

# Kumeu Village Aged Care Limited

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## 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 The DAA Group 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:

<b>Legal entity:</b>	Kumeu Village Aged Care Limited
<b>Premises audited:</b>	Kumeu Village
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 9 June 2015    End date: 9 June 2015
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	58

# Executive summary of the audit

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## 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

Kumeu Village provides dementia, hospital and rest home level care for up to 92 residents.

This spot surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. Corrective actions identified in the previous audit have all been addressed and now meet the standards. Feedback from residents and family/whānau members was very positive about the care and services provided.

There are two new areas identified for improvement related to incomplete documentation for incidents and accidents and behaviour assessment.

## 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 are adequate communication systems to ensure effective communication between staff and residents and their families and with other health providers. There are appropriate processes in place to access interpreting services when required.

The service has a documented complaints management system which is implemented. There were no outstanding complaints at the time of audit.

## 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.		Some standards applicable to this service partially attained and of low risk.
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Kumeu Village has a documented statement of purpose which identifies the purpose, scope, direction and goals. They also have clearly set out objectives and a quality plan for 2015-2016. Strategic planning covers all aspects of service delivery in a coordinated manner to meet residents' needs. The service operates using the Eden philosophy and principles.

The quality and risk system and processes support safe service delivery. The quality management system includes an internal audit process, complaints management, resident and family/whānau input and quality data collection (for example, incident/accidents, health and safety, complaints management, restraint and infection control). Data is trended against previously collected data to show how set objectives are being met. Quality and risk management activities and results are shared among staff, residents and family/whānau, as appropriate, and are reviewed monthly by the directors. One area identified for improvement relates to ensuring documentation identifies when family/whānau are informed about adverse events. Corrective action planning is completed for any areas of concern or deficits identified. Evaluations of corrective actions are documented prior to the clinical nurse manager and/or the operations manager signing them off as complete.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met and to allow the Eden principles to be met. Human resources management processes implemented identify good practice and meet legislative requirements.

## 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.		Some standards applicable to this service partially attained and of low risk.
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The processes for planning, provision of care, evaluation and review of care and exit from the service are provided within time frames that safely meet the needs of the resident and meet funder/contractual requirements. There is an area for improvement to ensure that all residents living in the 'Memory Assist Unit' have a comprehensive behaviour assessment and plan of how to manage challenging behaviours.

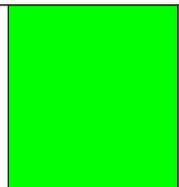
The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach to care delivery. The care plans in the rest home, hospital and specialist dementia unit described the needs and interventions required. Where progress was different to that expected, the service responded by initiating changes to the care plan or with the use of short term care plans.

The service provides planned activities programmes in the rest home, hospital and Memory Assist Unit that are based on the Eden Alternative. The activities are both planned and spontaneous and provided to develop and maintain skills and interests that are meaningful to the resident.

There are processes in place for a safe medicine management system. Staff responsible for medicine management have been assessed as competent to perform the function for each stage they manage.

The residents were highly satisfied with the meal services. The previous area for improvement to ensure that the menu was reviewed by a dietitian before the service opened has been addressed.

## 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 service now has a current Code Compliance Certificate.

## 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 reflect current good practice and meet legislative and Health and Disability Services Standard requirements. Enablers are described as voluntary. Staff education related to restraint minimisation occurs during orientation and is included in the annual education plan to maintain restraint use. At the time of audit there were three bedside rails being used as enablers to allow residents to maintain their independence.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Surveillance for infections is undertaken monthly. Results of surveillance are analysed to assist in achieving infection reduction. The infection surveillance results are appropriately reported to staff and management 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	14	0	2	0	0	0
Criteria	0	36	0	2	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 organisation implements policies and procedures to ensure there is an effective and fair complaints system maintained. Complaints management is explained as part of the admission process for residents and family/whānau and is part of the staff orientation programme and ongoing education. This is confirmed during interview.</p> <p>Residents and family/whānau confirmed that the management's open door policy makes it easy to discuss concerns at any time. The restraint register identifies there has been one complaint made which has been fully investigated and resolved. The complaint received has been managed within policy timeframes. Corrective actions shown have all been completed and signed off. There are no outstanding complaints at the time of audit.</p> <p>Staff confirmed that they understood and implemented the complaints process for written and verbal complaints that occur. Complaints are a standing agenda item for staff meetings, as confirmed by meeting minutes sighted.</p>
<p>Standard 1.1.9: Communication Service providers</p>	FA	<p>The open disclosure policy clearly and accurately describes the principles of open disclosure and how to implement this when required. Relatives confirmed they are kept informed of the resident's status and are notified of adverse events, though contact of family is not always noted on the incident forms. Contact with the</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>family is documented if the resident has been involved in an incident/accident or there has been any change in the resident's condition. Details from doctors' visits are documented and communicated as required.</p> <p>There are some residents for whom English is a second language, the service has appropriate methods with the residents. Contact details for interpreters and cultural advisers are available if required.</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>The organisation has a statement of purpose with documented objectives and a quality plan which covers all aspects of service delivery. Services are planned to ensure residents' needs are being met. Documentation identifies the service operates using the Eden philosophy to ensure resident and community input. Regular reports to the directors were sighted and progress towards set goals are shown.</p> <p>The governance structure is documented. One director works as the operations manager and the other director assists with maintenance and oversees non-clinical issues. The management team includes a clinical nurse manager who is a registered nurse (RN), a quality manager, an assistant manager, an administration manager and an 'Eden manager' who is also a RN. They all have job descriptions which identify their authority, accountability and responsibility for the roles they undertake. The members of the management team are suitably qualified and/or experienced for their role. All staff members attend education appropriate to the role they undertake.</p> <p>On the day of audit there were 20 dementia residents in the memory assist unit, 19 rest home level care and 19 hospital care residents. Interviews with residents and family/whānau confirmed that their needs were met by the service.</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 improvement principles.</p>	<p>FA</p>	<p>The service has a quality and risk management system which is understood and implemented by service providers as confirmed during interviews.</p> <p>Policies and procedures are maintained by an off-site agency who ensure they are align with current good practice and that legislative requirements are met. The service personalises the policies to reflect service delivery at Kumeu Village.</p> <p>Quality management systems include internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. All residents have a six week post admission survey undertaken which family/whānau are involved in to measure service satisfaction. If an issue or deficit is found, a corrective action is put in place. Information is shared with all staff as confirmed in meeting minutes sighted and verified during interview. This information is used to inform ongoing planning of services to ensure residents' needs are met. The corrective actions sighted are reviewed and evaluated to show if they have been successful or not. If an internal audit does not reach the required 95% compliance a</p>

