

Inspection Report

CHT Healthcare Trust

St Christophers

Date of Inspection:
21 August 2018

1. Provider details

Certificate:	Three years: 15 December 2018
Premises:	St Christopher's Rest Home and Hospital
Premises Address:	230 St Georges St, Papatoetoe
Contact Person:	██████████, CEO
Inspection Date:	21 August 2018

2. Executive summary

This unannounced inspection was undertaken on 21 August 2018 at St Christopher's Rest Home and Hospital, 230 St Georges St, Papatoetoe.

The inspection was undertaken determine if the services being provided met the relevant Health and Disability Services Standards (2008). The inspection was completed by the Ministry of Health (the Ministry) in accordance with sections 40, 41, and 43 of the Health and Disability Services (Safety) Act (the Act).

The focus of the inspection was to ensure that resident's safety and care needs were being met. The onsite inspection included review of a sample of complaints, adverse events, and aspects of quality management, human resource management and staffing. The inspection included a tour of the facility, review of four resident files and interviews with eight residents and 10 staff (two senior staff, two registered nurses and five care givers) were completed.

The outcome of the inspection found St Christopher's was providing care that met the standards and there were no concerns in respect of resident safety or care.

Documentation showed that the corrective action plan as a result of a recent complaint had been completed.

3. Background

Law:

Providers of health care services must be certified by the Director-General of Health (Sections 9(a) and 26 of the Act) and must comply with all relevant health and disability service standards (Section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) 2008 Notice. The standard approved is the Health and Disability Services Standards NZS 8134:2008.

Facts:

a) Occupancy

On the day of the inspection there were 43 residents with a capacity of 46 beds – four residents receiving rest home, 39 residents receiving hospital level and three empty beds. The facility is divided into two units each with two wards Kauri and Nikau (hospital) unit and wards Puriri and Rimu (hospital and rest home) beds.

b) Review of Aspects of Resident care and safety

- Complaint Management - the complaint register was reviewed and showed that complaints were investigated within appropriate timeframes, and resulting corrective actions and related documentation had been completed.
- A review of resident and family minutes of meetings held in January, April, June and August 2018 was undertaken. The June meeting specifically focused on hearing any concerns from residents and families in relation to the care that they received. The minutes showed there were 18 attendees and issues that were raised, had action points documented.
- Resident survey data results for January, February and March had an overall 'good' rating.
- Adverse Event Reporting – a sample of event forms were reviewed and all were closed. Actions as a result of events included family notification, documentation in progress notes and short term care plans as required. Staff interviewed were clear and understood their responsibility in respect of when reporting was required.
- Four staff files including staff involved with a complaint were reviewed and there were no documentation shortfalls. There was evidence in the staff personnel records of recruitment, training completed and implementation of Performance Improvement Plans when required.
- Attendance to planned training sessions was recorded, provision of handouts and follow up questions related to the topics were evident. Recent training sessions included: Incident Accident policy, Employee Code of Conduct, Moving and Handling, Abuse and Awareness, Code of Health and Disability Service Code of Rights.
- As a result of a recent a complaint there have been changes to staff allocation. Staff now rotate across both areas of the facility and within their teams this was evident on the rosters. Initially the change to care teams was unsettling however this way of working is now accepted by staff. The roster demonstrated good staffing numbers and the implemented buddy programme.
- Four resident files were reviewed and there were no shortfalls in respect of detail in care assessments, plans and evaluation and timeframes were met.
- The response from eight resident interviews showed they were happy with their care, they felt involved and determined their care needs. On the whole staff listened to their concerns and the residents did not feel rushed in respect of care.

4. Inspection team

The inspection was undertaken by [REDACTED], Principal Advisor, and [REDACTED], Senior Advisor, HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health. [REDACTED], Clinical Speciality Nurse, Adult Rehabilitation and Health of Older People, Counties Manukau District Health Board also attended.

5. Inspection process

The following methodology was used during the inspection:

- interview with residents and staff
- physical tour of the premise
- review of clinical records
- review of relevant policies and procedures.

6. Inspection limitations

The scope of the inspection was primarily limited to review a sample of resident files, other indicators of safety, corrective action plan in respect of the complaint and interviews with residents and staff.

7. Inspection findings & Closing meeting

There were no concerns raised by the inspection team in respect of the resident's care, safety and Health and Disability Services Standards 2008.

The closing meeting was attended by members of the St Christopher's team, [REDACTED] (Facility Manager), [REDACTED] (Clinical Coordinator), [REDACTED] (Area Manager) and the inspection team.

[REDACTED] thanked the team for their participation and approach to the inspection, recognising that this was an unannounced inspection. It was explained that a draft report will be sent to the provider within 10 working days, for correction of factual errors.