

CHT Healthcare Trust - Royal Oak 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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Royal Oak Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 September 2018 End date: 21 September 2018
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:	31

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 Royal Oak is owned and operated by the CHT Healthcare Trust, and cares for up to 40 residents requiring rest home level care. On the day of the audit, there were 31 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, relatives, staff and management.

The service is being overseen by a unit manager, who is new to CHT Royal Oak but well qualified and experienced for the role. The unit manager is supported by an experienced clinical coordinator who is also new to the role and the area manager who was the previous unit manager. Residents, relatives and the GP interviewed spoke positively about the service provided.

The service has exceeded the standard around infection control and prevention and the activities programme.

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

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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CHT Royal Oak has a current business plan that outlines objectives for the year. The quality processes being implemented include regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. Meetings are held to discuss quality and risk management processes and results. Residents' meetings are held, and residents and families are regularly surveyed. Appropriate employment processes are adhered to and employees have an annual appraisal completed. An education and training programme is being implemented. Incidents and accidents are reported. The service has a documented rationale for determining staffing. Staff, residents and family members reported staffing levels are sufficient to meet residents' needs.

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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Entry to the service is managed primarily by the unit manager or clinical coordinator. There is comprehensive service information available. Assessments, care plans and evaluations are completed by the registered nurses within the required timeframe. Care plans are written in a way that enables all staff to clearly follow their instructions.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. General practitioners review residents at least three monthly or more frequently if needed.

Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. The facility is divided into four suites, each with an individual lounge area. All bedrooms are single occupancy and share an ensuite with the room next door. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

The service has implemented policies and procedures for civil defence and other emergencies.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using restraints or enablers.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. The infection control programme is reviewed annually. Staff receive annual infection control education. Surveillance is used to determine quality assurance activities and education needs for the facility.

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	0	45	0	0	0	0	0
Criteria	2	91	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
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is being implemented. Discussions with three managers (one unit manager, one area manager, one clinical coordinator/RN) and nine staff (three health care assistants, two registered nurses (RNs), one activities coordinator (diversional therapist), one kitchen manager, one maintenance, one housekeeper) confirmed their familiarity with the Code and its application to their job role and responsibilities.</p> <p>Interviews with six residents and four family members confirmed that the services being provided are in line with the Code. Aspects of the Code are discussed at resident and staff meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Informed consent processes are discussed with residents and families on admission. The resident or their EPOA signs written consents. Advanced directives are signed for separately. There is evidence of discussion with family when the GP completed a clinically indicated not for resuscitation order. Health care assistants and the clinical coordinator (RN) interviewed, confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>Six of six resident files sampled have a signed admission agreement and consents.</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 information presented to residents and families during their entry to the service and in the information presented to them on the complaint forms. Details include a range of advocacy contacts. Interviews with staff, residents and relatives confirmed that 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 are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all care staff stated that residents are encouraged to build and maintain relationships. Residents and relatives confirmed this and provided examples of a variety of community functions and groups they attend. Visiting can occur at any time.</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 in an accessible and visible location. Information about the complaints process is provided on admission. All staff interviewed acknowledged that residents are encouraged to report concerns and complaints.</p> <p>There is a complaint register in place. Three complaints have been lodged in 2018 (year to date) and all three were reviewed. Corrective actions addressing these complaints have been implemented. Timeframes for responding to each complaint met Health and Disability Commissioner (HDC) guidelines. All complaints were documented as resolved. No complaints have been lodged with HDC since the previous audit.</p> <p>Complaints received are discussed (as appropriate) in the quarterly quality/health and safety meetings. Interviews with residents and family confirmed that any issues that are raised are addressed and that they feel comfortable bringing up concerns.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Posters display the Code in visible locations in English and Māori. On entry to the service, the unit manager discusses aspects of the Code with the resident and the family/whānau. Written information is given to residents and/or next of kin/enduring power of attorney (EPOA) to read with the resident and discuss. The service is able to provide information about the Code in different languages and/or in large print if requested.</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>	<p>FA</p>	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting residents' privacy and could describe how they manage maintaining privacy and respect of personal property. All residents interviewed stated their needs were met and their privacy maintained. Toilets and showers are shared between two residents' rooms with appropriate privacy locks in place.</p> <p>A policy describes spiritual care. All residents and family interviewed indicated that each resident's spiritual needs are being met. Residents are supported to attend their own churches if they desire and church services are held on site. During the audit a catholic priest provided communion for a selection of residents.</p> <p>Staff receive training around resident abuse and neglect. There have been no reported instances of either.</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>	<p>FA</p>	<p>The service has established cultural policies to help meet the cultural needs of its residents. Activities include Māori entertainers and celebrating Māori cultural events. Staff training covers cultural safety. Discussions with care staff confirmed that they are aware of the need to respond to cultural differences. The service is able to access Māori advisors through links to local Māori advocacy groups (Māori Community Services, Treaty Resource Centre). One resident identified as Māori. This was identified in their care plan and the activities plan. The resident was unable to be interviewed.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	<p>FA</p>	<p>The service has established cultural policies aimed at helping to 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, and these were documented in care plans sampled. Cultural activities are celebrated via the activities programme. Multi-cultural entertainers and volunteers visit.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment,</p>	<p>FA</p>	<p>The facility has implemented a code of conduct. The unit manager supervises 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 respect them. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The</p>

