

Kohatu Resthome Limited

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 Health Audit (NZ) 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:

Legal entity:	Kohatu Resthome Limited
Premises audited:	Kohatu Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 September 2016 End date: 15 September 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	23

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.

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

Kohatu Rest Home provides rest home level care for up to 24 residents. The service is privately owned and is managed by a facility manager who is a registered nurse.

This spot surveillance audit was conducted against the Health and Disability Service Standards and the service's contract with the district health board. The audit process included the review of relevant policies and procedures, review of resident and staff files, observations and interviews with residents, family/whānau, management, staff and a message was given from general practitioner.

The 10 areas identified for improvement in the previous audit have all been addressed by the service.

Two areas identified for improvement from this audit relate to evaluation of short term care plans and monitoring of the fridge and freezer.

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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The service has processes in place to ensure good communication occurs between residents, family/whānau, staff and management. This is confirmed during interviews with residents and family/whanau and in documentation sighted in resident files.

Policy describes how to access interpreter services if required. The facility manager stated their understanding the process of access interpreter services. Currently all residents have English as their first language. There are staff who speak Maori and can converse in Te Reo Maori with several residents who speak both English and Maori.

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.		Standards applicable to this service fully attained.
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The owner/director of Kohatu Rest Home is responsible for all governance of the operation of the facility and the facility manager, who is a registered nurse (RN) oversees the day to day management of services. The business plan and quality and risk management systems were sighted for 2016. The scope, direction, goals, values, and mission statement are documented. Systems are in place for monitoring the services provided including regular monthly reporting by the facility manager to the owner/director.

The facility manager is an experienced and suitably qualified manager with a current practising certificate as a registered nurse. They have been in this position since 2008. The facility manager is also responsible for the oversight of the clinical services in the facility. The facility manager is supported by a person experienced in aged care and who has worked at Kohatu Rest Home since 2007.

There is an internal audit programme, risks are identified and there is a hazard register. Adverse events are documented on accident/incident forms. Internal audits, accident/incident forms, and meeting minutes' evidence corrective action plans are developed, implemented, monitored and signed off as being completed to address the issue/s that require improvement. Information gathered is shared at staff meeting which the owner/director attends. Graphs of clinical indicators are available for staff to view along with meeting minutes.

Human resource management policies are implemented by the service. This is confirmed in staff files reviewed. The in-service education programme is provided for staff at least monthly. This covers all aspects of service provision. Staff are also encouraged to complete specific aged care qualifications. There is an in-house assessor is available to provide training.

There is a documented rationale for determining staffing levels and skill mixes in order to provide safe service delivery that is based on best practice. The facility manager is on call after hours.

Resident information is entered into a register in an accurate and timely manner. The privacy of resident information is maintained. Clinical records are securely stored and resident files are integrated with legible entries.

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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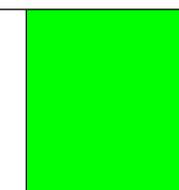
Residents receive appropriate services that meet their desired goals/outcomes. Residents are admitted with the use of standardised risk assessment tools. Long and short term care plans are developed and implemented in a timely manner. Interventions are sufficiently detailed to address the desired goals/outcomes. Improvement is required in relation to evaluation of the short term care plans. Planned activities are appropriate to the needs, age and culture of the residents who reported that the activities are enjoyable and meaningful to them.

The previous areas for improvements in relation to long term care planning interventions and evaluations are now fully addressed.

An electronic medicine management system is in place that meets the required regulations and guidelines. The previous areas for improvements in relation to medicine management are now fully addressed.

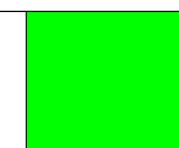
Food service meet the food safety guidelines and legislation. The individual food, fluids and nutritional needs are met. Reviewed resident files evidenced stable weights and interventions are in place when weight changes are identified. Improvement is required in relation to temperature monitoring of fridges/freezer.

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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All building and plant complies with legislation. A current building warrant of fitness is displayed. There are no building alterations since the last audit. Fire drills are conducted regularly.

