

Kingswood Healthcare Morrinsville 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](#).

The specifics of this audit included:

Legal entity: Kingswood Healthcare Morrinsville Limited

Premises audited: Kingswood Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 13 January 2016 End date: 13 January 2016

Proposed changes to current services (if any): The service has a new build of a 16 bed rest home. The service then plans to convert the current 17 bed rest home to a 16 bed dementia unit. This will give a configuration of 16 rest home bed and 28 dementia beds (in two units as the service already has a 12 bed dementia unit) to have a total bed capacity of 44 beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 29



Executive summary of the audit

General overview of the audit

A partial provisional audit was undertaken at Kingswood Rest Home to establish the level of preparedness of the provider to reconfigure and change the use of an existing rest home wing to provide a new secure dementia level of care wing and add a new 16 bed rest home facility. The service already provides rest home and dementia care for up to 29 residents.

The audit process included observation of the environment, interviews with the staff and management team, and review of documented processes to ensure these are appropriate for the employment, orientation and training of staff to provide rest home and specialist dementia care.

There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

Prior to commencement of dementia care the service is required to complete the changes to make a secure external environment. The new build has a number of areas that are still required to be fully completed internally and externally, and the required council and fire service approval is required prior to the commencing of services.

Consumer rights

Not applicable to this audit.

Organisational management

Kingswood Rest Home is a family owned and run service. There is a clearly documented and displayed organisational mission, vision and philosophy. The direction and objectives of the service are monitored both formally and informally through the business and strategic planning documents and management meetings.

There is a transitional plan to reconfigure the current rest home to secure dementia level of care and to utilise the new building for the current rest home residents. The service is implementing staff education to promote positive wellbeing for rest home residents and residents living with dementia.

The service is managed by a suitably qualified and experienced registered nurse/clinical manager. The clinical manager is responsible for the clinical management of the service and is supported by the general manager, directors and other registered nurses.

The service has sufficient staffing numbers for the commencement of the new level of care, with current staff either completed or undergoing specific education related to dementia care for the increase in this level of care. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed for the orientation, induction and ongoing education programme.

Continuum of service delivery

Medicine management policies, procedures and processes comply with current legislative requirements and safe practice guidelines. All staff who administer medications have been assessed as competent to do so.

The menu has been reviewed by a dietitian in the last year and is suitable for residential aged care. There will be food and nutritional snacks available 24 hours day for the residents living in the dementia unit. The previous area for improvement related to the recording of fridge and freezer temperatures has now been addressed.

Safe and appropriate environment

There are documented emergency management response processes which were understood and implemented by staff. This includes protecting residents, visitors and staff from harm as a result of exposure to waste or infectious substances. There are appropriate cleaning and laundry services.

The current rest home has a current building warrant of fitness and approved evacuation scheme. The new rest home building is in the final stage of fit out and landscaping. The new building still requires the council and fire services consents and approvals, which will be required prior to occupancy of the building. As the new building has not yet been fully finished, security stays on the windows and the call bell system are required to be fully installed. The new building is suitable for the needs of the residents, and has been furnished in the bedrooms, lounge and dining areas. Designated lounge and dining areas meet residents' relaxation, activity and dining needs.

There are adequate toilet, bathing and hand washing facilities in both the current and new rest home building. Each of the rooms in the new building have shared ensuites with disability access.

When the service gains council, fire and ministry permission for residents to reside in the new building, the organisation then plan to convert the current rest home to an additional secure dementia unit. To reconfigure the current rest home to a dementia unit, the organisation is required to install security fencing for this area, to provide residents with cognitive impairment a safe and secure environment to wander freely.

The new and existing buildings are suitably heated, cooled and ventilated.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There are no changes required to the infection control programme. The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled and safe environment. Policy identified external advice and support will be sought when required.

