

CHT Healthcare Trust - Hillcrest Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	CHT Healthcare Trust
Premises audited:	Hillcrest Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care
Dates of audit:	Start date: 13 June 2017 End date: 13 June 2017
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:	80

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

General overview of the audit

CHT Hillcrest (Hillcrest) provides rest home, hospital, dementia and residential disability (physical) levels of care, for up to 80 residents. On the day of the audit there were 80 residents. A unit manager, who is qualified and experienced for the role, oversees the service. He is supported by an acting clinical coordinator and an area manager. The residents and relatives interviewed all spoke positively about the care and support provided.

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

Three of three previous shortfalls around care interventions, activities and medication documentation have been addressed.

The service has exceeded the required standard in two areas: around implementation of the CHT strategic themes and the service provided to residents at risk of weight loss.

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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There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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 Hillcrest has a current business plan and a quality assurance and risk management programme that outlines objectives for the next year. The quality process being implemented includes regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management.

Aspects of quality information are reported to three monthly combined staff and quality meetings. Residents and relatives are provided with the opportunity to feedback on service delivery issues at monthly resident meetings and via satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. Hillcrest has job descriptions for all positions that include the role and responsibilities of the position. There is an annual in-service training programme and staff are supported to undertake external training. The service has a documented rationale for determining staffing and healthcare assistants, residents and family members report staffing levels are sufficient to meet resident 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.

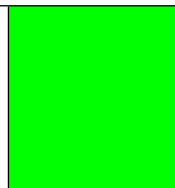


Standards applicable to this service fully attained.

The registered nurses or clinical coordinator manages entry to the service. There is comprehensive service information available. A registered nurse completes initial assessments. Care plans and evaluations are completed within the required timeframe by the registered nurses. Care plans are written in a way that enables all staff to clearly follow their instructions. Residents and family interviewed confirm they are involved in the care planning and review process. The documented activities programme is varied and interesting. Medications are stored in line with legislation and guidelines. Staff have had education and training 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 can be 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.

A current building warrant of fitness is posted in a visible location.

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.

Staff receive training around restraint minimisation and the management of challenging behaviour. The service has procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. There were eleven residents with restraint and five residents with enablers at the time of audit. Staff have received education and training in restraint minimisation and managing challenging behaviours.

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.

Infection-control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the service 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 service. 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	0	16	0	0	0	0	0
Criteria	2	37	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. There is a complaints form available. Information about the complaints process is provided on admission. Interviews with residents demonstrate an understanding of the complaints process. All ten staff interviewed (four healthcare assistants (HCAs), two registered nurses (RNs), one acting care coordinator/RN, one cook, two activities coordinators) are able to describe the process around reporting complaints.</p> <p>There is a complaints register. Verbal and written complaints are documented and include any concerns identified in the resident satisfaction surveys. Complaints for 2016 and 2017 to date were reviewed with four complaints relating to residents' cares reviewed in detail. All complaints reviewed have a documented investigation. Timeframes for addressing each complaint are compliant with the Health and Disability Commissioner (HDC) guidelines and corrective actions (when required) are documented. All lodged complaints are documented as resolved.</p> <p>Complaints received are discussed in the quarterly quality meetings. Discussions with seven residents (one rest home, and six hospital including two young persons with a disability) and five families confirms that any issues are addressed and they feel comfortable to bring up any concerns.</p>
Standard 1.1.9:	FA	Residents interviewed state they were welcomed on entry and were given time and explanation about the services

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>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. Ten incidents/accidents forms were viewed. The form includes a section to record family notification. All ten forms indicate family are informed. Five families interviewed (two hospital, three dementia) confirms they are notified of any changes in their family member's health status.</p>
<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>	<p>FA</p>	<p>Hillcrest is owned and operated by the CHT Healthcare Trust. The service provides rest home, hospital, dementia, and residential disability (physical) levels of care for up to 80 residents. On the day of the audit there were 80 residents (20 dementia, 55 hospital and 5 rest home). Seven hospital level residents are on the residential disability (physical) contract, six residents (five hospital, one dementia) are on the long-term chronic conditions (LTCC) contract, and one resident (dementia) is on respite.</p> <p>The unit manager is a registered nurse who maintains an annual practicing certificate. He has been in the role for two years and was previously working as an RN at the facility. The clinical coordinator is an RN working in an acting role since March 2017 until a replacement is found.</p> <p>CHT has an overall business/strategic plan and Hillcrest Hospital has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. The unit manager has completed in excess of eight hours of professional development in the past 12 months. The service has maintained their continuous improvement around implementation of CHT's strategic themes.</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>	<p>FA</p>	<p>There is evidence that the quality system continues to be implemented at the service. Interviews with staff and review of the quarterly quality meetings confirms that quality data is discussed at three monthly quality/health and safety/staff meetings to which all staff are invited. The unit manager advised that he is responsible for providing oversight of the quality programme.</p> <p>The service's policies are reviewed at national level with input from facility staff every two years. New/updated policies are sent from head office. Staff have access to manuals.</p> <p>Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. The service has a health and safety management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p>

