

# Mission Residential Care Limited - Kemp Home and Hospital

---

## Introduction

This report records the results of a Certification 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 and Disability Auditing New Zealand 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:** Mission Residential Care Limited

**Premises audited:** Mission Residential Care Ltd.

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

**Dates of audit:** Start date: 30 May 2016 End date: 31 May 2016

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit: 81**

# 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

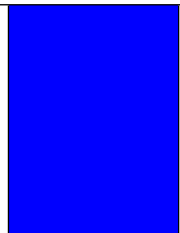
Kemp rest home and hospital is a not-for-profit organisation that is owned by the City Mission. A general manager of operations is responsible for the over-arching operations of the service. She is supported by a nurse manager who oversees the day to day operations of the service and has a stable workforce. The service provides rest home and hospital level of care for up to 81 residents. On the day of the audit there were 67 residents.

The residents and relatives spoke positively about the care, including cultural and spiritual supports provided at Kemp rest home and hospital.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the general practitioner.


The service has been awarded a continuous improvement rating for recognition of Māori values and beliefs and good practice for reduction of falls.

## 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.		All standards applicable to this service fully attained with some standards exceeded.
--	---	---

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 noticeboards. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Complaints processes are implemented, and complaints and concerns are managed appropriately.

## 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.
---	--	--

Kemp rest home and hospital has implemented a quality and risk management system. Key components of the quality management system include management of complaints, implementation of an internal audit schedule, annual satisfaction surveys, incidents and accidents, review of infections, review of risk and monitoring of health and safety including hazards. The monthly quality/health and safety/infection control committee meeting includes discussion around quality data. Human resource policies are in place including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and there are sufficient staff on duty at all times. An implemented

orientation programme provides new staff with relevant information for safe work practice. The education programme includes mandatory training requirements.

## 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.		Standards applicable to this service fully attained.
--	--	--

A pre-admission visit is made to prospective residents who are screened and approved prior to entry to the service. There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration and were reviewed at least six monthly. Resident files included medical notes by the contracted GP and visiting allied health professionals.

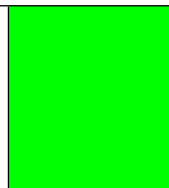
Medication policies reflect legislative requirements and guidelines. Registered nurses and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three monthly.

A diversional therapist oversees the activity team and coordinates the activity programme for the residents. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each consumer group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The kitchen is well equipped for the size of the service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## 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.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised with access to shared ensuites or communal facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. All registered nurses hold a current first aid certificate.

## 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.

There are policies and procedures to follow in the event that restraint or enablers are required. There were no residents using restraints and eight residents using enablers. The enrolled nurse/health and safety representative is the restraint coordinator. Staff receive training around restraint/enablers and challenging behaviours.

## 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 infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinators (two registered nurses) are responsible for coordinating education and training for staff. The infection control coordinators have attended external training. There is a suite of infection control policies and guidelines to support practice. The infection control coordinators use the information obtained through surveillance to determine infection control activities and education needs within the facility.

## 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)
<b>Standards</b>	2	43	0	0	0	0	0
<b>Criteria</b>	2	91	0	0	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Nine residents (four rest home and five hospital level of care) and three relatives (hospital level of care) interviewed, confirmed that information has been provided around the code of rights. Residents stated their rights are respected when receiving services and care. There is a resident rights policy in place. Staff attend Code of Rights training. Discussion with six caregivers (one rest home and five who work across the rest home and hospital) identified they were aware of the code of rights and could describe the key principles of residents rights when delivering care.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents were obtained on admission as sighted in nine of nine resident files sampled (four rest home and five hospital including one younger person –YPD, and one under long term chronic health contract - LTCHC). Advance directives, if known, were on the resident files. Resuscitation plans were sighted in all files and were signed appropriately. Copies of EPOA were present and activated as required.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The care staff interviewed demonstrated a good understanding in relation to informed consent and informed consent processes.</p>