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	13	0	2	0	0	0
Criteria	0	30	0	5	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 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The service currently provides rest home and dementia level of care for up to 29 residents – this is in a 12 bed secure dementia unit and a stand-alone rest home unit. The service has built a new 16 bed rest home facility. The organisation plans to relocate the current rest home residents to the new build and convert the current 17 bed rest home to a 16 bed dementia facility. The organisation plans to commence service delivery by the end of January 2016 (pending council approval).</p> <p>The sighted business and strategic plan is formally reviewed on a two yearly basis. As the organisation is a family run business there is daily to at least weekly informal review of the how the services is achieving their goals (this was confirmed in email correspondence between the owners/management team). The general manager reports to the directors on residents, staffing, health and safety, infection control, occupancy, respite care, and any other issues. The business and strategic plan clearly describes the organisation’s mission statement, strengths, opportunities, weakness, threats, and objectives.</p> <p>The service is managed by a suitably qualified and experienced clinical manager who is a registered nurse (RN) and currently completing post graduate qualifications in gerontology, including dementia care and leadership. The clinical manager’s position description describes their roles and responsibilities for the</p>

		<p>management of the clinical services. The clinical manger has been in the role for four years. They have completed more than eight hours education in the last 12 months related to the management of aged care services. The clinical manager is supported by the management and other onsite RNs and RNs for the wider Kingswood organisation.</p> <p>The manager reports confidence in the clinical manager to perform the clinical manager role.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>During temporary absences of the clinical manager, the clinical management role is shared between one of the RNs and the general manager. The clinical manager and general manager report confidence in the RNs to take on the clinical management responsibilities during temporary absences. Both the other RNs at the service have current leadership professional development education, with one of these RNs enrolled in post graduate qualification. The RNs have written confirmation by the management/directors that they fill in for the clinical manager in the clinical manager's absence.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>As the service already operates rest home and dementia level of care beds there is already adequate education and training provided. The education plan and attendance records evidence that education is provided to meet contractual requirements. There is additional training offered on any special needs to ensure staff can meet the ongoing and changing needs of residents. All care, nursing and domestic staff have either completed the required dementia unit standards or these will be completed within 12 months of employment (records were sighted for the dementia unit standards or national qualifications). The nursing staff maintain their clinical skill and knowledge through ongoing education and leadership programmes. The three RNs have completed their interRAI assessment training and ongoing competencies related to this.</p> <p>Human resources policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. The service has already recruited additional staff to staff the new rest home building. Staff receive orientation and induction to the service and their specific roles. This includes competency assessments. Professional qualifications are validated, including evidence of registration and scope of practice for service providers. All staff who</p>

		require practising certificates have them validated annually. Practising certificates were sighted for the employed staff who required them.
<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>The transition rosters were sighted. Both the current and transition rosters meet the requirements of the DHB contract and safe staffing guidelines for both rest home and dementia level of care. In addition to rostered care staff, there is an onsite caregiver/grounds keeper (who has first aid qualifications) to assist when required. There is a RN on call, when one is not on duty. The general manager and clinical manager (RN) and one other RN work full time Monday to Friday.</p> <p>There are two activities staff on duty five days a week. The activities coordinator has specific dementia training (Spark of Life) to provide appropriate activities for residents with cognitive impairment. There are adequate cooking, housekeeping and maintenance staff to ensure the needs of the service and resident are met.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are no planned changes to the medication management system and policies and procedures. The new building has a medication trolley already purchased and a secure storage area in the nurses' office is in the final fit out stage. The medicines and medicine trolley were securely stored in the current rest home building. The controlled drugs processes and storage comply with legislation and guidelines. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines.</p> <p>Medications are delivered by the pharmacy in a pre-packed medication administration system. These packs are checked for accuracy against the medication prescription and signing sheets when delivered. The service does not use standing orders and there are no residents in the rest home who self-administer their medication. There are appropriate policies, procedures and a resident competency assessment if self-administration is to be considered for a resident.</p> <p>Medication competencies were sighted for all staff that assist with medicine management; this included the RNs and caregivers. The RN reported that self-administration of medications is not appropriate for the dementia level of care residents.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The last dietitian review in 2015 records the menu as suitable for the older person living in long term care. There are no required changes to the menu to suit the needs of the increase in dementia level of care residents. The service has already purchased a bain-marie to transport the food from the kitchen to the dining area in the new rest home facility. The dementia unit will have a kitchenette and nutritional snacks will be available 24 hours a day. The new rest home building has a small kitchenette in the dining room to allow residents and visitors to make their own refreshments.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The kitchen already caters for residents who require modified diets, special equipment or texture modified diets.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements, this addresses the previous required improvement. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. All kitchen staff have completed safe food handling certificates and ongoing education.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>The service will be increasing the housekeeping staff when the service increases resident numbers. Staff who participate in the laundry and cleaning report that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. Chemicals are securely stored in the sluice room in the laundry area. At the time of audit there were no chemicals stored in the new building, though there is a secure room to be used as a sluice room, where the chemicals will be stored. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The education related to handling of waste or hazardous substances is part of the orientation and ongoing in-service education programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are</p>	<p>PA Low</p>	<p>The Code of Compliance/Certificate of Public Use for the new building and the external security fencing when the rest home is converted to a secure dementia unit will need to be completed prior to occupancy of the new building and change of configuration of the existing rest home. The internal environment in both the current</p>