improvement principles.		Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention (link to CI 1.2.1.1). Residents are surveyed regularly to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.
Standard 1.2.4: Adverse Event Reporting 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.	FA	There is an accidents and incidents reporting policy. The unit manager and acting clinical coordinator investigate accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at three monthly quality/health and safety/staff meetings including actions to minimise recurrence. Ten incident forms sampled documented that clinical follow-up of residents is conducted by a registered nurse. Discussions with the unit manager confirms that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	There are human resource management policies in place, including the requirement that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files reviewed (three RNs, one activities coordinator and one HCA) evidences that reference checks are completed before employment is offered. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2017 is being implemented. HCAs have completed an aged care education programme. All sixteen HCAs who routinely work in the dementia unit have all completed their required dementia qualification. The unit manager and registered nurses can attend external training including sessions provided by the local DHB. Five of ten RNs are interRAI trained. Annual staff appraisals were evident in all five of the staff files reviewed.
Standard 1.2.8: Service Provider	FA	CHT policy includes staff rationale and skill mix. Staff are rostered on to manage the care requirements of the residents.

<p>Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>The facility consists of four hospital level units (ten beds in each unit), two units with both hospital and rest home residents (ten beds in each unit) and one dementia unit (twenty beds).</p> <p>In addition to the unit manager (RN) and acting clinical coordinator (RN) who work Monday – Friday, three RNs are rostered on the AM shift, seven days a week (one hospital one rest home/hospital and one dementia), two RNs on the PM shift (hospital and rest home/hospital units) and one RN on the night shift. The RNs hold current CPR certification. Adequate numbers of HCAs are rostered with a minimum of four HCAs rostered on the night shift (two in the dementia unit and two in the hospital and rest home units). Extra staff are called on for increased resident requirements. Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medication administration practice complies with the medication management policy for the medication round sighted. The facility is using an electronic medication system. Prescribed medication is signed as administered electronically. Registered nurses and medication competent HCAs administer medicines. All staff that administer medicines are competent and have received medication management training. The facility uses a robotically packed medication management system for the packaging of all tablets. The RN on duty reconciles the delivery and documents this. Medical practitioners (GPs) prescribe medications electronically. These are charted correctly and there is evidence of three monthly reviews by the GP. One resident self-administers their own medicines. All documentation is correctly recorded and a competency assessment has been completed. Twelve medication charts were reviewed. All electronic charts have a photo ID, allergy status recorded and 'as required' medications have indications for use. The previous partial attainment has been fully met.</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>There is a fully functional kitchen and all food is cooked on site by contracted kitchen staff. A food services manual is in place to guide staff. On admission, a resident nutritional profile is developed for each resident and this is provided to the kitchen staff. This document is reviewed at least six monthly as part of the care plan review. The kitchen is able to meet the needs of residents who require special diets and the kitchen manager works closely with the RNs on duty. The kitchen staff have completed food safety training. The kitchen manager and cooks follow a rotating seasonal menu, which is reviewed by a dietitian. Temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately. Residents and the family members interviewed are very happy with the quality and variety of food served. Service continues to provide the REAP programme and currently has 21 residents on this programme. Six of six files reviewed document stable or gained weight. The service has exceeded the standard around meeting the specific dietary needs of residents.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Registered nurses (RNs) and healthcare assistants (HCAs) follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (e.g., to the wound care nurse specialist or the mental health team). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (e.g., dressings). 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>Wound assessment, monitoring, and wound management plans are in place for 11 residents with wounds (three chronic leg ulcers, one abrasion, one burn and six skin tears) and four residents with pressure injuries. All wounds have been reviewed in appropriate timeframes. The RNs have access to specialist nursing wound care management advice through the DHB.</p> <p>Interviews with registered nurses and HCAs demonstrates an understanding of the individualised needs of residents. Care plan interventions demonstrate interventions to meet residents' needs. There is evidence of pressure injury prevention interventions such as two hourly turning charts, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management. The service continues to use the REAP plan around weight management for residents with continued results showing improved outcomes for residents with weight loss.</p> <p>Monitoring forms such as weight, observations and wounds are in use as applicable. Behaviour charts are in use for any residents that exhibit challenging behaviours. The previous partial attainment in this area has been fully met.</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>	<p>FA</p>	<p>There are two activities coordinators who work a total of 60 hours Monday to Friday. The weekend activities coordinator works four hours each day. All three activities coordinators speak a variety of Pacific languages which is a bonus as the facility has a large number of Pacific Nation residents. On the day of audit, residents were observed being actively involved with a variety of activities in the lounges. In one lounge Pacific music was playing and residents reported they were enjoying themselves.</p> <p>Each resident has an individual activities assessment on admission. From this information, the registered nurses develop an individual activities plan as part of the care plan, with input from the activities staff. Each resident is free to choose whether they wish to participate in the group activities programme or their individual plan. Participation is monitored. Group activities reflect ordinary patterns of life and include planned visits to the community. There is a resident meeting for younger residents where activities are planned to meet their needs. Weekly movie and popcorn session is scheduled and well supported by younger residents. The facility is able to meet the recreation and activities requirements of rest home level residents. All long-term resident files sampled have a recent activities plan within the care plan and this is evaluated at least six monthly when the care plan is evaluated. Plans sampled</p>

