CURRENT STATUS: 28-Mar-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

The Kenwyn Rest Home and Hospital provides hospital, rest home and dementia level of care for up to 60 residents. On the day of the audit there were 56 residents including 16 in the dementia unit, eight hospital residents and 32 requiring rest home level care. The Kenwyn Rest Home Hospital is one of two New Zealand facilities under private ownership of the Beer family. The owners have twenty two years’ experience in owning and managing rest homes.

The executive nurse manager has recently been employed and is an experienced registered nurse who has nursed in and managed aged care services for over sixteen years.

There is a well implemented quality and risk management programme with updates of quality objectives and quality initiatives added to the policies and procedures manual and displayed in the staff room. Quality objectives and initiatives are discussed at monthly staff meetings and incorporated into service training. The quality programme includes an implemented internal audit schedule with results against indicators benchmarked, review of incidents and accidents, management of complaints and health and safety.

There are staff appropriately employed to support residents in all areas. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

Improvements are required around advance directives, incident reporting, staff training, and management of resident information, use of assessment tools, planning, nursing documentation, medications, food services, chemical safety and review of a short ramp over a ditch.

AUDIT SUMMARY AS AT 28-MAR-12

Standards have been assessed and summarised below:

Key

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Includes commendable elements above the required levels of performance</td>
<td>All standards applicable to this service attained with some criteria exceeded</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>No short falls</td>
<td>Standards applicable to this service attained with all criteria achieved</td>
<td></td>
</tr>
<tr>
<td>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</td>
<td>Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk</td>
<td></td>
</tr>
<tr>
<td>A number of shortfalls that require specific action to address</td>
<td>Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained</td>
<td></td>
</tr>
<tr>
<td>Major shortfalls, significant action is needed to achieve the required levels of performance</td>
<td>Some standards applicable to this service unattained</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Day of Audit 28-Mar-12</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Day of Audit 28-Mar-12</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Day of Audit 28-Mar-12</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A number of shortfalls that require specific action to address</td>
</tr>
</tbody>
</table>
### 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.

### 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.

### 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.

#### AUDIT RESULTS AS AT 28-MAR-12

**Consumer Rights**

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is evident in the entrance and on notice boards. Policies are implemented to support rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care planning accommodates individual choices of residents’ and/or their family/whānau. Residents and relatives interviewed spoke very positively about care provided at Kenwyn. Complaints processes are implemented and complaints and concerns are actively managed and well documented. There is an improvement required around advance directives.

**Organisational Management**

Kenwyn has a quality and risk management system in place that is implemented and monitored and this generates improvements in practice and service delivery. Key
components of the quality management system link to the facility meetings. This includes an internal audit system to regularly assess service performance with its systems and communication of results to staff. Quality and risk performance is reported across the facility meetings and also to the organisation's management team. The service is active in analysing data and corrective actions are identified and implemented. Client satisfaction surveys are completed and regular resident meetings are held.

The service operational plans, policies and procedures promote a safe and therapeutic focus for residents affected by the aging process and dementia and promotes quality of life. The service has updated their information pack to include specific information regarding their dementia unit.

There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes.

Improvements are required to incident reporting, resident information and staff training.

**Continuum of Service Delivery**

The service has a well-developed assessment process and resident's needs are assessed prior to entry. There is an information pack available for residents/families/whānau at entry.

Assessments, care plans and evaluations are completed by the registered nurses. Residents/relatives are involved in planning and evaluating care. Risk assessment tools and monitoring forms are available and implemented and are used to assess the level of risk and support required for residents. Service delivery plans demonstrate service integration and are individualised. Short term care plans are in use for changes in health status.

Care plans are evaluated six monthly or more frequently when clinically indicated. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.

The diversional therapist provides an activities programme that involves the wider community. Activities are planned to cover five days of the week and 24-hours a day in the dementia unit.

The service medication management system follows recognised standards and guidelines for safe medicine management practice. Controlled medication balances are checked weekly by two registered nurses, expired medications are returned to pharmacy and the GP signs and dates discontinued medications on the residents' medication charts.

Meals are prepared on site. Food and fridge temperatures are recorded. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Improvements are required to use of assessment tools, care planning, nursing documentation, medications and food services.
**Safe and Appropriate Environment**

There is appropriate equipment sighted to facilitate safe care for residents requiring medical, hospital, dementia and rest home level care. The physical environment minimises risk of harm and the psychogeriatric unit is secure, homely and safe. All areas have space to manoeuvre residents with associated equipment. There is adequate equipment provided to ensure the needs of residents are met.

The building holds a current warrant of fitness. Electrical equipment is checked annually. Residents are able to bring their own possessions and are able to adorn their room as desired. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan and fire drills are completed six monthly. The facility has civil defence kits and emergency management plans.

Improvements are required around chemical safety and to review of a bridge/ramp currently over a ditch to the rear of the building.

**Restraint Minimisation and Safe Practice**

There is a policy around restraint minimisation and safe practice that includes restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enabler register. There are eight residents using enablers and no residents using restraint.

Any use of restraint or enablers is reviewed for each individual through the quality meeting held two monthly and as part of the six monthly multidisciplinary reviews. Multidisciplinary reviews include family/whanau. Staff are trained in restraint minimisation, enablers and de-escalation.

**Infection Prevention and Control**

Kenwyn infection control management systems are well documented and implemented to minimise the risk of infection to consumers, staff and visitors. The infection control programme is monitored for effectiveness and linked to the quality risk management system. Kenwyn infection control team come under the umbrella of Kenwyn quality improvement team.

There is a comprehensive orientation and education programme for all staff. Infection rates are monitored and compared with other services through an external benchmarking organisation. The results are used to identify any shortfalls in care services and infection control practices.