sexual, financial, or other exploitation.		orientation and employee agreement provided to staff on induction includes standards of conduct/house rules.
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies to guide practice that align with the health and disability services standards. Staffing policies cover pre-employment processes and the new employee's requirement to attend orientation and ongoing in-service training. The head office area managers are responsible for coordinating and completing the six-monthly internal audit programme.</p> <p>Regular staff and residents' meetings are conducted. There is an in-service education and training programme that is implemented for staff and is complimented by the Auckland District Health Board training programmes for staff who work at aged care facilities. Health care assistants interviewed stated that they feel supported by the unit manager, clinical coordinator/RN and staff RNs.</p> <p>Evidence-based practice is evident, promoting and encouraging good practice. The roster identifies the on-call RN when an RN is not on-site. A house general practitioner (GP) visits the facility once per week. The service receives support from the local district health board (DHB). Physiotherapy services are available two hours per week. A podiatrist visits every six to eight weeks.</p> <p>The service has established links with the local community and encourages residents to remain as independent as they are able. Year seven and year eight students from the local intermediate school visit the resident's fortnightly. Volunteers read to residents, assist with one-on-one craft activities, play board games, nail pampering and walks with residents. Residents and relatives interviewed spoke positively about the care and support provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and processes around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>Ten incidents/accidents forms were selected for review. All forms reviewed indicated family were informed. Families interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>An interpreter service is available and accessible if required. Links are established with a range of external interpreters (e.g., Chinese Settlers, Chinese Liaison, Mercy Hospice and Friendly Society (Dutch). Families and staff are utilised in the first instance. At the time of the audit, there was one resident who was unable to communicate in English. Staff communicated with this resident through family, applicable staff, sign language and communication cards. Interpreter services are also</p>

		available through the staff. Health care assistants reported that they have interpreter cards to assist with translation.
<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>CHT Royal Oak is owned and operated by the CHT Healthcare Trust. The service provides rest home level of care for up to 40 residents. On the day of the audit there were 31 residents. All residents were under the Aged Residential Care contract (ARCC).</p> <p>The unit manager is a registered nurse (RN) and maintains an annual practicing certificate. She was recently appointed to this role (3 September 2018). Prior to this appointment she has been employed in management roles at CHT for the past seven years. The clinical coordinator/RN also holds managerial responsibilities. She has been in the role since 17 July 2018. She qualified in New Zealand in March 2013 and has worked in aged care since this time.</p> <p>CHT Royal Oak has a performance plan (1 April 2018 – 31 March 2019) 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.</p> <p>The unit manager has completed a minimum of eight hours of professional development in the past 12 months relating to managing an aged care facility.</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>In the absence of the unit manager, the clinical coordinator/RN is in charge. A replacement RN is rostered in the absence of the clinical coordinator.</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</p>	FA	<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 the quarterly quality/health and safety meeting minutes confirmed that quality systems developed by CHT are being implemented.</p> <p>The service's policies are reviewed at a national level, with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to manuals and read/sign off on new/revised policies.</p>

