# Kaylex Care (Fielding) Limited

## Introduction

This report records the results of a Partial Provisional 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Kaylex Care (Fielding) Limited

**Premises audited:** Woodfall Lodge Retirement Home

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 28 July 2015 End date: 28 July 2015

**Proposed changes to current services (if any):** Change 21 rest home level beds to accommodate either rest home or hospital level residents (that is, dual purpose beds.)

**Total beds occupied across all premises included in the audit on the first day of the audit:** 35

# 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.

## General overview of the audit

Woodfall Lodge Retirement Home provides 36 beds; 21 rest home level beds and 15 hospital level beds. This audit was undertaken to establish the level of preparedness of the provider to change the 21 rest home beds to dual purpose bedrooms. The facility is operated by Kaylex Care Limited.

The areas requiring improvement from the previous audit relating to resident documentation, the activities programme, and aspects of medicine management have been addressed. There are no areas identified from this audit that require improvement.

## Consumer rights

Not applicable to this audit

## Organisational management

Systems are in place for monitoring the service provided at Woodfall Lodge Retirement Home, including regular weekly and monthly reporting by the facility manager. The facility manager is a registered nurse appointed to their current role on the 20 July 2015. Prior to this the facility manager was the clinical care manager. The facility manager is supported by a new clinical care manager who is responsible for overseeing clinical care provided at the facility.

There are policies and procedures on human resources management and current annual practising certificates were sighted for personnel who require them. In-service education is provided at least monthly for staff and they are also required to complete the New Zealand Qualifications Authority Unit Standards, relevant to their role. A review of staff records provided evidence that human resources processes are being followed, orientation is being completed and individual education records are maintained.

There is a documented rationale for determining staffing levels and skill mix in order to provide safe service delivery that is based on best practice. The minimum number of staff is provided during the night shift and consists of one registered nurse and two caregivers. The facility manager and clinical care manager are rostered to provide on call after hours. Care staff interviewed reported there is adequate staff available and that they are able to get through their work. The facility manager reported registered nurse and caregiver hours will be monitored and increased as required according to the dependency level of residents admitted to the facility.

## Continuum of service delivery

A range of strategies are in place to guide continuity of care, including resident progress notes being updated every shift and as required, written handover sheets and verbal handovers at the start of each shift.

Residents have individualised care plans, using the interRAI assessment tool, which are based on an integrated range of clinical information and resident/family input. Improvements required from the previous audit relating to recording the stability of residents, records not available to demonstrate residents had been reviewed by the general practitioner (GP) at least three monthly, copies of GP electronic records not always available and the evaluation of care plans have been addressed.

An experienced diversional therapist manages the two activity programmes. A range of activities are available to both hospital and rest home residents who are also encouraged to maintain their links with the community. Regular outings are undertaken using the facility’s mobility van. The area requiring improvement from the previous audit relating to the appropriateness of activities for hospital level residents has been addressed.

The management of medications is safe and appropriate. Medications are administered by registered nurses only, whom have been assessed as competent in relation to medicine management. Two caregivers within the facility are medication competent. Medications are prescribed in accordance with legislative and safe practice requirements and stored appropriately. The areas requiring improvement from the previous audit relating to medicine management have been addressed.

Food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The kitchen was well organised and maintained in a clean and hygienic manner. The individual food preferences and dietary needs of residents are acknowledged and accommodated. There are three separate dining areas for residents. Residents spoke highly of the meals provided to them.

## Safe and appropriate environment

It is proposed that the twenty one bedrooms currently providing rest home level care will provide either rest home level care or hospital level care (dual purpose bedrooms). All bedrooms provide single accommodation; two rest home rooms have full ensuites and all rooms have wash hand basins. There are adequate toilet and shower facilities throughout the facility.

All residents' rooms are large enough to allow for residents and staff to safely move around in them and for the use of equipment. Residents have access to a number of lounge areas and dining rooms. An appropriate call system is available and security systems are in place.

