

## **North Waikato Care of the Aged Trust Board**

### **CURRENT STATUS: 09-Oct-12**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Verification 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**

This verification audit was carried out to consider the impact of Kimihia Home and Hospital increasing its service capacity by 16 beds in two new purpose built wings. One wing (Rata) is a six bed dedicated dementia unit and the other wing (Kowhai) has ten large rooms which have separate bedrooms and disability accessible bathrooms and are intended for hospital and/or rest home use.

The addition of 16 new beds will increase the total capacity of beds from 61 to 77 which will be categorised as follows: hospital level maximum capacity from 22 to 32 (the 10 new beds can be used as either rest home or hospital beds ('swing beds'); rest home level maximum capacity unchanged from 27 (but 10 of the 32 hospital beds could be used for rest home use; and the maximum number of dementia beds from the current 20 will increase to 26 across three different units (eight, twelve, and six beds). Note: the original eight bed dementia unit is currently decommissioned and being used for rest home level care, which was necessary to accommodate existing residents during the rebuild.

The service has fully considered the impact on staffing and recruitment for more registered nurses and caregivers, and increased staffing hours in the kitchen, laundry and cleaning services is underway. This increase has no significant impact on governance and the management structure.

All aspects of the two newly built wings are safe and appropriate for the purposes they are intended for.

The service is prepared for this increase in bed numbers.

## **North Waikato Care of the Aged Trust Board**

### **CURRENT STATUS: 06-Dec-11**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the 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**

Kimihia Home and hospital continue to provide hospital medical and geriatric care, rest home level care and dementia care to a maximum capacity of 61 residents. There were 51

residents on site during this certification audit (16 hospital, 27 rest home and eight dementia care). All residents are over 65 years of age.

Changes to the service since the previous surveillance audit in February 2011 are an application to increase the number of dementia beds from eight to 20 by converting an existing rest home wing (Kauri) into a separate 12 bed secure (dementia) unit. This on site audit included verifying the new modified environment and assessing all other requirements in regards to increase the number of dementia beds. This audit did not identify any areas of concern which require actions. The facility has reduced its total bed capacity from 63 to 61 to accommodate the change in scope.

This certification audit identified two areas as demonstrating continuous improvement. These include the organisation's approach to, and methods for, obtaining successful outcomes with staff education, and the effectiveness of infection prevention and control surveillance methods. There is one area for improvement required, related to ensuring the long term care plans are developed within three weeks of the resident's admission.

## AUDIT SUMMARY AS AT 06-DEC-11

Standards have been assessed and summarised below:

### Key

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

<b>Consumer Rights</b>	Day of Audit 06-Dec-11	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		<b>No short falls</b>
<b>Organisational Management</b>	Day of Audit 06-Dec-11	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		<b>Includes commendable elements above the required levels of performance</b>
<b>Continuum of Service Delivery</b>	Day of Audit 06-Dec-11	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		<b>A number of shortfalls that require specific action to address</b>
<b>Safe and Appropriate Environment</b>	Day of Audit 06-Dec-11	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		<b>No short falls</b>
<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 06-Dec-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>No short falls</b>

Infection Prevention and Control	Day of Audit 06-Dec-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		<b>Includes commendable elements above the required levels of performance</b>

## AUDIT RESULTS AS AT 06-DEC-11

### Consumer Rights

Services are provided in a manner that is respectful of consumer rights and facilitates informed choice. Nine residents and five family members interviewed expressed their satisfaction with services and believe that staff are providing appropriate care and treatment. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed along with complaint forms. Staff and residents are informed and frequently reminded about residents' rights and advocacy services. A minister who frequently visits the facility and has been providing pastoral services there for 20 years was interviewed on site. She spoke highly of the care and services she observed were being provided.

Interviews with residents, and relatives confirmed that they are being provided with information to assist them with making choices and enable them to give informed consent. Residents and relatives demonstrate a good understanding of the complaint process during interviews. There have been no external complaints to the office of the Health and Disability Commissioner or other external investigations since the previous audit.

The complaint register logs all concerns and complaints received from residents, staff, relatives, health professionals or other external parties. There are detailed records of investigation into complaints, timely communication and outcomes. All adverse events are reported, recorded, investigated and where necessary, actions are taken to prevent recurrence. There has been one significant (sentinel) event this year which was correctly notified to all necessary authorities and is now waiting for an outcome report from an external investigation.