<p>improvement principles.</p>		<p>Data collected (e.g., falls, skin tears, pressure injuries, infections) are analysed with trends identified. Results are discussed in the quarterly quality/health and safety meetings. Minutes are posted in the staffroom for staff to read and sign. A six-monthly internal audit programme is being implemented. Areas of non-compliance identified are actioned for improvements and reflect sign-off by the area manager when completed.</p> <p>The service has implemented a health and safety management system. There are risk management, and health and safety policies and procedures in place including accident and hazard management. A health and safety representative (health care assistant) has been appointed and was available to be interviewed. Staff complete a hazard reporting form when a hazard is identified. Controls are in place to minimise hazards. Hazard controls are regularly reviewed. 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. Residents are surveyed regularly to gather feedback on the service provided and survey results are communicated to staff, residents and families. Corrective actions are implemented where ratings indicate lower than anticipated results.</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>	<p>FA</p>	<p>The accident and incident reporting policy is being implemented. The unit manager or clinical coordinator investigates/signs off on all accidents and near misses. Analyses of incident trends occur. There is a discussion of incidents/accidents in the quality/health and safety meetings.</p> <p>Ten 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.</p> <p>Discussions with the unit manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. One section 31 report has been completed since the last audit (a police investigation for a resident who absconded). There have been no outbreaks or complaints involving HDC or coroner's inquests since the previous audit.</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</p>	<p>FA</p>	<p>There are human resources management policies in place. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of current practising certificates is retained for all health professionals (e.g., RNs, GPs, physiotherapist, podiatrist, pharmacy). Five staff files reviewed (one clinical coordinator/RN, one staff RN, three HCAs) evidenced that interviews are completed before employment is offered. All new employees undergo police vetting and reference checking.</p> <p>The service has an orientation programme in place that provides new staff with relevant information</p>

<p>of legislation.</p>		<p>for safe work practice. Staff interviews confirmed that staff are appropriately orientated to the service. HCAs are buddied with a more senior HCA. All five staff files reviewed reflected evidence of completed general and job-specific orientation programmes that included staff completing competency questionnaires.</p> <p>An in-service education programme is being implemented that meets contractual requirements. HCAs are expected to complete the Careerforce aged care education programme. In addition to regular in-house training, the DHB hosts study days for both the RNs and HCAs. The care staff attended the most recent study day (16 February 2018) that covered six hours of clinical education (swallowing, foot care, diabetes and ostomy care). Staff are required to attend all CHT in-house mandatory training and two of four scheduled quality/health and safety meetings. All four RNs (clinical coordinator and three staff RNs) are interRAI trained. Staff undergo annual performance appraisals with a schedule implemented to notify the managers when appraisals are due.</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>	<p>FA</p>	<p>CHT policy includes staff rationale and skill mix. There are four suites with ten rooms in each suite. Sufficient staff are rostered on to manage the care requirements of the residents. The unit manager (RN) and clinical coordinator (RN), work Monday – Friday (7.30 am – 4.30 pm). They also share an on-call roster.</p> <p>A staff RN is rostered on the AM shift over the weekends. One additional RN staff covers the PM shift from 4.00 pm – 8.00 pm, seven days a week. Two HCAs are rostered for a full eight-hour shift on the AM, PM and night shifts. One health care assistant is responsible for two suites. The unit manager confirmed that the current roster with 31 residents living at the facility is the same as the roster that is implemented when the facility is full (with 40 residents).</p> <p>The activities staff are rostered seven days a week. There are separate cleaning staff available seven days a week. Laundry, kitchen and cleaning services are outsourced.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access. Other residents or members of the public cannot view sensitive resident information. Entries in records are legible, dated and signed by the relevant health care assistant or registered nurse. Individual resident files demonstrate service integration. Archived records are retained at the facility in a separate and secure location.</p>

