

Kena Kena Rest Home Limited

CURRENT STATUS: 17-May-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

This certification audit has been undertaken to establish compliance with the Health and Disability Services Standards and the District Health Board contract. Kena Kena Rest Home provides care for 41 residents at rest home level and residential disability (physical) care. On the day of the audit there were 41 residents. The facility is operated by Kena Kena Rest Home Limited. Two of the three directors are the managers/registered nurses (RN). They have owned and run the home since 1996. The third director is the maintenance person. There are two required areas for improvement identified from this audit relating to: care plan documentation and the documentation of corrective actions.

AUDIT SUMMARY AS AT 17-MAY-12

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 17-May-12	Assessment
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.		No short falls

Organisational Management	Day of Audit 17-May-12	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Continuum of Service Delivery	Day of Audit 17-May-12	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 17-May-12	Assessment
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.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 17-May-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 17-May-12	Assessment
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.		No short falls

AUDIT RESULTS AS AT 17-MAY-12

Consumer Rights

Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed report their satisfaction with the service and that staff are providing appropriate care and are very good at communicating with families. A walk around the facility provides evidence that the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed along with complaint forms. Systems are in place to ensure residents are advised on entry to the facility of the complaint processes. Residents and family members interviewed demonstrate a good understanding of these processes. The service has appropriate systems in place to manage any complaints and a register is maintained. There have been no complaint investigations by the Health and Disability Commission, Police, Accident Compensation Corporation or Coroner since the previous audit at this facility.

Systems are in place to ensure consumers and where appropriate their family are being provided with appropriate information to assist them to make informed choices and give informed consent. Staff interviewed demonstrate a good understanding in relation to informed consent and informed consent processes. Consumers and family interviewed confirm they have been made aware of and understand the informed consent processes and that appropriate information is provided.

Organisational Management

Systems are established and maintained by the owner/managers which clearly defines the scope, direction and goals of the facility and monitoring and reporting processes against these. The facility is managed by two of the three directors. The third director is the maintenance person. The two managers have owned and managed the home since 1996. One manager is the clinical manager and the other manager is the facility manager.

Arrangements are appropriate to meet the needs and interests of each resident group without detriment to either group. All residents have single rooms and there are numerous living rooms that residents can use. There is an individualised activities programme which is very popular with young disabled and the older residents.

Kena Kena has an established, documented, and maintained quality and risk management system. Quality meetings are held monthly which report on all quality and risk issues. There are quarterly staff meetings, management, residents and cooks meetings. An internal audit programme is in place and implemented. One area for improvement is that corrective actions identified from quality activities need to be signed off when completed.

The adverse event reporting system provides evidence of a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events. An open disclosure policy is implemented, including informing residents and/or family of any adverse events. This was verified at interview with families.

The human resources management system provides for the implementation of processes both at the commencement of employment and on an on-going basis in relation to training.

Kena Kena has a clearly documented rationale for determining staff levels and skill mixes in order to provide safe service delivery. Either the clinical manager or the facility manager is on duty for eight hours seven days a week. They are on-call 24 hours a day.

The service provider demonstrates that the information entered into the consumer information management system is done so in an accurate and timely manner, appropriate to the service type and setting and in line with the legal requirements.

Continuum of Service Delivery

Consumers and families interviewed are very satisfied with the standard of care provided by staff. Staff are educated, and qualified to perform their roles and deliver all aspects of service provision. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to consumers assessed as requiring rest home level care, and consumers under 65 years of age with physical disabilities. The registered nurses develop, review, update and evaluate the care plans for consumers at least six monthly, or more frequently as the needs of consumers change. Consumers or their family have input into the development and review of care plans. 'Family Communication Record' provides evidence that families are kept well informed. A variety of risk assessments are completed on admission and at least three monthly following admission. Pain assessments are completed for consumers who are experiencing pain following admission. There are two areas requiring improvement relating to pain assessments not completed on admission and the scales used to weigh consumers not being appropriate for those consumers who are unable to stand and balance.

The activities programme is comprehensive and supports the interests, needs and strengths of consumers and incorporates activities for the two consumer groups.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service provider responsibilities. Staff responsible for medicine management have attended in-service education for medication management and have current medication competency assessments. Medication files reviewed evidence documentation of consumers' allergies/sensitivities and three monthly medication reviews completed by general practitioners. Appropriate systems are in place for consumers who have been assessed as competent to self-medicate. Currently there are no consumers self-medicating.

The service has a seasonal menu which is reviewed annually by a dietitian. Meals are cooked and served on site. The menu offers a variety of meats and vegetables. Residents state they enjoy the meals and are offered alternative meals if required.

Safe and Appropriate Environment

The facility has a current building warrant of fitness, is well maintained and has adequate furniture and equipment. All residents are in single bedrooms which are personalised (except for two married couples in the studio units). A new 11 bed wing comprising of nine self-contained studio units was opened in August 2010. Resident rooms and hallways in this wing are spacious and easily accessible. The older part of the home has adequate space for residents but the rooms and corridors are not as large. Residents have unrestricted access to numerous lounge areas within the facility. Chemicals are stored in locked cupboards and the containers are labelled appropriately. Personal protective equipment is available and used by staff. Regular cleaning audits are undertaken and resident feedback is sought regarding laundry services. Staff are trained in emergency management and the service has sufficient supplies in case of emergency. The service has an approved fire evacuation plan. There is sufficient heating and all residents rooms have at least one external window.

Restraint Minimisation and Safe Practice

There are no consumers using restraint, and no consumers using an enabler. Documentation of policies and procedures, staff education and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive.

Infection Prevention and Control

The service has a documented infection prevention and control programme and policies and procedures. Infection control is a standard agenda item at the monthly quality meetings. Infection control education is provided to staff. Surveillance is undertaken by the service.