

## **Kingswood Healthcare Matamata Limited**

**CURRENT STATUS: 24-Jul-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**

Kingswood Rest Home is a secure facility which provides a safe and appropriate environment for residents with dementia. The facility is able to accommodate 25 residents. This includes the provision of two beds which can be used by residents assessed as requiring rest home level care and two respite beds. On the day of the certification audit there were 21 residents.

Services are provided in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Family are actively involved in ensuring residents' individual needs and rights are identified and maintained.

The Directors ensure that the day to day operations of the rest home are effectively managed and monitored, and that the philosophy 'to provide dignified care for people with dementia' is upheld at all times.

The General Manager is on site during the week and implements a management structure which enables services to run in an efficient manner. Quality activities are implemented and achievement towards quality goals are measured.

There is a registered nurse on duty Monday to Friday. The nurse ensures that all clinical and health related needs are met. The rest home implements the 'Spark of Life' philosophy which is considered best practice when providing services to people with dementia.

There are adequate numbers of trained caregivers rostered on at all times. All staff receive training in provision of dementia care.

The building is an older facility (previously a community hospital) and is owned by the local community. Although the rest home is not purpose built, the Directors have fully considered the needs of residents with dementia and managed to provide an environment that is suitable and appropriate. The facility is well maintained and meets all regulatory and legislative requirements. Residents can wander independently around the facility in safety. There are several shared rooms within the facility, however placement in a shared room occurs with full consent and agreement from family members.

There are adequate emergency and safety procedures in place.

The service manages to actively minimise any use of restraints and/or enablers. There are adequate measures in place to reduce the likelihood of residents contracting infections.

The audit identified eight areas which will require improvements. The provider is required to ensure the environment is appropriate for residents admitted as requiring rest home level services (not requiring dementia care), fully implement the process for developing corrective actions following internal audits, ensure care plans address all behaviour management strategies, implement all medication requirements in a consistent manner, provide evidence of an approved fire evacuation plan and a dietitian review of the current menu, and have two hand rails painted to ensure they can be easily cleaned.

## AUDIT SUMMARY AS AT 24-JUL-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	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.	24-Jul-12	<b>No short falls</b>

<b>Organisational Management</b>	Day of Audit 24-Jul-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Continuum of Service Delivery</b>	Day of Audit 24-Jul-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.		<b>A number of shortfalls that require specific action to address</b>

<b>Safe and Appropriate Environment</b>	Day of Audit 24-Jul-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.		<b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 24-Jul-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

<b>Infection Prevention and Control</b>	Day of Audit 24-Jul-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.		<b>No short falls</b>

## **AUDIT RESULTS AS AT 24-JUL-12**

### **Consumer Rights**

Consumer rights and obligations meet legislative requirements and are resident-centred and reflect the services 'Spark of Life' approach to dementia care. Opportunities for discussion regarding the Code is included in the Information Pack which is given to all residents and family/whanau before, or at the time of, admission. All residents have access to services that promote independence, involvement in decision making, respect residents' rights, and promote a safe and comfortable environment. The resident's care is responsive to their needs and ethnicity. Residents can access the spiritual care of their choice. Staff are guided by the Maori Health Policy which states Maori residents will have their disability needs met in a manner that respects and acknowledges their individual values and beliefs.

Residents and their families are made aware of their right to effective communication beginning during the pre-admission process and continuing in their day-to-day activities. Residents and family/whanau are provided with the information they need at the appropriate times to make informed decisions. Policies and procedures are in place for informed consent, including advanced directives. Policy identifies the resident's right to access an independent advocate and their right to have a support person of their choice. Family/whanau are encouraged to involve themselves as advocates. Residents are encouraged to maintain links with their family and their community.

The complaints process is easily accessible. A complaints register is maintained. The audit identified no areas requiring an improvement.

### **Organisational Management**

There is a well-managed consumer information management system. Residents' records are securely maintained and there is an appropriate archive system and destruction process for the management of historical records and obsolete documentation.

The purpose, values, scope, direction and goals of the Kingswood Rest Home are clearly defined and monitored. The organisation is governed by a Board of Directors. Day to day operations are the responsibility of a suitably qualified General Manager. Succession planning ensures operations are efficiently and effectively implemented and monitored at all times.

The building is owned by the community and overseen by a community appointed Board of Trustees. Services are planned to best meet the needs of residents who have been assessed as requiring dedicated dementia level care. The facility currently has 21 dedicated dementia beds, two rest home beds and two respite beds. The additional rest home and respite beds have been approved by the Waikato District Health Board.

The organisation has a comprehensively documented quality and risk management system. Quality goals are defined and measured for achievement against targets. Quality related data is collated to identify trends and service shortfalls/risks are monitored.