when required.		
<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	Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission in files sampled. The service has an information pack available for residents/families/whānau at entry and it includes associated information such as the Code, advocacy, informed consent, and the complaints procedure. All files reviewed included the admission agreement, which aligns with the age-related residential care services agreement contract, exclusions from the service are included in the admission agreement.
<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 emergency admission to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed, confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with current medication guidelines. Medication reconciliation of four weekly robotic packs is completed by the RN and any errors fed back to the pharmacy. Registered nurses, and medication competent HCAs who administer medications, have been assessed for competency. Education around safe medication administration has been provided annually. The service uses an electronic medication system. Medications were stored safely in a central medication room. The medication fridge is monitored weekly. All eye drops and creams in medication trolleys were dated on opening. There were four residents self-medicating on the day of audit and all residents had signed medication competencies on file. The medications are not stored in resident rooms but are delivered to the residents at charted times.</p> <p>Twelve medication charts were reviewed. All medication charts had photographs and allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is entered into the electronic medication system and in the progress notes.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	FA	There is a fully functional kitchen and all food is cooked on site by contracted kitchen staff. The qualified kitchen manager is supported by a weekend cook and kitchen hands. Staff have been

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>trained in food safety and chemical safety. All meals and baking are prepared and cooked on site. The seasonal menu has been designed in consultation with the dietitian. There is a food services manual in place to guide staff. The registered food control plan has been verified and is due for renewal in April 2019. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review.</p> <p>The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the clinical coordinator or RN on duty. Meals are placed in the bain marie in the adjacent dining room and plated by kitchen and care staff. Resident dislikes are accommodated and listed on a whiteboard and spreadsheet. Alternative foods are available. Cultural, religious and food allergies are accommodated. Nutritious snacks are available after hours.</p> <p>Freezer and chiller temperatures and end-cooked temperatures are taken and recorded daily. The chilled goods temperature is checked on delivery. Food serving temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained for the kitchenhands. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents can provide feedback on the meals through resident meetings, resident survey and direct contact with the food services staff. Residents and relatives interviewed, spoke positively about the quality and variety of food served.</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 consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service records the reason for declining service entry to potential residents should this occur and communicates this decision to potential residents/family/whānau. Anyone declined entry is referred to the referring agency for appropriate placement and advice.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>All six resident files reviewed evidenced a care needs level assessment completed by the need's assessment and service coordination team prior to admission. Personal needs information was gathered during admission, which formed the basis of resident goals and objectives in files sampled. Appropriate assessment tools were completed, and assessments were reviewed at least six monthly or when there was a change to a resident's health condition in files sampled. Assessments such as behavioural assessments were completed for identified behavioural issues in files sampled. The interRAI assessment tool was evident in all resident files sampled.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident files reviewed, and family interviews identified that family were involved in the care plan development and ongoing care needs of the resident. The initial care plan is developed from the initial assessment and identifies the areas of concern or risk. The long-term care plan recorded the resident's current abilities, their level of independence, the problem/need, objectives and interventions for identified issues in all six files reviewed. Short-term care plans were utilised for acute health needs such as infections. Specific behavioural management strategies were included in care planning. Staff interviewed reported they found the plans easy to follow.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The care provided is consistent with the needs of residents as demonstrated in the review of the care plans and discussion with health care assistants, registered nurses (including the clinical coordinator), activity staff and management. Care plans reviewed were current and demonstrated interventions met the residents' assessed needs. RNs and HCAs report progress against the care plan when required or at least weekly. If external nursing or allied health advice is required the RNs will initiate a referral (e.g., to the wound specialist nurse). If external medical advice is required, this will be actioned by the GP. Communication with family is documented on the family/whānau consultation sheet or in progress notes. Short-term care plans are available for use for changes in health status.</p> <p>Continence products are available and resident files include a urinary continence assessment. Specialist continence advice is available as needed and this could be described by the registered nurse.</p> <p>Monthly weighs have been completed in all six files sampled. Referral to dietitian occurs as required, as confirmed in sampled files. Monitoring charts are in use for food and fluid intake.</p> <p>Wound assessment, wound management plans and monitoring were in place for six wounds (three ulcers, two basal cell carcinomas' and a bruise). There were no pressure injuries. All wounds have been reviewed in appropriate timeframes and specialised wound management advice through the district nursing service was evident in wounds reviewed. Dressing supplies are available, and the treatment room is stocked for use.</p> <p>Interviews with registered nurses (including the clinical coordinator) and health care assistants demonstrated an understanding of the individualised needs of residents.</p>