		<p>Family and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident's files sampled had signed admission agreements on file.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>Residents and families are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Resident advocates are identified during the admission process. Pamphlets on advocacy services are available at the entrances to both the rest home and hospital buildings. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy services. Staff receive education and training on the role of advocacy services. Caregivers and three registered nurses (RNs) and two enrolled nurses (ENs) interviewed were aware of the resident's right to advocacy services and how to access the information.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy and family/whānau and friends are encouraged to visit the home and are not restricted to visiting times. All residents interviewed confirmed that family and friends are able to visit at any time and visitors were observed attending the home. Residents and relatives verified that they have been supported and encouraged to remain involved in the community. The service has a van and group outings are provided. Community groups visit the home as part of the activities programme.</p>
<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>The complaints procedure is provided to residents and relatives at entry to the service. A record of all complaints, both verbal and written, is maintained by the general manager using a complaints register. There have been eight complaints made in 2015 (including one involving a health and disability advocate that is closed). There have been five complaints to date for 2016. All have been managed in line with Right 10 of the Code. A review of complaints documentation evidence resolution of the complaint to the satisfaction of the complainant and advocacy offered. Residents and family members advised that they are aware of the complaints procedure. Discussion around concerns, complaints and compliments were evident in facility meeting minutes.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their</p>	FA	<p>The service has available information on The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) at the main entrance to the facility. The Code is displayed in English, Māori and Pasifika. A welcome information folder includes information about the code of rights. The resident, family or legal representative has the opportunity to discuss this prior to</p>

rights.		entry and/or at admission, with the general manager or nurse manager. Residents and relatives confirmed they receive sufficient verbal and written information to be able to make informed choices on matters that affect them.
Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	FA	The service provides physical and personal privacy for residents. During the audit, staff were observed treating residents with respect and ensuring their dignity is maintained. Staff interviewed were able to describe how they maintain resident privacy. Staff sign a code of conduct declaration on employment. Staff attend privacy and dignity, and abuse and neglect in-service as part of their education plan. Care staff interviewed state they promote independence with daily activities where appropriate. Resident's cultural, social, religious and spiritual beliefs are identified on admission included in the resident's care plan/activity plan to ensure the resident receives services that are acceptable to the resident/relatives.
Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.	CI	There is a Māori health plan and cultural safety and awareness policy to guide staff in the delivery of culturally safe care. The policy includes references to other Māori providers that are available and interpreter services. The Māori health plan identifies the importance of whānau. Assessments plans for Māori are completed and reviewed in the files of residents who identify with Māori. The general manager, nurse manager and care staff were able to describe how to access information and provide culturally safe care for Māori.
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	The service provides a culturally appropriate service by identifying any cultural needs as part of the assessment and planning process. Staff recognise and respond to values, beliefs and cultural differences. Residents are supported to maintain their spiritual needs with regular onsite church services and are supported to attend other community groups as desired. The Anglican based service employ a Deacon who is on-site twice a week providing spiritual guidance to residents as required and is involved in activities as observed on the days of audit.
Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or	FA	The staff employment process includes the signing of a service code of conduct. Professional boundaries are defined in job descriptions. Staff are observed to be professional within the culture of a family environment. Staff are trained to provide a supportive relationship based on sense of trust, faith, security and self-esteem. Registered nurses have attended the NZ council of conduct training as

other exploitation.		offered. Interviews with caregivers could describe how they build a supportive relationship with each resident. Residents interviewed stated they are treated fairly and with respect.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	CI	Management are committed to providing a faith-based service of a high standard, based on the City Mission statement and philosophy. This was observed during the day with the staff demonstrating a caring attitude to the residents. All residents and families spoke positively about the care provided. The service has implemented policies and procedures that provide a good level of assurance that it is adhering to relevant standards. Care staff and RNs also have access to internal and external education opportunities. Staff have a sound understanding of principles of aged care and state that they feel supported by management. Two monthly quality/health and safety, and infection control meetings and clinical meetings enhance communication between the teams and provided consistency of care. The service has reduced the number of falls in the rest home. The service contract a physiotherapist three hours a week (flexible) for the provision of resident services and safe manual handling training for staff.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Management promote an open door policy. Relatives/residents are aware of the open door policy and confirm on interview that the staff and management are approachable and available. Residents/relatives have the opportunity to feedback on service delivery through resident meetings and annual surveys. Results and corrective actions/areas for improvement are discussed at resident meetings (sighted in minutes). Resident meetings are open to families to attend. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Relatives interviewed state they are notified promptly of any changes to resident's health status.  Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. An interpreter service is available if required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Kemp rest home and hospital is part of the Wellington City Mission faith based not-for-profit organisation. The service provides rest home and hospital level of care for up to 81 residents. There are two rest home wings with 31 beds including five dual-purpose beds and two hospital wings with 50 beds.  On the day of audit, there were 27 rest home residents and 39 hospital residents including four hospital residents in the dual-purpose beds. There were two hospital level residents under 65 years of age with one under the younger person's contract and the other under the long-term chronic health

