

## Kapiti Retirement Trust

**CURRENT STATUS: 23-Apr-13**

**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

The Kapiti Trust Board was established in 1958 and the principal purpose of the Trust was provision of care, comfort and the social needs of elderly people in the greater Kapiti area. The Trust provides 12 dementia level care beds, 37 hospital level beds and they also provide short-term care in a unique seven-bed respite wing (rest home/hospital). On the day of the audit there were 40 hospital residents, 12 residents requiring dementia level care and five residents in the respite wing.

The service has an experienced aged care management team. The CEO has many years' experience in education and business management. There is a 'Group Manager Resident Wellbeing'. She is an experienced aged care manager and represents aged care on many advisory groups.

This audit identified improvements required around aspects of care plan documentation and incident reporting. Continuous improvement ratings have been awarded for staff education, lifestyle and leisure programme and good practice.

### AUDIT SUMMARY AS AT 23-APR-13

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 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

Consumer Rights	Day of Audit 23-Apr-13	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.		<b>All standards applicable to this service fully attained with some standards exceeded</b>

Organisational Management	Day of Audit 23-Apr-13	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 standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit 23-Apr-13	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>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit 23-Apr-13	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>Standards applicable to this service fully attained</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 23-Apr-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 23-Apr-13	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>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 23-APR-13**

### **Consumer Rights**

Residents and their families/whānau are informed of their rights as part of the resident information pack. Residents stated that health care assistants always respected their privacy and this is reinforced through the health care assistant training programme. Initial and on-going assessment includes gaining details of people's beliefs and values. Interventions to support these are identified and evaluated. Residents are encouraged to continue with their spiritual activities. Cultural awareness training occurred as part of the annual training programme. There is Maori Health Plan in place.

Residents and relatives spoke positively about care provided at Sevenoaks Lodge. Cultural assessment is undertaken on admission and during the review processes. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training supports staff understanding of residents' rights. Lifestyle plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are managed and documented. Residents and family interviewed verified on-going involvement with community. A continuous improvement has been awarded against good practice.

### **Organisational Management**

The service has an established business plan and quality and risk management plan that continues to be implemented. Key components of the quality management system link to a number of meetings including quality meetings. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Quality and risk

performance is reported across the facility meetings and also to the Board Trustees. The robust systems for quality and risk management are continually reviewed. Benchmarking through an external agency and audit data demonstrate that they have achieved good standards of care and service. Quality actions have resulted in a number of quality improvements for both residents and staff.

There is an active health and safety committee. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support and external training is well supported. Staff working in the dementia unit have completed education modules in dementia care. The staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff and resident input into rostering. Continuous improvement ratings have been awarded around the education programme.

### **Continuum of Service Delivery**

All residents are assessed by the Needs Assessment and Service Coordination service prior entry to the service. All enquiries are electronically documented and is maintained by the administration manager. Sevenoaks Lodge maintains a waiting list in dementia, respite and the hospital level care.

The Matai respite unit has had 241 admissions over 2012 (with three dedicated DHB contracted beds). There is no other care facility operating a unit such as this dedicated to respite with a forward booking system. The service has worked with the DHB, PHO and pharmacies and doctors to streamline the processes required at each admission.

Initial and on-going assessments are completed and these are documented and serves as a basis for care planning and are also communicated to all concerned. Staff are current and up to date with their knowledge, experienced and are competent in their role. Care plans are developed by the registered nurses who also have the responsibility for maintaining and reviewing care plans. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate.

A lifestyle and leisure programme is developed when interviews of residents are held on admission to base activities on their individual needs. Each resident has an individual recreation profile that is developed with assistance of family and includes a "life map" of residents. Sevenoaks has a planned monthly programme that is varied and reflects the interests of the residents. There is allocated one on one time for residents unable to participate in the recreation programme. The recreation profile is reviewed three monthly and daily participation records are maintained. Residents and family interviews confirmed satisfaction around activities programme. A continuous improvement rating has been awarded for the leisure activities programme.

Food is prepared on site by a contracted catering company. Menus are prepared by the catering contractor which are then reviewed and approved by a registered dietician who advises the appropriate nutritional needs and provides recommendations for any required changes. Sevenoaks Lodge undertakes an annual audit of the service and residents and/or family participate in annual satisfaction surveys which includes an evaluation of the food

service. The catering company also carries out the survey in the hospital regularly to ensure resident satisfaction.

Food supplements and drinks are provided for residents throughout the day. Three monthly medical reviews includes monitoring of weight changes and nutritional, fluid requirements are adjusted accordingly. There is additional nutritious snacks available over 24 hours. Each resident has an individual nutritional assessment on admission. Those assessed with requiring special or modified diets have these needs met.

The medication management system follows recognised standards and guidelines for safe medicine management practice. Staff responsible for medicine management have attended in-service education and have current medication competencies. Medication files sighted evidenced documentation of residents' allergies/sensitivities and three monthly medication reviews completed by the General Practitioner. The audit identified an improvement required around documentation of care plan interventions.

### **Safe and Appropriate Environment**

The building holds a current warrant of fitness and a current approved evacuation scheme. The external areas are well maintained. Residents are observed moving freely around the facility. All Buildings and plant comply with legislative requirements and the facility is well maintained.

Sevenoaks Lodge has an accident/incident system for investigating, recording and reporting incidents. Hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Staff receive training around management of waste and hazardous substances at orientation and on-going training in health and safety. Auditors observed staff using appropriate equipment and clothing.

Household linen is outsourced and personal laundry is done on site. Laundry processes and cleaning services are monitored for their effectiveness. Sevenoaks Lodge has completed a quality improvement project around laundry services and as a result of this; consumer satisfaction around laundry services has increased (81.54% in 2010 to 92.26% in 2012).

Staff completed appropriate training around emergency and security. All required staff have a current first aid certificate. The service has a contract with a building security service that provides regular checks during the night and staff can access them in an emergency.

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

Sevenoaks Lodge has a comprehensive restraint minimisation policy. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of enablers.

The policy includes that enablers are voluntary and the least restrictive option. Staff receive training on restraint minimisation and managing residents' behaviours that can be challenging. There is a restraint and enabler register in place. There is a restraint coordinator who is a registered nurse. Currently the service has two residents on the register with an enabler in the form of a bedrail and chair safety belt and one resident requiring a bed rail that has been assessed as an enabler. There are five residents in the hospital with bed rails

assessed as restraint and eight residents who require the use of safety chair belts which have been assessed as restraints. A register for each restraint is also completed that includes a monthly evaluation.

### **Infection Prevention and Control**

The infection control programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The infection control prevention co-ordinator (registered nurse) is responsible for surveillance of infections. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control prevention co-ordinator and infection control advisory committee use the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with an external benchmarking agency. Staff receive on-going training in infection control.