Adverse events are managed in an appropriate, efficient and timely manner. Investigations and corrective actions (following adverse events) are implemented where required.

Human resource processes are compliant with good employment practice and legislation. There are adequate recruitment, orientation and performance monitoring processes in place. Staff training (including training specific to the care of residents with dementia) is provided. Adequate numbers of suitably qualified staff are rostered to ensure residents receive safe care and support at all times.

Resident information is well maintained, accurate, up to date and integrated. Records are secure.

The audit identified two areas requiring improvement. The provider is required to ensure services are planned to best meet the needs of all residents. This is specific to residents requiring rest home services who do not require placement in a secure (locked) facility. The provider is also required to fully implement the corrective action process (when required) following internal audits.

### **Continuum of Service Delivery**

Interviews with residents and family express satisfaction with the care provide at Kingswood Rest Home. Staff are trained and qualified to perform their roles and deliver all aspects of service provision, with an emphasis on the Spark of Life approach to dementia care. Staff provide an integrated and multidisciplinary approach to service delivery to provide care to residents. A registered nurse develops, reviews, updates and evaluates the care plans for the residents. The consumers' needs, outcomes and/or goals are identified and these are reviewed on a regular basis with the resident and/or family member's input.

The activities programme supports the interests, needs and strengths of residents. There are specially designed activities and diversional strategies for residents with cognitive impairment.

An appropriate medicine management system is implemented with policies and procedures clearly detailing service providers' responsibilities. Staff responsible for medicine management have attended in-service education for medication management.

The residents' nutritional needs are met. Adequate and appropriate food services are provided in line with recognised food safety guidelines. Nutritional preferences and special needs are assessed and documented.

The audit identified four areas requiring improvement. The provider is required to ensure strategies for challenging behaviour is documented in all care plans, maintain evidence of three monthly medication reviews on the medication chart, ensure consistency with the implementation of medication competencies and provide evidence that the current menu has been reviewed by a dietitian.

### **Safe and Appropriate Environment**

The rest home is an older building which has been adapted to provide a secure environment for residents with dementia. All residents are provided with a homelike, comfortable and safe environment. Building compliance and legislation requirements are maintained and full consideration has been given to providing an environment conducive with the needs of residents with dementia. The owners have included on going redecorating in the business

and strategic plan. Adequate equipment and supplies are provided. Equipment is well maintained.

The management of waste and hazardous substances are appropriate to the service setting and resident group. All hazards are identified and chemicals stored safely.

The facility has adequate toilets and bathrooms. Bathrooms are conveniently located and easily distinguishable. Hot water is monitored.

There is a total of 14 bedrooms within the facility. Although eight of these are shared rooms, approval to share has been gained from family members and there have been no documented concerns raised regarding privacy or appropriateness.

There are spacious internal and external communal areas available which allow maximum freedom of movement while promoting the safety of residents who are likely to wander. Communal areas include one dining room and a separate large lounge. Furniture and fittings have been well maintained and placed throughout the building with the residents' needs in mind. The provider has purchased a large amount of new furniture.

Cleaning and laundry processes are documented and well implemented by staff and, in some cases, residents. The provider ensures adequate emergency and security systems are documented and implemented. Fire evacuation drills are conducted regularly and all staff are orientated to emergency procedures. All staff have current first aid training. Although call bells are not accessible in the residents' bedrooms, an adequate rationale was provided and residents are monitored for safety and security at all times. The facility has plenty of natural light and the building is well ventilated and adequately heated. Residents are not exposed to environmental tobacco smoke. The audit identified two areas requiring improvement. The provider is required to re-paint hand rails in two of the bathrooms to ensure they can be easily cleaned (in line with infection control requirements) and provide a copy of the approved fire evacuation plan.

### **Restraint Minimisation and Safe Practice**

The service actively minimises the need for restraint through the successful implementation of the 'Spark of Life' philosophy. On the day of audit there were no residents who required (or had recently used) either a restraint or an enabler, however there are documented procedures to guide staff should this need arise.

All staff receive training in the safe use of restraints and enablers and the management of challenging behaviours.

### **Infection Prevention and Control**

Kingswood Rest Home has appropriate infection prevention and control policies, procedures and education and provides a safe environment for residents, staff and visitors. There is a clearly defined infection prevention and control programme that is reviewed at least annually. Staff receive on-going education on infection prevention and control in both the in-service education programme and external education from infection control specialists.

Infection surveillance data is analysed and reported monthly to the infection control committee, Chief Executive Officer and the Board. Any corrective actions required from the surveillance data are actioned and followed-up appropriately.