		<p>contract. All other residents were under the ARCC. There were no respite residents.</p> <p>The general manager of operations is a registered nurse with experience in aged care management and has been in the role eight years. She reports to the chief executive officer (CEO) and board. The CEO and a board member visit the facility weekly. The nurse manager has been with Kemp rest home and hospital 14 years and in the role of nurse manager for 12 years. The nurse manager oversees the clinical and non-clinical services. She is supported by a registered nurse (RN)/team leader who is second in charge to the nurse manager.</p> <p>The 2015 business plan and goals have been reviewed. Achievements for 2015 include a tertiary level of workplace safety management, increase in number of health and safety representatives, two on-site Careerforce assessors, 80% of care staff qualified in aged care and resident/whānau participation in facility activities, purchase of equipment including more electric beds, posture temp mattresses and air-alternating mattresses.</p> <p>The 2016 business plan and goals identifies the city mission philosophy of care and includes goals around future models of care, reducing falls and health and safety training for representatives.</p> <p>The general manager maintains an annual practicing certificate and has maintained at least eight hours annually of professional development related to managing a rest home and hospital, including InterRAI management training, risk management and health seminar and health and safety update.</p>
<p><b>Standard 1.2.2: Service Management</b></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 the temporary absence of the general manager the nurse manager provides clinical and management oversight of the facility including the on-call requirement. The RN/team leader is second in charge to provide cover for the nurse manager. A current practicing certificate for the general manager operations, nurse manager and RN/team leader were sighted.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	FA	<p>The service has a quality-risk management plan in place that is reviewed annually. The service has in place a range of policies and procedures to support service delivery. They have been developed by an external consultant and are reviewed regularly by the service. Combined quality/health and safety/infection control meetings are held two monthly and include discussion around quality data including complaints, compliments, health and safety, accident/incident, infection control, internal audit and survey results. Trends are identified and analysed for areas of improvement. Staff interviewed confirm they are required to read and sign meeting minutes. Meeting minutes and quality data is</p>

<p>principles.</p>		<p>displayed for staff. There are clinical and staff meetings held on a regular basis.</p> <p>Internal audits are completed as scheduled. Action sheets are completed to summarise audit results and any corrective actions required. An annual resident/relative survey is completed annually in November. All respondents were satisfied or very satisfied. A separate food services survey completed recently is in the process of being collated.</p> <p>The health and safety representatives (three interviewed) from across the services have all completed stage-3 health and safety training and registered to attend transition training. The health and safety committee review monthly accident/incident reports and review the hazard reports and register. Falls prevention strategies are in place that includes the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls.</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>	<p>FA</p>	<p>As part of risk management and health and safety framework, there is an accident/incident policy. The service collects incident and accident data and reports monthly to the quality/health and safety/infection control combined committee meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Fourteen incident forms (seven rest home and seven hospital) were reviewed from January 2016. All incident forms identified timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. Next of kin and been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The nurse manager collects incident/accident forms, completes investigations and implements corrective actions as required.</p> <p>The general manager could describe situations that would require reporting to relevant authorities. The service has reported one resident accident to Worksafe.</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>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Nine staff files were reviewed (nurse manager, RN/team leader, two RNs, one enrolled nurse, two caregivers, one recreational officer and one cook.) All files contained relevant employment documentation including current performance appraisals and completed orientations. The orientation programme provides new staff with relevant information for safe work practice. Care staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>Caregivers have the opportunity to commence Careerforce aged care qualifications following appointment and are supported by two external assessors. Registered nurses are supported to attend</p>