fit for their purpose.		rest home and new building have intact floor surfaces and hand rails to promote safe mobility. The new building has flush/zero gradient entry door surfaces so there are no steps or lips to access the external areas.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	There are adequate numbers of accessible toilets/showers/bathing facilities in both the current rest home and new building. The new build has disability access ensuite facilities. The ensuites in the new build have privacy locks. The service is currently in the process of updating, painting and finalising the signage for the bathrooms to reflect a dementia friendly design. The toileting and showering facilities sighted have wall and floor surfaces fully installed that provide ease of cleaning to comply with infection control guidelines.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single occupancy and are of a suitable size for the needs of the resident in the new building. The rooms sighted have adequate space to allow the resident and staff to move safely around in the rooms. All rooms have been fitted out with electric beds with pressure relieving mattresses.</p> <p>In the current 17 bed rest home, one of these rooms will be reclaimed to make an office space. Four of the remaining rooms are currently double occupancy with dividing curtains. The organisation has processes in place to ensure that when these shared rooms are to be used for dementia level care, the other resident will be of similar gender and age and have similar interests, the appropriateness of the arrangement will be evaluated and the families must agree to the sharing of the room.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There are lounge and dining areas throughout the facility in both the current rest home and new building. The lounge and dining areas are separated and activities in these areas do not impact on each other. When the transition plan and fencing of the current rest home is fully completed, the rest home and dementia area will be separate from each other (refer to 1.4.2.6).
Standard 1.4.6: Cleaning And Laundry Services	FA	There will be no changes required to the laundry. The laundry has a dirty to clean flow and has adequate washing and drying machines to cater for the increase in

<p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>resident numbers. The sluice area in the building is secure and the appropriate waste disposal, storage of cleaning equipment and chemical and adequate PPE for staff are ready to be installed. The external chemical supplier conducts monthly surveillance of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>In the rosters sighted there were multiple staff on each shift with first aid qualifications. Fire evacuation drills are conducted six monthly. The new building does not yet have an approved evacuation scheme, with the last drill conducted October 2015.</p> <p>The service has adequate emergency supplies in the event of an emergency or outbreak. The service has emergency stores of food, drinking water and supplies for emergency use. In the case of mains failure the service has generator emergency lighting and gas cylinder supply cooking needs.</p> <p>The service identifies and implements appropriate security arrangements relevant to the residents in the rest home and the new secure dementia unit. The afternoon staff are required to close and lock the external windows and doors before it gets dark and a security gate in the front driveway has automated access. The service has external security lighting. There are internal security cameras in the corridors and entrances of the service. The new building still requires the call bell system and security window stays to be fully installed.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Areas used by residents are ventilated and heated appropriately. The new building has a combination of wall panelled heating in the corridors and heat pumps/air conditioning units to provide heating and cooling in resident areas. All residents' personal and living areas have at least one external window of normal proportions to provide natural light and ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	<p>FA</p>	<p>The service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. The infection control programme was last reviewed in May 2015 by the infection control coordinator/clinical manager. There are no changes required to the implementation of the infection control programme with the commencement of dementia care. With the increase in resident numbers in the new building, the infection control team will</p>