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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Policies and procedures identify the use of restraints and enablers which are utilised as the least restrictive option that allows the residents to maintain independence, comfort and safety. There are five residents using an enabler. Residents reported that they requested for these enablers to be in place.

Infection prevention and control

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.



Standards applicable to this service fully attained.

The service provides an environment which minimises the risk of infection to residents, service providers and visitors. Reporting lines are clearly defined with the infection control nurse (RN) reporting directly to the owner/director.

The infection prevention and control programme is maintained by the infection control nurse. It is reviewed annually.

Annual staff education occurs and staff verbalised their understanding and knowledge related to reporting infection concerns.

Infection control surveillance is undertaken according to requirements for the service provided. Information is shared at staff meetings.

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	15	0	2	0	0	0
Criteria	0	40	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>Complaints policies and procedures are compliant with Right 10 of the Code. Complaint forms are available at the entrance of the facility and included in resident information packs. Residents and family/whānau confirm the process for complaints is explained as part of the admission process and that they are aware of how to lodge a complaint. They stated any issues raised are addressed promptly.</p> <p>The complaints register sighted identifies there had been one complaint since the previous audit which has been resolved. At the time of audit there are no open complaints.</p> <p>Review of the staff meeting minutes provide evidence of reporting of complaints to staff. Care staff confirmed this information is reported to them via the staff meetings and that if any concerns are reported to them they pass the information onto the facility manager who deals with all complaints.</p> <p>There have been no investigations by the District Health Board, Ministry of Health, Health and Disability Commissioner, Accident Compensation Corporation (ACC), Police or the Coroner since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>Communication with family/whānau members is recorded in each residents file as confirmed in the files reviewed. Family/whānau report they are kept informed of any issues or concerns staff may have related to their relatives. Family/whānau members expressed a high level of satisfaction with how well they are kept informed about any change to the resident's condition and their involvement in resident care planning. Resident meetings are held</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>monthly and minutes were reviewed. Any issues raised are addressed by management.</p> <p>There is a policy and procedure documented related to use of interpreter services. The facility manager advised that interpreter services are able to be accessed from the local DHB, if required. This information is also provided to residents and family/whānau as part of the information pack provided as part of the admission process.</p> <p>Several residents are bi-lingual and speak both English and Te Reo Maori and there are staff members who can converse in Te Reo.</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>Kohatu Rest Home is privately owned. The owner/director undertakes governance activities which include review and update of the business plan, strategic and quality systems. Review of the documents identifies the goals, purpose, objectives, mission statement and values.</p> <p>The facility is managed by a facility manager who is an experienced registered nurse with extensive aged care experience and has been in this position since November 2008. The facility manager holds a current annual practising certificate (sighted) and has a portfolio to evidence ongoing education. The facility manager is supported by a person experienced in aged care and who has worked at Kohatu Rest Home since 2007. This person holds the role of second in charge and attends appropriate education.</p> <p>On the first day of this audit there were 23 residents assessed as rest home level care.</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>A strategic and quality and risk management plan is in place and evidence of review for 2016 sighted. These documents guide the quality programme and includes goals and objectives. The owner/director and facility manager speak on a daily basis if required and a formal meeting is held six weekly where the facility manager reports how set key performance indicators and goals are progressing.</p> <p>Quality data is collected and analysed to identify trends. Information is gathered from restraint, infection control, incidents and accidents, survey and audit results, regular internal audits, health and safety and complaints. This information is used to improve services as appropriate. Corrective actions are developed and implemented as required to address any issues or deficits identified. The corrective action forms identify the person responsible for the corrective action, are time framed for completion and signed off when completed. This was an area identified for improvement in the previous audit and is now fully attained. Corrective action results are reported at staff meetings which are attended by the owner/manager. Staff confirm during interview they understand and are involved in quality improvements. They verbalised quality improvement which have been made since the previous audit such as the purchase and use of pressure relieving tools and the introduction of a cloud based medication system.</p> <p>Policies and procedures are relevant to the scope and complexity of the service, reflect current accepted good</p>