		external education. Seven RNs have completed the InterRAI training. Staff complete competencies relevant to their roles. The education plan covers the required mandatory training requirements.
<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 human resources policy determines staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager (RN) and the nurse manager/RN are on duty during the day Monday to Friday. The nurse manager provides the on-call requirement for clinical concerns. There is a RN on duty in the hospital 24 hours. The rest home has either a RN or enrolled nurse on the morning and afternoon duty and adequate numbers of caregivers.</p> <p>Residents and relatives state there were adequate staff on duty at all times. Staff state they feel supported by the clinical manager and team leader who respond quickly to after hour calls.</p> <p>There are dedicated laundry and cleaning staff.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Pre-admission information packs are provided for families and residents prior to admission and a pre-admission visit is made to the prospective resident prior to entry. The service has a comprehensive information folder for residents/families/whānau at entry. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit,</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service.</p>

discharge, or transfer from services.		
<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 policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs, ENs and two carers) have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications at two rounds, one in the hospital and one in the rest home. Standing orders are not used. No residents are self-medicating. Medication fridges (3) are monitored daily.</p> <p>All 18 medication charts sampled met legislative prescribing requirements. The GP has reviewed the medication charts three monthly. All medications had been administered as prescribed.</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>	FA	<p>All meals at Kemp are prepared and cooked on site by a qualified chef and three cooks. There is a four weekly seasonal menu, which had been reviewed by a dietitian (December 2015). Meals are served directly to one dining room and the second receives meals in a hot box. Dietary needs are known with individual likes and dislikes accommodated. Dietary requirements, cultural and religious food preferences are met. Additional or modified foods are also provided by the service.</p> <p>Staff were observed assisting residents with their meals and drinks in the hospital and rest home dining rooms. Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal, along with temperatures of food going into the hot box prior to delivery to the hospital. The chemical supplier checks the dishwasher regularly.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p> <p>Nutrition and safe food management policies define the requirements for all aspects of food safety. A kitchen cleaning-schedule is in place and implemented. Containers of food are labelled and dated.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service were unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>



the consumer and/or their family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The RN completes an initial assessment on admission including risk assessment tools. An InterRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes. Resident needs and supports are identified through the ongoing assessment process in consultation with significant others. InterRAI assessments, assessment notes and summary were in place for all resident files sampled. The long-term care plans in place reflected the outcome of the assessments.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Resident care plans sampled were resident focused and individualised. All identified support needs as assessed were included in the care plans for all resident files sampled. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration.  There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist and dietitian
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, the registered nurse initiates a review and if required, GP, dietitian or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented in the resident file sampled in the family/whānau contact form.  Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations were in place for all current wounds and skin tears. Chronic wounds have been linked to the long-term care plans. There was evidence of district nursing and dietitian involvement in the management of wounds.  Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.  Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission, identifying resident nutritional status and preferences. Monitoring occurs for weight, vital signs, blood glucose, pain and challenging behaviour.

		Short-term care plans document appropriate interventions to manage short-term changes in health.
<p>Standard 1.3.7: Planned Activities</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>	FA	<p>The service has a qualified registered diversional therapist (DT) who oversees two recreation officers. The activity team provide individual and group activities in the rest home and hospital six days a week. The monthly programme is an inclusive programme where residents from both units (as appropriate) are invited into the unit where the activity is appropriate or entertainment is being held. There is also a separate shared activities lounge. There are regular outings/drives for all residents (as appropriate) and involvement in community events. One-on-one activity such as individual walks, massage, reading, arts and crafts occur for residents who are unable or choose not to be involved in group activities.</p> <p>Activities provided are appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. The diversional therapist and recreation officer interviewed had both been at the home for some years and displayed an understanding of requirements.</p> <p>The weekly activities programme is posted throughout the facility and includes van outings, games, church services, Pacific and Māori group once a week, exercises (six times a week), Friday Flicks and quizzes. Church groups, school groups and entertainers are some of the community invited to the home on a regular basis.</p> <p>An activity assessment and plan is completed on admission in consultation with the resident/family (as appropriate). Activity plans in all files were reviewed six monthly.</p> <p>Families are invited to resident meetings. The service also receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The RN evaluated all initial care plans sampled, within three weeks of admission. Long-term care plans have been reviewed at least six monthly or earlier for any health changes. The GP reviews residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes and are evident in changes made to care plans.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or</p>	FA	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents.</p>