		<p>in the dementia unit document activities to support the resident over the 24-hour period if needed. Residents and families interviewed commented positively on the activity programme. The previous partial attainment has been fully met.</p> <p>Six of six resident files reviewed identified that the individual activity plan is reviewed when at care plan review.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The six files sampled demonstrate that the interRAI assessment and long-term care plan have been evaluated at least six monthly or earlier if there has been a change in health status. There has been at least a three-monthly review by the GP. All changes in health status are documented and followed up. The RN completing the plan signs the care plan reviews and then gives it to the resident or relative to read and sign. Short-term care plans sighted have been evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled.</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>A current building warrant of fitness is posted in a visible location (expiry 9 March 2018).</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 CHT's 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 that the use of restraint is actively minimised. The acting clinical coordinator is the designated restraint coordinator. There were eleven hospital-level residents with restraint and five hospital level residents using an enabler. Restraint processes are implemented to assess residents for enabler use, which is voluntary. Staff interviews and staff training records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Restraint is discussed in the three monthly quality meetings.</p>
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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 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	CI	<p>Six strategic themes are identified in the CHT business plan. CHT Hillcrest continues to demonstrate continuous improvement around implementation of CHTs strategic themes as it pertains to reducing the number of falls, promoting the quality of life of the residents, and staff education.</p>	<p>A number of initiatives have been implemented to reduce the overall number of residents falling including but not limited to purchasing low beds, staff education and training, identification of frequent fallers with specific strategies implemented, and discussion around falls at the three monthly quarterly meetings. The number of falls each month is trended and analysed. Falls continue to show a steady drop with 24 falls received in May 2016 and an average of 17 falls during the periods of Feb – Mar 2017.</p> <p>A CHT Hillcrest gardening project is being implemented to bring the community to Hillcrest and to encourage students to participate in the daily activities of the facility. A second aim is to grow healthy organic vegetables and to educate children about the nutritional and health benefits of vegetables. A third aim is to encourage residents to do gardening. The project is linked to research evidence supporting the validity of the programme. The outcome of the programme reflects enhanced quality of life for the residents as measured through</p>

			residents' interviews and resident satisfaction survey results.
<p>Criterion 1.3.13.2</p> <p>Consumers who have additional or modified nutritional requirements or special diets have these needs met.</p>	CI	<p>The service has exceeded expectations around resident's nutritional requirements. The service continues using a Replenish Energy and Protein programme (REAP). At Hillcrest, there are currently 21 residents on REAP. These residents are documented on the whiteboard in the kitchen. When a resident is identified as having unintended weight loss a weight loss report is completed. This includes checking the oral care, reviewing diet type, monitoring food intake, consulting with the cook, consulting the dietitian, referring to the GP, referring to family and reviewing medication.</p>	<p>Four files were sampled for residents who have been on REAP. All were assessed by a dietitian prior to commencement on REAP. Each of the four residents on REAP whose files were sampled have had weight stabilisation with one having gained weight. Healthcare assistants and registered nurses interviewed were all familiar with REAP and report the benefits to residents. The kitchen manager interviewed reports the ways in which she implements REAP, including fortifying food wherever possible for those on the programme. Examples include cream and brown sugar on cereals, extra margarine on vegetables, fortifying mashed potato, sauces and purees, cream on desserts in the evening, fortifying soup, providing fortified milk and fortified drinks, fortified custard for supper and sandwiches for supper.</p>

End of the report.