident dietary forms which are reviewed six-monthly. The chef manager is notified of any dietary changes or residents with weight loss. Fortified foods (REAP) is provided for residents with identified weight loss and as instructed by the RN/dietitian. Special diets provided include pureed foods (in moulds), soft, mince and moist meals. Dislikes are known, and alternative foods are offered. There is specialised crockery and cutlery for use as required.</p> <p>There is a food control plan that expires 7 April 2022. All food is stored appropriately. Daily food control plan checks include temperatures of refrigerators, chillers, freezers, end-cooked foods, inward goods and dishwasher temperatures. A cleaning schedule is maintained. All recordings are logged into Safe Pro.</p> <p>The chef manager attends resident meetings where residents have the opportunity to provide feedback. Residents feedback in the daily food comment book in the dining rooms. Residents interviewed were satisfied with the variety of meals offered.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the</p>	FA	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau and the referring agency. Anyone declined entry is referred back to the referring agency for appropriate placement and advice.</p>

consumer and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files reviewed indicated that all appropriate personal needs information is gathered during admission from discharge summaries, homecare assessments, medical information and discussions with the resident and their relative where appropriate. Files contained initial risk assessment tool as applicable. Admission short-term care plans were based on the risk assessments and information obtained on admission. The first interRAI assessment tool was completed within 21 days for long-term residents and completed six monthly or earlier due to changes in health. Long-term care plans reviewed were 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 resident's needs and goals and identified allied health involvement. The interRAI assessment process informs the development of the resident's care plan and have outcomes linked to the care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process. The resident or relatives sign long-term care plans and receive copies (emailed or posted). Short-term care plans were sighted in use for changes in health status such as infections and pain. Care staff interviewed reported they found the plans easy to follow. There was documented input from a range of specialist care professionals including the podiatrist, physiotherapist, wound care nurse, Huntington's nurse specialist, mental health services and clinical pharmacist.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Registered nurses and HCAs follow the care plan and report progress against the care plan each shift at handover. Electronic work logs and monitoring forms are maintained and reviewed daily by the RN on duty. If a resident's condition changes the RNs will initiate a NP/GP or nurse specialist referral. Relatives interviewed confirmed they were notified of any resident health changes. Short-term care plans for changes to care or health were sighted, and these had been regularly reviewed, resolved or added to the care plan if an ongoing problem. Care staff have access to sufficient medical supplies and dressings. Wound assessment and treatment plans, wound monitoring, and wound evaluations were in place for 17 residents with current wounds including skin tears, lesions, skin conditions, open wound and surgical wounds. Wound evaluations included photos and wound measurements. There was one resident with two community acquired pressure injuries (stage 2 lateral foot and one unstageable heel). An accident/incident form and section 31 were completed. There has been wound nurse specialist input and there were pressure injury prevention resources in place,

		<p>two hourly repositioning chart and dietary supplement.</p> <p>Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available through the DHB.</p> <p>There was evidence of monitoring a resident's health status such as re-positioning charts, food and fluid charts, bowel monitoring, monthly or more regular weights, blood pressure, blood sugar levels, pain monitoring, neurological observations and behaviour monitoring as required.</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 two activity coordinators are qualified diversional therapists (DT). The facility is divided into two units with a DT based in each unit Monday to Friday. There are separate programmes that also identify integrated activities and location of these such as entertainment, bus trips, pet therapy, library and church services. There are volunteers involved in the programme including college students, age concern weekly visitor, mums and babies Plunket group, arts and crafts ladies. Activities include (but are not limited to); current affairs, a variety of exercises (stick exercises, scarf exercises and yoga) board games, sensory activities, music appreciation, movies, happy hour with entertainment, group and individual walks and crafts. The ladies group enjoy pampering nail care and high teas. The men's group meet for discussion, beer, snacks and conversation around hobbies and interests. Guest speakers from the community come along to the men's group showcase some of their handywork. Residents who do not wish to participate in the group programme have allocated one-on-one time spent with them and offer spas with hand care and pampering, aromatherapy and sensory activities. There are plentiful resources for self-directed activities in the weekends or as initiated by the HCAs.</p> <p>The service hires a mobility bus for its hospital/rest home resident outings to places of interest in the community such as Mairangi art gallery, winter gardens, RSA lunches, scenic drives, beach picnics and ice-cream. Both DTs have a current first aid certificate. Community links are maintained with the Chinese community and kapa haka Māori cultural group. The service is focused on intergenerational activities.</p> <p>Younger people have their individual interests identified on admission and accommodated. They choose to attend activities offered on the programme.</p> <p>A lifestyle questionnaire is completed soon after a resident's admission. An individual activities plan is developed for each resident and is evaluated six-monthly in consultation with the resident/relative and RN. Residents have the opportunity to feedback on the activity programme through resident meetings and surveys. Residents and relatives interviewed stated they were happy with activities offered. The latest survey in April 2021 demonstrates a good/very good satisfaction with the activity programme.</p>

Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Initial care plans reviewed had been evaluated by the RNs within three weeks of admission. The long-term care plans have been evaluated by the primary RN in discussion with the resident/relative at least six-monthly or earlier for health changes. The six-monthly care plan evaluations involve care staff, applicable allied health professionals and the resident/relative. The six-monthly written evaluations for long-term residents record the resident's progress against the resident goals and the care plan is updated with any changes to care.
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 RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the NP/GP. Referrals and options for care were discussed with the family, as evidenced in medical notes. Evidence of referrals sighted included mental health services for the older adult, occupational therapist, neurologist, social worker and vascular clinic.
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. Sluice rooms had personal protective equipment available at the point of use. Gloves, aprons, and goggles were observed to be worn by staff while carrying out their duties. 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	FA	The building has a current building warrant of fitness that expires 7 April 2022. There is a maintenance person who covers three CHT facilities and has one designated day per week at Onewa facility with two flexi days where he can be on site as required. A maintenance book is available at reception for any requests for repairs. The maintenance person is notified of any urgent repairs or maintenance requests. Essential contractors are available 24 hours. A planned maintenance schedule is maintained and signed off as

environment and facilities that are fit for their purpose.		<p>completed. The maintenance person is a trained electrical tester and tagger. Monthly resident hot water temperatures are monitored and have been within acceptable limits since January 2021 when tempering valves were replaced. Resident related equipment is calibrated.</p> <p>There is safe and easy access to communal areas and external courtyards and gardens with seating and shade. All internal and external areas are well maintained.</p> <p>Care staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans such as electric beds, hoists, platform and chair weigh scales.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are a mix of resident rooms with toilets and hand basins, shared toilets and hand basins and hand basins only. There are three respite rooms with handbasins that are closely located to communal toilet/shower rooms. There are adequate communal showers and toilets including a large shower room that can accommodate a shower trolley if required. Fixtures, fittings and flooring are appropriate, and toilets/showers are constructed for ease of cleaning. Communal toilet/showers have privacy signs. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. There is one double room, and all other resident rooms are single. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided</p>	FA	<p>The communal areas include two large lounges and dining areas, and several smaller lounges, one with tea/coffee making facilities for family. These lounges are large enough to accommodate activities (as observed on the day of audit). Seating and space can be arranged to allow both individual and group activities to occur. There are sufficient communal areas and seating alcoves for residents who prefer quieter</p>

with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.		activities or visitors to sit.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All personal clothing and laundry are completed off-site at another CHT facility. There is a dirty laundry collection and external pick-up area. Clean laundry is delivered to a separate clean laundry room.</p> <p>The housekeeping staff are contracted. There is a cleaner in each unit of the facility for four hours per day. The cleaners have access to chemicals, chemical mixing system, cleaning equipment and protective clothing. Cleaning trolleys are kept in a locked cleaners' cupboard when not in use.</p> <p>The standard of cleanliness is monitored through the internal audit programme. Residents interviewed were satisfied with the standard of cleanliness in the facility.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), and barbeque. Short-term back-up power for emergency lighting is in place. The facility keeps in excess of 2000 litres of emergency water for resident use on site. A generator, sufficient to run the building has been ordered and is in transit from overseas. The facility has been pre-wired to enable generator support.</p> <p>There is an approved fire evacuation scheme in place and six-monthly fire drills have been completed. A resident building register is maintained. Fire safety is completed with new staff as part of the health and safety induction and is ongoing. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Residents were observed to have their call bells in close proximity. Security policies and procedures are documented and implemented by staff. The buildings are secure at night. There is security lighting.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided</p>	FA	<p>There is underfloor and ceiling heating throughout the facility. All resident rooms and communal areas have external windows that open, allowing plenty of natural sunlight. Some resident rooms have doors that open out onto a balcony area with safe railings.</p>

with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	<p>CHT Onewa 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 who is also the clinical coordinator is the designated infection control coordinator with support from the unit manager 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.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>A registered nurse at CHT Onewa 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 and external consultants "Bug Control". 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.</p>
<p>Standard 3.3: Policies and procedures</p> <p>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</p>	FA	<p>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. Policies have been reviewed and updated.</p>

implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>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 external 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.</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>	FA	<p>Infection 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 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 discussed at quality meetings. If there is an emergent issue, it is acted upon in a timely manner. Reports are easily accessible to the unit manager. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	CI	<p>Policies and procedures include definition of restraint and enabler that restraint practices are only used where it is clinically indicated, and other de-escalation strategies have been ineffective. Restraint minimisation policies and procedures are congruent with the definition in NZS 8134.0 and are comprehensive and include processes and use of restraints and enablers. Restraint is a standard agenda item at clinical meetings. The restraint coordinator is an RN.</p> <p>There were no residents using enablers or restraints.</p> <p>Staff education on RMSP/enablers has been provided. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. CHT Onewa is commended for achieving and maintaining a restraint free environment.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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 2.1.1.4 The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.	CI	CHT Onewa management and staff have worked together to minimise the use of restraints since February 2019. All opportunities to implement alternative strategies are considered and implemented.	<p>In February 2019 the service made a conscious decision to minimise the use of restraint. At this time, they had three residents using restraint and one using an enabler. An improvement plan was developed. Residents and their families (including those who were transferring from the DHB where bed rails had been used) were educated around the risks versus benefits of restraint. The improvement plan included the purchase of low beds, landing mats and sensor mats. Staff education included the goal of being restraint free and a focus on how to implement this. Staff were educated to ensure high falls risk residents on restraint had regular checks, toilet and fluid rounds. These were regularly evaluated for effectiveness, and further interventions implemented as a result. Evaluation of residents on restraints who had potential to have the restraint discontinued occurred regularly.</p> <p>The corrective action plan and individual interventions were discussed during staff handovers, monthly meetings, and at annual restraint minimisation training. There were topics included in the yearly meetings that are related to restraint minimisation, (ie, falls prevention and management, de-escalation techniques, risk management). Continuous education is through staff annual training conducted by the restraint coordinator, restraint coordinators annual training, and Restraint Policy review in CHT head office. Regular reviews of the effectiveness of the corrective action plan were evidenced in monthly restraint reporting, monthly RN and</p>

			<p>quality meeting minutes, and in health and safety and six-monthly internal audits.</p> <p>The above measures have resulted in reducing restraint use since 2019 and maintaining a restraint free environment for the past two years.</p>
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End of the report.