		<p>practice and reference legislative requirements. Policies and procedures are reviewed by the facility manager and are current. Staff confirmed that they are advised of updated policies and they confirmed the policies and procedures provide appropriate guidance for service delivery.</p> <p>Actual and potential risks are documented and the service has an up to date hazard register. Risks are managed according to their identified risk rating.</p> <p>Residents stated that the quality improvement important to many was the purchase of t-shirts for the bowling team. They confirm management are very responsive to requests they make.</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>	FA	<p>The facility manager verbalised their awareness of essential notification reporting requirements for pressure injuries, infection outbreaks and serious events.</p> <p>Incidents and accidents are documented for adverse and untoward events to comply with policy requirements. Accident and incident forms are reviewed by the facility manager and signed off when completed. Corrective action plans to address areas requiring improvement are documented on accident/incident forms. This is confirmed during staff interviews and in documentation sighted. The facility manager undertakes assessments of residents following an accident.</p> <p>Family/whānau members interviewed stated they are kept well informed of all incidents and accidents involving their relative. This is also confirmed in documentation sighted in the resident file reviews.</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</p>	FA	<p>Human resource policies and procedures implemented reflect current good practice. The skills and knowledge required for each position is documented in job descriptions which outline accountability, responsibilities and authority. Staff file reviews identify that there are signed job descriptions, reference checks, police vetting, individual employment contracts, completed orientation/induction records and drivers licences. All recently employed staff have completed reference checks undertaken. This was an area identified for improvement in the previous audit and is now fully attained. Annual staff appraisals were sighted in the staff files reviewed.</p> <p>Staff and contractors who require annual practising certificates have current copies kept on file. This includes the RN, pharmacists, podiatrist, physiotherapist and GPs.</p> <p>There is an annual education programme in place. On-site education is presented monthly and staff confirm it is useful and related to the roles they undertake and all required educational requirements are met. This was an area identified for improvement in the previous audit and is now fully attained.</p>

legislation.		<p>Individual staff attendance records are kept to identify education attended by staff. Staff are encouraged to complete specific education related to aged care for which the facility manager is an assessor. Off-site education, such as hospice training is available to staff and electronic education is also accessed.</p> <p>Competency assessment questionnaires are current for medication management and restraint. The facility manager is InterRAI assessment trained and holds a current competency.</p> <p>An appraisal schedule is in place and current staff appraisals were in the staff files.</p> <p>A message received from one general practitioner stated that the staff, especially the facility manager did a wonderful job. The GP also stated the facility manager had the right attitude and good clinical knowledge. The GP had no concerns about the care offered at the facility.</p> <p>Resident and family/whānau interviews confirm cares are delivered in a professional manner and that resident needs are met.</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>There is a documented rationale in place for determining service provider levels and skill mix in order to provide safe service delivery. The facility manager is full time and is on call after hours. There is a contracted RN to relieve the facility manager when she is away. Staff stated there is also a caregiver on call if required.</p> <p>A review of staff rosters shows that there is at least one staff member on duty with a current first aid certificate at all times. Care staff reported there are adequate staff available and that they are able to get through their work.</p> <p>Dedicated hours are identified for a cleaner 24 hours per week, activities have 18 dedicated hours and kitchen staff seven days a week across all meal times.</p> <p>No concerns were verbalised during resident and family/whānau interviews.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	FA	<p>A medicine management system is implemented to ensure safe delivery of medicines to the residents. An electronic system is now in place which evidenced current resident identification, allergies and indications for all medicines to be administered. Medications are reviewed regularly. Medication reconciliation is conducted by the RN when a resident is discharged back to the service. A system is in place when returning expired or unwanted medications. All medicines are stored appropriately.</p> <p>Improvement is required in relation to monitoring the fridge temperature in the medication room.</p> <p>The staff administering the lunch time medications complied with the medicine administration policies and</p>