		<p>also have an increased number of members (including members from the kitchen and housekeeping staff).</p> <p>There is a defined process for gaining advice and support as required. The infection control coordinator reports to the staff and manager who are informed of all aspects of the infection control programme and surveillance data through the monthly staff and management meetings.</p> <p>The service has processes and outbreak management procedures to reduce the spreading of infections. The service has notices at the door to ask visitors not to enter if they are unwell. There is sanitising hand gel and hand washing facilities throughout the existing buildings (and ready to be installed in the new building) for staff, residents and visitors to use.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>There is a building warrant of fitness (BWOFF) displayed for the existing rest home building. The new build has yet to gain the Certificate of Public Use/ Code of Compliance. Equipment is maintained to ensure safety. Electrical testing and tagging and medical equipment calibration was conducted within the last year. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. The maintenance log notes the area of work required and is signed off when the work is completed. The hot water temperatures are monitored monthly and readings comply with legislation. The dementia unit will have security fencing to provide residents to wander freely in a secure environment (also refer to 1.4.2.6).</p>	<p>The Certificate of Public Use/Code of Compliance for the new building has not yet been gained.</p>	<p>Ensure the appropriate certificate and approval is gained.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided</p>	PA Low	<p>The external areas to the new build have yet to be completed. The new build still requires outside seating,</p>	<p>The external areas of the new building and</p>	<p>Provide evidence that the external areas of the new</p>

with safe and accessible external areas that meet their needs.		shade areas and landscaping to be completed. The fencing to make the current rest home a secure dementia unit has not been installed at the time of audit. Plans sighted evidence where the fencing is to be installed to make a secure dementia unit. The transition plan includes ensuring rest home level of care residents are not placed in the secure part of the facility.	fencing for the proposed dementia unit are no yet completed.	build and the fencing to make the dementia unit secure are completed. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire service has not yet approved the evacuation scheme for the new building at the time of audit. The current rest home has an approved evacuation scheme. There have been no changes to the layout of the service that have required changes to the approved evacuation scheme. The service conducts six monthly evacuation training. The service then conducts a fire and safety questionnaire for staff to complete. In the event of a fire the doors to the dementia unit will automatically unlock.	The evacuation plan for the new build has not yet been approved.	Provide evidence that there is an approved evacuation scheme. Prior to occupancy days
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	PA Low	The call bell system has not been fully installed into the new building. All residents' rooms, bathrooms and lounge areas have a call bell system installed in the current rest home. This call bell system has an audible alert and a light is activated outside the room and panels in the corridor. This system is ready to be installed in the new building.	The call bell system is not yet installed in the new building.	Provide evidence that the call bell system is installed and functioning in the new building. Prior to occupancy days
Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.	PA Low	The security stays on the windows in the new building have not yet been installed. There are appropriate processes in place for staff to perform a security check, which includes locking external doors and windows at night time. The current rest home has a security camera system installed in external and common areas inside, a similar system is to be installed in the new building. The monitor for the security camera system is in the nurse's	The security stays on the windows in the new building have not yet been installed	Provide evidence that the security stays on the windows in the new building have been installed.

		office and can be monitored offsite, with secure log in, by the general manager. Staff have access to personal security alarms at night, which contact the on call RN, onsite caretaker or general manager if additional assistance is required.		Prior to occupancy days
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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, 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.