There are policies and procedures for waste management, cleaning, laundry and emergency management and these are known by staff. Staff receive training to ensure safe and appropriate handling of waste and hazardous substances. Observation provided evidence of sluice facilities. There was safe storage of chemicals and equipment. Protective equipment and clothing was provided and used by staff.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

Policies and procedures are in place for the prevention and control of infection which comply with relevant legislation and current accepted good practice. The infection control programme is reviewed annually.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| **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 | 18 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 0 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | A current business plan for the facility includes goals and objectives, a mission statement, values, a vision and objectives. There are systems in place for monitoring the service, including regular electronic weekly and monthly reporting by the facility manager (FM) to the governing body. Benchmarking with the other facilities in the Kaylex Care group is also completed.  The facility is managed by a facility manager (FM) who is a registered nurse (RN) and has been in this role since 20 July 2015. The FM prior to this appointment was the clinical care manager (CCM) and has also held FM positions in other facilities. The FM is supported by a CCM who is new to this position. Prior to this appointment they were a RN ‘on the floor’. The CCM also has prior experience as a clinical manager. The FM is also supported by another FM/RN within the organisation. The annual practising certificates for the FM and CCM were reviewed and are current. There was evidence in the FM’s and CCM’s files of ongoing education.  The service philosophy is in an understandable form and is available to residents and their family / representative or other services involved in referring residents to the service. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | There are appropriate systems in place to ensure the day-to-day operations of the service continue should the FM be absent. The CCM relieves the FM if they are absent. A RN deputises for the CCM when the CCM is absent with overview from the FM.  Additional support and assistance is provided by another FM/RN from another facility within the group and from the company’s head office. Job descriptions and interviews of the FM and CCM confirm their responsibility and authority for their roles. |
| 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 | The FM is responsible for the in-service education programme at Woodfall Lodge. The FM advised that in-service education sessions are provided at least once a month. Caregivers are also required to complete the New Zealand Qualifications Authority Unit Standards. Review of the 2014 and 2015 education programme, training and competency spread sheets, staff files, and interview of the FM and care staff confirmed staff receive ongoing education and competencies are current.  The skills and knowledge required for each position within the service is documented in job descriptions which outline accountability, responsibilities and authority and were reviewed on staff files along with employment agreements, police vetting, completed orientations, references and competency assessments.  There are policies and procedures on human resources management and the validation of current annual practising certificates for registered nurses, pharmacists and general practitioners (GPs) is occurring. An appraisal schedule is in place and current appraisals were sighted on staff files reviewed. Staff at interview confirmed this.  The FM described the orientation programme provided at Woodfall Lodge that covers the essential components of the service provided. Staff confirmed they had received an orientation and attend education sessions. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented rationale in place (‘Good Employer, Staff levels and Skill Mix Policy’) for determining service provider levels and skill mix in order to provide safe service delivery. Registered nurse cover is provided 24 hours, seven days a week. On call after hours is provided by the FM and CCM. The minimum number of staff on duty is during the night and consists of an RN and two caregivers. The FM advised registered nurse and caregiver hours will be monitored and increased as required according to the dependency of residents admitted in the future.  Staff interviewed reported there is adequate staff available and that they are able to get through their work. All care staff have a current first aid certificate. Residents interviewed reported staff provide them with adequate care. Observations during this audit confirmed adequate staff cover is provided. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | All aspects of medication management comply with legislative requirements and safe practice guidelines. The service has detailed policies and procedures to guide medication management.  The facility implemented the ‘Medi-map’ electronic system on the 20 July 2015 and staff are currently using both hard copy and electronic systems when administrating medicines until the electronic system is fully embedded. Medications are administered by registered nurses only. Two caregivers within the facility are medication competent. Records were sighted that these staff have a current medication competency assessment. The CCM advised the change of rest home beds to dual purpose beds will not impact on the current system used for medicines.  Medications are supplied to the facility using the robotic system. The CCM advised that the rolls are checked by one of the registered nurses against the medication chart. Records of these reconciliations were sighted. Surplus and expired medication is returned to the pharmacy. The date of first use of eye drops was recorded on those products currently in use.  