<p>requirements and safe practice guidelines.</p>		<p>procedures. Current medication competencies are evidenced in the staff bulletin board.</p> <p>There are no residents who self-administer medications.</p> <p>Previous areas for improvements in relation to safe medicine administration and competencies are now fully addressed.</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>PA Low</p>	<p>Food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. A system is in place when receiving deliveries. All meals are prepared and cooked onsite. Staff who work in the kitchen have food handling certificates. The cook uses safe food handling practices when preparing meals. A kitchen schedule is in place.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. Dietary requirement forms are completed by the RN on admission and the cook is provided with a copy. Additional or modified foods are also provided for the residents.</p> <p>Food temperatures are monitored and recorded regularly. Cooked meals are plated from the kitchen to the main dining area. The meals are well-presented and residents reported that they are offered with alternative meals when needed. All residents are weighed monthly and weight changes are managed appropriately by the service.</p> <p>Improvement is required in relation to monitoring of fridge/freezer temperatures as well as fridge temperature in the medication room.</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>FA</p>	<p>Long and short term care plans are developed and implemented by the RN. Documented interventions in both long and short term care plans are sufficiently detailed to address the desired goal/outcome.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>FA</p>	<p>Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulated. The activities coordinator develops the activity plans using the resident's profile gathered during the interview with the residents and their families. Weekly activity plans are posted where the residents can</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>see what is scheduled for the week. Activity plans are current and reflect the resident's preferred activities. Residents are referred to the RN when changes in activity involvement are noted. Interviewed residents and families reported satisfaction with the activities provided by the service.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>PA Low</p>	<p>Long term care plans are evaluated within the required timeframes. The RN reported that long term care plan interventions are updated after completing an evaluation. Short term care plans are developed and implemented by the RN but are not closed off and do not indicate the degree of achievement or response to the interventions in place.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed. There provider has a proactive and reactive maintenance programme in place and buildings, plant and equipment are maintained to an adequate standard.</p> <p>There are external areas available that are safely maintained and are appropriate to the residents and setting. The environment is conducive to the range of activities undertaken in each area. Resident confirmed that they can move freely inside and outside the facility and that the accommodation meets their needs.</p> <p>The previous area for improvement in relation to the external environment has been fully addressed.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>There is an approved fire evacuation plan. An evacuation policy on emergency and security situations is in place. A fire drill is conducted very six months. There have been no building alterations since the last certification audit.</p>

<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The service implements policy and procedures as part of their infection control programme to ensure all infections are documented, reported and data is included in quality reporting to staff and the owner/director. Data is reviewed and analysed to identify any significant trends or possible causative factors. For example, in August there was an increase in chest infections which was explainable related to the flu and this was managed by the service. Any immediate action required is presented to staff at hand over.</p> <p>Any ongoing actions required are presented to staff at staff meetings and any necessary corrective actions discussed, as evidenced by meeting records, infection control records and staff interviews. A comparison of previous infection incidents is used to analyse the effectiveness of the programme.</p> <p>Staff report they are aware of residents who are susceptible to recurrent infections and they always report any signs and symptoms to the RN.</p> <p>There have been no infectious outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service demonstrated that the use of restraint is actively minimised. There are five residents using an enabler. The residents reported that they requested for the enabler to be in place for mobilisation. The use of enabler is also reflected in the resident's current care plan. The policies and procedures have good definitions of restraints and enablers. Staff demonstrated good knowledge about restraints and enablers.</p>

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 1.3.13.1</p> <p>Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	PA Low	The cook monitored fridge, freezer and food temperatures.	Fridge and freezer temperatures as well as fridge temperature in the medication room are only monitored once a month.	<p>Provide evidence of daily fridge/freezer temperatures as well as fridge temperature in the medication room.</p> <p>180 days</p>
<p>Criterion 1.3.8.2</p> <p>Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.</p>	PA Low	The RN evaluated all reviewed long term care plans and interventions are amended when desired goals/outcomes are not met.	Short term care plans in five of five reviewed files have not been closed off and do not indicate the degree of achievement or the resident's response to the interventions put in place.	<p>Provide evidence of evaluation and resolution of short term care plans.</p> <p>180 days</p>

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, 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

End of the report.