### Organisational Management

Systems are established and maintained which define the scope, direction and goals of the service and the monitoring and reporting processes. There are registered nurses on site 24 hours a day seven days a week. The facility manager, clinical nurse manager and a clinical administration manager are all registered nurses (RNs) with oversight of residents care and delivery of clinical services. The full time facility manager has responsibility for business administration, quality systems and human resource management. She has been employed

by the service for nearly three years. The service has well established and documented quality and risk management systems.

Quality outcomes data (results of internal audits, adverse events, health and safety outcomes and complaints) is analysed to improve service delivery. A comprehensive internal audit programme for 2010 is in place. The adverse event reporting system is a planned and co-ordinated process, with staff documenting adverse, unplanned or untoward events.

The human resources management system provides for the implementation of appropriate employment of staff and on-going training processes. There is a clearly documented rationale for determining service provider levels and skill mix in order to provide safe service delivery. Rosters and interviews demonstrate that staff are allocated according to contract requirements. There is a low staff turnover.

All staff report they are encouraged and supported with their professional development. All care staff have completed NZQA units in the care of older people and/or are engaged in studying these. All Caregivers have completed the Aged Care Education (ACE) dementia series and only care staff who have completed or are progressing dementia education are rostered to work in the secure unit. The service is rated as continuous improvement for the extent and success of their approach to staff education. The service has developed comprehensive competency assessment tools and recently designed its own self-directed learning tools. Household staff (cleaners and laundry) receive regular education and all staff who work in the kitchen have completed relevant NZQA unit standards. The facility manager is actively involved in a number of local sector working groups. The groups collective efforts on developing resource folders, and the sharing of information provide benefit to others working in the age care sector.

There are effective systems in place for managing consumer information.

### **Continuum of Service Delivery**

The facility is divided into hospital and rest home wings plus a secure dementia unit with plans to open an additional secure dementia care unit. The care is provided by suitably qualified staff who provide assessment, care planning, provision of care, review and exit in a timely and appropriate manner. The planned activities meet the needs of the rest home, hospital and dementia level of care residents. Medicines are managed in a safe and timely manner by appropriately trained and qualified staff. An area for improvement is to ensure the long term care plans are developed within three weeks of the resident's admission.

All aspects of the nutritional needs of each resident are met. There is evidence of dietitian input and expert staff care to ensure residents' food and fluid needs are safely managed. A similar system to the existing dementia wing (for providing food in Bain maries) will be implemented for the new dementia wing and will not have a significant impact on food services.

### **Safe and Appropriate Environment**

All buildings, plant and equipment are in a safe and tidy condition and are well maintained. There is a current Building Warrant of Fitness and approved Evacuation Plan. The rest

home, hospital and dementia care wings are physically separated. All areas are spacious and suitably furnished. All bedrooms have natural light and at least one opening window to ensure adequate ventilation. All bedrooms in use show personal belongings and a home like atmosphere. Radiator heaters are fixed to the wall in bedrooms with thermostats allowing for individual choice of heat settings. Outside areas are safe and there are no physical restrictions/locked doors in the hospital or rest home areas. One rest home resident has a 'wander guard' in place to alert staff if he exits the building. There is a safe and pleasant external area for dementia residents to wander freely in a sensory garden with circular flow. There is safe and appropriate fencing and suitable garden and alfresco dining furniture is provided on the external deck which is sun protected.

Trial fire evacuations are held six monthly in all wings and staff attend ongoing education and training in emergency management. Fire equipment is checked regularly by an appropriate external service. There are dedicated laundry personnel who have attended training in chemical safety. The facility has a fully equipped civil defence kit and sufficient stored water.

There are designated external smoking areas available.

Verification audit for new dementia wing:

An existing rest home wing has been converted to a 12 single bedroom secure unit by installing secure doors with swipe card access, converting a double room into a large open lounge, installing a nurses' station and redecorating each bedroom and the bedroom corridor areas with paint finishes that individualise each room. There is an adequate number of toilets and showers for 12 residents, a sluice room, hand basins in each room and appropriately sized rooms with external windows, effective heating and cooling systems and immediate access to a large external courtyard with appropriate fencing. The NZ Fire Service advise there is no requirement to change the fire evacuation scheme for the area as there are no significant structural changes.

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

The facility have no recorded restraint use for the previous 12 months. Documentation of policies and procedures, staff training and the implementation of the processes, demonstrate consumers are experiencing services that are the least restrictive.

### **Infection Prevention and Control**

The facility has appropriate infection prevention and control policies, procedures, education and provides a safe environment for residents, staff and visitors. Infection surveillance data is analysed and reported monthly to the combined infection control and health and safety meeting with a report also provided to the board. The facility fully meets the infection prevention and control standards with a continuous improvement rating for the improvements implemented for care of indwelling catheters and infection reduction.