The facility holds stock medicines including controlled drugs. A stock inventory is provided and monitored weekly by the pharmacy. The CCM advised there are currently no residents using controlled drugs. A stocktake of all controlled medication is undertaken weekly and six monthly.  Medication charts reviewed confirmed that medications were charted in an appropriate manner, with discontinued medications initialled and dated. All medication charts included a current photograph of the resident. One resident partly self-medicates, with documented evidence sighted of assessments of their ability to do so.  Any medicine withheld or refused was recorded, and all medication charts reviewed were signed. There was no evidence of transcribing of medication charts and the use of ‘white out’. Records of the daily check of the medication fridge temperature were sighted, with the temperature being maintained within the required range. The partial attainment from the last audit has been addressed.  Observation of the lunch time medication round confirmed that medications were administered in a safe and appropriate manner. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Residents spoke highly of their enjoyment of the meals and how they were offered alternatives if they did not like something on the menu. Satisfaction with food services was also evident in the residents’ monthly meeting minutes.  Food storage complied with all current legislation. Food in the fridge and freezers was dated and covered. Cleaning schedules were sighted. Records were sighted that fridge and freezer temperatures were monitored daily and remained within recommended ranges. The kitchen is a good size with commercial equipment and was observed to be well maintained, clean and tidy. The FM and cook advised the change of rest home beds to dual purpose beds will not impact on the meal service. The kitchen catered for a range of nutritional requirements, including diabetic and soft diets. A dietary profile is completed when residents are admitted and details of their likes/dislikes and special nutritional needs are recorded. A four weekly menu is in place and is currently being reviewed again by a dietitian.  Appropriately qualified staff are responsible for food services within the facility. Both cooks have completed food hygiene education. The cook stated that staff advise when residents’ nutritional needs change and prescribed nutritional supplements are being administered. |
| Standard 1.3.7: Planned Activities  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. | FA | A diversional therapist (DT), an activities officer and a caregiver provide a total of 30 hours per week of activities. Residents’ previous and current interests are assessed on admission, activity plans are completed within three weeks and a progress/evaluation is completed at least six monthly.  There are two activities programmes one for hospital residents and one for rest home residents that reflects the residents’ preferences. The facility has its own mobility van and regular outings feature in the monthly activity plans.  The DT stated they have developed a programme for the hospital residents that is more appropriate to their dependency levels, and review of the programme confirmed this. Hospital residents also join with rest home residents for some activities. One to one activities are also provided for residents who are not able to attend group activities.  Residents interviewed reported their satisfaction with the variety of activities available and during the audit hospital residents were observed participating actively and passively in the activity being provided. The partial attainment from the last audit has been addressed. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Residents’ files reviewed all had care plans that were evaluated at least six monthly. Evaluations were resident focused and documented the progress towards meeting the identified goal. The partial attainment from the last audit has been addressed. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Documented processes are in place for the management of waste and hazardous substances. Material safety data sheets provided by the external contractor were available and accessible for staff. Education on chemical safety was provided as part of the staff in-service education programme. Staff interviewed reported they have received training and education to ensure safe and appropriate handling of waste and hazardous substances.  Observations provided evidence that hazardous substances were correctly labelled, the container was appropriate for the contents including container type, strength and type of lid/opening. Protective clothing and equipment that is appropriate to the risks associated with the waste or hazardous substances being handled were provided and being used by staff. For example, gloves, aprons, and masks were sighted. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | There is a maintenance programme in place that ensures buildings, plant and equipment are maintained to an adequate standard. Planned and reactive maintenance systems were in place and documentation to support this was reviewed. Current electrical safety tags on electrical items were sighted. Documentation and observations evidenced a current Building Warrant of Fitness is displayed that expires 25 May 2016.  Of the 21 rest home bedrooms, nine are smaller in size than the other 12 bedrooms, however all bedrooms are large enough to allow equipment and care staff to safely manage residents.  Observations of the facility provided evidence of safe storage of equipment. Corridors allow for residents to safely passing each other; safety rails are secure and are appropriately located.  