		<p>second audit is undertaken to ensure corrective actions have been embedded into practice.</p> <p>Staff, resident and family/whānau interviews confirmed any concerns they have were addressed by management and verbal examples of quality improvements were given.</p> <p>Actual and potential risks are documented in the hazard register which identifies a risk rating and shows actions to eliminate or minimise the risk. Staff interviewed understood the process around reporting and managing newly found hazards.</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>	PA Low	<p>Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Incident and accident forms are not signed off as completed until the clinical nurse manager is sure all corrective actions are identified and evaluated.</p> <p>The clinical nurse manager and the operations manager fully understood the obligations in relation to essential notification.</p> <p>Family/whānau interviewed confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their relatives. Management confirmed that information gathered from incident and accidents is used as an opportunity to improve services where indicated. However the incident and accident forms sighted and residents' files did not all contain supporting documentation.</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 of legislation.</p>	FA	<p>Policies and procedures identify human resources management that reflects good employment practice and exceeds the requirements of legislation to reflect the Eden principles.</p> <p>Staff file reviews identified that newly appointed staff are police vetted upon employment, referees are checked and job descriptions clearly described staff responsibilities. Staff have completed an orientation/induction programme related to the roles they undertaken and to understand the Eden philosophy. Competencies are completed for specific roles, such as medicine management. The clinical nurse manager and the operations manager stated that staff annual appraisals will be undertaken. This has not occurred to date as the facility has not yet been open for a year.</p> <p>Staff undertake training and education related to their appointed roles. Staff education occurs both on-site and off-site covering topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted.</p> <p>Staff that require professional qualifications have them validated as part of the employment process as confirmed in documentation sighted. Staff employed to work in the memory assist unit (dementia care unit)</p>