<p>Standard 1.3.7: Planned Activities</p>	FA	<p>CHT Royal Oak has implemented a programme over seven days from 9.00 am to 1.00 pm each day.</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>		<p>The qualified diversional therapist (DT) works Monday to Thursday and is responsible for developing the programme. Two-part time staff cover Friday to Sunday. Each resident has an individual activities assessment on admission and from this information an individual activities plan is developed as part of the care plan by the registered nurses, with input from the activities staff. Residents are free to choose when and what activities they wish to participate in. An individual activities attendance register is maintained.</p> <p>The programme of activities is provided by a DT and two activity coordinators and involves maintaining the resident's interests. There is a high level of community involvement, which includes local schools, kindergartens, various church and cultural groups. Regular cultural input is provided by a Japanese story teller, Chinese dance association and Scottish and Indian groups. The programme includes word games, karaoke, bingo, relaxation lessons, entertainment and craft. CHT Royal Oak contracts a van for outings. An activities plan is posted on the hallway noticeboard. There is a focus on promoting and improving cognitive function through group and one-on-one activities. Family interviews indicated they find the programme enjoyable and interesting. The service has exceeded the standard required for the provision of activities.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The clinical coordinator or registered nurses evaluate all initial care plans within three weeks of admission. Comprehensive evaluations reviewed were completed six monthly by a RN and changes to care documented in the care plan. Short-term care plans are evaluated and resolved or added to the long-term care plan.</p> <p>The GP reviews the residents three monthly or when requested, if issues arise or health status changes. The GP expressed satisfaction with the service and advised that nursing staff are prompt at informing of changes in the residents' condition and carry out instructions.</p>
<p>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.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services, (e.g., diabetic services, wound nurse specialist services, physiotherapist and mental health services for older people). Referrals to specialists are made by the GP. Referral forms and documentation are maintained on resident files as sighted. Family/whānau interviewed, reported they are involved as appropriate when referral to another service happens. Referrals and options for care were discussed with the family, as evidenced in interviews and medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety data sheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The current building warrant of fitness expires 4 December 2018. CHT employs a full-time maintenance coordinator to ensure all reactive and planned maintenance is managed. Maintenance staff are on site one day a week and as required. There is on call staff available 24/7. All medical and electrical equipment was serviced, tested and tagged and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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 sufficient number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. All bedrooms have a shared ensuite with their neighbour, with electronic occupancy indicators. Toilets and showers have privacy systems in place. 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 at CHT Royal Oak are single rooms. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. The bedrooms were personalised.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The communal areas include the main dining room and four separate lounge areas, one for each suite of 10 residents. The communal areas are easily and safely accessible for residents.</p>
<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>CHT Royal Oak has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. All laundry is done off-site except kitchen laundry, personal items and facecloths, and hand washed clothes. Housekeeping staff attend infection control education and there is appropriate protective clothing available. Manufacturer's data safety charts are available. Residents and relatives 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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted with the last drill taking place on 26 April 2018. A contracted service provides checking of all facility equipment including fire equipment.</p> <p>Fire training and security situations are part of the orientation of new staff. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power is installed for emergency lighting.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available 24 hours a day.</p> <p>There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have access to their call bells.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with</p>	FA	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have sliding doors and external windows that open, allowing plenty of natural sunlight.</p>