External areas are available for residents and these are maintained to an adequate standard and are appropriate to the residents. Residents are protected from risks associated with being outside, including provision of adequate and appropriate seating and shade, and ensuring a safe area is available for recreation or evacuation purposes.  Care staff confirmed they have access to appropriate equipment, equipment is checked before use, and they are competent to use the equipment.  Residents confirmed they know the processes to follow if any repairs/maintenance is required and that requests are appropriately actioned. Residents confirmed they are able to move freely around the facility and that the accommodation meets their needs. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are two bedrooms in the rest home area with full ensuites and all bedrooms have wash hand basins.  There are adequate numbers of toilets and showers for residents throughout the facility. The service also has toilets allocated to visitors and staff. Staff were observed to be maintaining residents’ privacy.  Hot water temperatures are checked and recorded monthly and are within the recommended range. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All bedrooms are single and there is space to allow residents to move safely around their personal space and bed. Rooms are large enough for staff to comfortably use hoists and allow for personal mobility aids, additional chairs and furniture in the residents’ rooms. Doors to the rooms are wide enough for mobility aids and hoists to enter the rooms. Corridors are wide enough and residents using mobility aids, visitors and staff easily move past one another. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Adequate access is provided to the lounges and dining areas. Residents were observed moving freely within these areas. Residents confirmed there are alternate areas available to them if communal activities are being run in one of these areas and they do not want to participate in them. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Cleaning and laundry policy and procedures are available. There are policies and procedures for the safe storage and use of chemicals / poisons.  All laundry is washed on site and there is an adequate dirty to clean flow. The laundry person and FM described the management of laundry including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents.  The effectiveness of the cleaning and laundry services is audited via the internal audit programme and completed audits for laundry and cleaning were reviewed. The cleaner was interviewed and described the cleaning processes.  Observations provided evidence that safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals were labelled and stored safely within these areas; chemical safety data sheets or equivalent were available; and appropriate facilities exist for the disposal of soiled water/waste. Convenient hand washing facilities are available, and hygiene standards are maintained in storage areas.  Residents interviewed stated they were satisfied with the cleaning and laundry service. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements along with policy/procedures for visitor identification are available. Policy/procedures for the safe and appropriate management of unwanted and/or restricted visitors are also available.  A New Zealand Fire Service letter dated 21 October 1997 was reviewed and confirmed the fire evacuation scheme has been approved. The last trial evacuation was held on 4 June 2015.  Emergency and security management education is provided as part of the in-service education programme. Processes are in place to meet the requirements for the 'Major Incident and Health Emergency Plan'.  Observations provided evidence that information in relation to emergency and security situations is readily available/displayed for service providers and residents. Emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting. Observations evidenced emergency lighting, torches, gas for cooking, extra food supplies, emergency water supply (potable/drinkable supply and non-potable/non drinkable supply), blankets, and cell phones are available.  There is a call bell system in place that is used by the residents or staff members to summon assistance if required and is appropriate to the resident group and setting. Call bells are accessible / within reach, and were available in resident areas. Residents confirmed they have a call bell system in place which is accessible and staff respond to it in a timely manner. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents interviewed confirmed the facility is maintained at an appropriate temperature.  Observations evidenced that the residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | A registered nurse is the designated infection control coordinator and a job description was sighted in their file. Infection control matters including surveillance are the responsibility of the health and safety committee and results are reported to the governing body and staff. The infection control manual provides guidance for staff about when they must stay away from work if they have been unwell and the duration of the stand-down period. Staff interviewed were knowledgeable with regards to hand hygiene and audits of handwashing confirmed this.  The infection control programme has been reviewed and is current. The manual includes definitions, procedures, guidelines to identify infections, information for all employees related to accidents, spills, needle stick injury prevention, sharps management and single-use items. There also information relating to minimising risk for visitors, including outbreak procedures. |

# 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.

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# 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.

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End of the report.