		<p>either hold or are working towards specific recognised qualifications.</p> <p>Resident and family/whānau members interviewed identified that residents' needs are met by the service. Positive comments were received during resident and family/whānau interviews.</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>	FA	<p>Policy documents the process undertaken to ensure staffing levels and skill mix are maintained to meet residents' needs and to comply with contractual and Eden requirements. Documentation identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe and quality care to all residents.</p> <p>A review of rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner and that they have choices respected for all aspects of service delivery.</p> <p>There is a registered nurse and at least one staff member on duty at all times who holds a current first aid certificates. Caregivers either hold or are encouraged to gain a recognised certificate in care of the aged. The three members of the 'life enhancement team' (activities) work 120 hours per week to cover seven days. There are dedicated cleaning and kitchen staff seven days a week and all laundry is contracted off site.</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 service has implemented a 'cloud' based medicine management system. The medicines are supplied by the pharmacy in a pre-packed administration system. The pre-packed medicines and the signing sheets are compared against the medicine prescription. The GP conducts a medicine reconciliation on admission to the service and when the resident has had any changes made by other specialists. Safe medicine administration was observed at the time of audit.</p> <p>The medicines and medicine trolley were securely stored. The controlled drugs are managed to meet legislative and aged care guidelines.</p> <p>The medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines.</p> <p>Medication competencies were sighted for all staff who assist with medicine management.</p> <p>There were no residents who self-administer their medications. The service's policies, procedures and self-administration guidelines to assess if a resident was competent to administer their own medicines are implemented.</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>	<p>FA</p>	<p>The menu was reviewed by a dietitian as suitable for the older person living in long term care addressed the previous corrective action to ensure the menu had been reviewed before the commencement of service delivery. The consulting dietitian reports satisfaction with the food and fluids and reports that a number of residents they are involved with are putting on weight, as desired.</p> <p>The service has a three week rotational menu with seasonal variations. The kitchen service receives a nutritional profile for each resident on admission, with any additional or specific dietary requirements recorded and these needs were met. The kitchen manager sees each resident at least monthly, to receive feedback on the meals and update any special requirements or requests. The residents and family/whanau interviewed reported satisfaction with the meals and fluids provided.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complied with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing in house education.</p> <p>Staff have access to food and fluids for the residents from the kitchenette within the memory assist unit.</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>PA Low</p>	<p>The residents and family/whanau reported that the staff have excellent knowledge and care skills. The GP expressed satisfaction with the care provided. The provision of services and interventions was clearly documented for the rest home and hospital residents. The care plans were individualised and personalised to meet the specific assessed needs of each resident and evidenced a person centred approach to care. The care was flexible and focused on promoting quality of life for the residents. Residents and family/whanau reported high satisfaction with the care and service delivery.</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 planned and spontaneous activities provided seven days a week. The activities are based on the Eden Alternative. There are specific diversional activities in the memory support unit and the rest home and hospital sections of the home. The service has a number of pets and farm animals. Families are encouraged to participate in activities with their relatives.</p> <p>Feedback is sought from residents at the residents' meeting and during activities. The diversional therapist and life enhancement team reported that they gauge the response to the activities and modify the programme related to this. The life enhancement team reported the activities are also modified according to the capability and cognitive abilities of the residents. The activities programme covered physical, social, recreational and emotional needs of the residents. There were diversional therapy, activities, social and cultural assessments</p>

		sighted. The service has links with other community organisations, churches and local schools.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Evaluations are planned to be conducted at least six monthly. There are no residents that have been at the service longer than six months. There is evidence that the care is evaluated when there has been a change in the resident's condition. The short term care plans evidenced interventions are evaluated more frequently. The wound treatment plans reviewed had an evaluation of the treatment and condition of the wound at each dressing change.  Where progress was different from expected, the service responded by initiating changes to the care plan or by use of short term care plans for temporary changes. Short term care plans were in the files reviewed. The residents and family/whanau reported high satisfaction with the care provided at the service.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Documentation sighted identified that all processes were undertaken as required to maintain the building warrant of fitness. The facility has a Code Compliance Certificate which was issued in February 2015. This was an area identified for improvement in the provisional audit and is now fully attained.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The service conducts monthly surveillance for infections. The service uses standardised definitions of infections that are appropriate to the long term care setting. The surveillance data is analysed, reviewed, trended and externally benchmarked. When trends are identified, these are also discussed at the staff meeting, where additional actions are discussed and implemented.  Recent trend analysis recorded an increase in urine infections. The analysis records the reason for the increase and the actions implemented to reduce the reoccurrence.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is	FA	Restraint is minimised at Kumeu Village. At the time of audit the restraint register identifies there are three bedside rails used as enablers to assist residents to maintain independence.  Policy identifies that an enabler is voluntary and the least restrictive option to keep the resident safe. All documentation completed complies with policy and legislative requirements.

actively minimised.		Staff are aware of the difference between an enabler and a restraint and what actions need to be taken related for the use of both. Restraint and behavioural management is included in staff orientation/induction processes. Ongoing education is identified on the staff education calendar sighted.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	PA Low	<p>Adverse, unplanned or untoward events are documented and reporting on incident and accident forms. This information is used to identify opportunities for service improvement as appropriate. All incidents and accident are reviewed and monitored by the health and safety committee and a monthly analysis report is presented to the management team monthly.</p> <p>Family/whānau interviewed stated they are always informed of any incident or accident involving their relative but documentation was not always completed to confirm this.</p>	<p>Not all incident and accident forms were completed to show that family/whānau were informed and documentation was not always shown of this in residents' files.</p>	<p>Ensure documentation is completed to identify when family/whānau are notified of incidents or accidents to meet policy requirements.</p> <p>180 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are</p>	PA Low	<p>There is a general diversional plan displayed in the memory assist unit on suggested diversional activities over a 24 hour period. For example suggested diversional activities if residents are awake and wandering at night. The two files of residents living in the memory loss unit did not have</p>	<p>Not all files reviewed in the memory assist unit had a</p>	<p>Provide evidence that the care plans for residents living in the memory assist</p>

<p>consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>		<p>an individualised documented plan of how to manage challenging behaviours over a 24 hour period that is specific to their individual needs. One of the files had a comprehensive behaviour assessment and behaviour logs that recorded the triggers and de-escalation techniques. The other file had a brief description of the resident's behaviour as part of the admission assessment with no specific triggers identified.</p>	<p>comprehensive behaviour assessment or a plan of how to manage challenging behaviours over a 24 hour period.</p>	<p>unit have a plan for how to manage challenging behaviours over a 24 hour period that is based on a comprehensive assessment.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.