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>The infection control coordinator (ICC), an RN has been in the role for three years and has a signed job description on file. Infection control is included as a part of the quality team meetings and discussion is included in staff meetings. The infection control programme has been reviewed in June 2017. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. Visitors are asked not to visit if they have been unwell. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. There have been no outbreaks at CHT Royal Oak since 2015. The ICC is aware of situations where there is requirement to notify authorities. The service has exceeded the standard required around prevention of urinary infections (UTI).</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 Royal Oak 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 coordinator and IC team (comprising all staff) have good external support from the local laboratory infection control team, Bug Control and IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</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 implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</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. The policies have been reviewed and updated in June 2017.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<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 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>	<p>FA</p>	<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>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. A staff RN is the designated restraint coordinator. Staff interviews, and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Policies and procedures include definitions of restraints and enablers that are congruent with the definition in NZS 8134.0.</p> <p>Staff education on RMSP/enablers begins during the new care staff's orientation to the facility. There were no residents with restraints or enablers at the time of the audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>On interview, the area manager (also the previous unit manager) advised of education on cognitive stimulation therapy (CST) and the benefits of applying this therapy to improve cognitive function and quality of life in residents with mild to moderate dementia. Cognitive stimulation therapy goals include the promotion of cognitive function for as long as possible, to preserve independence and to increase or re-establish self-worth by improving self-confidence and providing motivation to perform activities that require cognitive effort.</p>	<p>Royal Oak supported two staff members (AC and HCA) to qualify as cognitive stimulation therapists. The qualified staff then implemented a programme over fourteen sessions, running twice a week for seven weeks. A group of six residents from different suites within the facility were selected to participate. Over the course of the programme the confidence level of staff and residents increased each time, and residents were open to socialising with other residents. Feedback from participants following the sessions was very positive and included feeling more relaxed and confident, with increased concentration and engagement in life. It was decided to continue with monthly maintenance sessions for the selected resident group. This initiative won the unit merit award for this year’s CHT focus on Care Awards.</p>

<p>Criterion 3.1.1</p> <p>The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.</p>	<p>CI</p>	<p>The ICC correlates all infections every month and analyses the data to identify trends. On identifying the increasing UTI trend at the end of 2017, the ICC met with the UM and quality team to identify strategies to reduce the current rate.</p>	<p>The infection control coordinator identified increasing urinary tract infections (UTIs) in 2017, with data identifying 14 UTIs for the year. The ICC proposed strategies to reduce this. Commencing in January 2018, a hydration nurse was appointed to promote and monitor fluid intake with fluid rounds scheduled throughout the day. The hydration nurse reports to the quality meeting with results and identified concerns. The ICC nurse liaised with the GP and family and commenced all residents at high risk of UTIs on cranberry capsules and Ovestin crème. All staff received specific education on UTI management and prevention and basic hygiene cares when caring for residents. Residents were educated at monthly meetings on hand hygiene, UTI prevention and the importance of hydration. Following the introduction of these measures the UTI rate to April reduced to four events, and there have been no UTIs since April. The benefit of the reduced UTI rate can be directly related to other adverse health events such as a reduction in delirium, falls and hospital admissions. The reduction in UTIs relating to specific residents has had a positive impact on their quality of life.</p>
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End of the report.