<p>referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>The residents and the families are kept informed of the referrals made by the service.</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>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Material safety data-sheets are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in locked areas and safety data sheets are available. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of audit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 5 October 2016.</p> <p>The city mission employs a full-time maintenance person. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. An external contractor completes annual calibration and functional checks of medical equipment.</p> <p>Hot water temperatures in resident areas are monitored. Temperature recordings reviewed were between 43-45 degrees Celsius. Heater surfaces are also monitored for safety. Rooms are refurbished as they become vacant.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids.</p> <p>There is safe access to the outdoor areas. Seating and shade is provided.</p> <p>The care staff and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured</p>	<p>FA</p>	<p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are both shared ensuites and communal use bathrooms/toilets in the hospital. Communal toilet facilities have a system that indicates if it is engaged or vacant.</p>

privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		
<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	At present, all rooms are used as single rooms. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists, in the resident bedrooms. Residents and families are encouraged to personalise their rooms. This is evident on audit.
<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	<p>Communal areas within the facility include a lounge and dining area in each unit along with additional smaller lounges and a shared activities room. Seating and space is arranged to allow both individual and group activities to occur. The facility is light, odour free, with outlooks out to the grounds. There are two designated resident smoking areas, one inside and one a protected area outside.</p> <p>All furniture is safe and suitable for the residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is dedicated laundry staff seven days a week. Residents and family interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p> <p>The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Where improvements can be made these are implemented. Current safety material data-sheets about each product are located with the chemicals. The chemicals are stored appropriately in locked cabinets at all times. The chemical mixes are prepared from a wall-mounted system that works effectively.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during</p>	FA	There are policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. All staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available including two barbeques and gas bottles. There is sufficient water (ceiling tanks and bottled water) and food stored on-site for at least

<p>emergency and security situations.</p>		<p>three days in the event of an emergency. There is an emergency generator for power.</p> <p>The fire evacuation scheme was approved by the fire service 24 February 2004. There are six-monthly fire drills. Fire safety is completed with new staff as part of the health and safety induction and is ongoing as part of the education plan. There is a first aider on duty at all times.</p> <p>Resident's rooms, communal bathrooms and living areas all have call bells. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhour's doorbell access, which is activated by staff on duty. A security company completes security rounds and are available as required.</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>Residents were provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. The heating in each room can be individually controlled.</p> <p>There are sufficient doors and external opening windows for ventilation. All bedrooms have good sized external opening windows which are designed and installed to promote ventilation and to be secured as needed.</p> <p>The residents and family interviewed confirmed the internal temperatures and ventilation are comfortable during the summer and winter months.</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 infection control coordinators (RN/team leader and one other RN) oversee infection control for the facility and are responsible for the collation of infection events. The infection control coordinators have defined job descriptions. Infection events are collated monthly and reported to the combined quality/health and safety, and infection control committee and management team.</p> <p>The 2015 infection control programme has been reviewed and is linked to the quality system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents are offered the influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources</p>	<p>FA</p>	<p>The RN infection control coordinator has an infection control qualification and the RN/team leader completed on-line MOH infection control education May 2016. The infection control committee (four RNs) meet two monthly with members of the quality and health and safety committee.</p> <p>The infection control coordinators have access to GPs, local laboratory, the infection control nurse</p>

<p>to implement the infection control programme and meet the needs of the organisation.</p>		<p>specialist and public health departments at the local DHB for advice and an external infection control consultant specialist.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control policies include a comprehensive range of standards and guidelines including defining roles and responsibilities for the prevention of infection, training and education of staff. Infection control procedures developed in respect of the kitchen, laundry and housekeeping incorporate the principles of infection control. The policies are developed by an external consultant and are reviewed regularly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinators are responsible for coordinating/providing education and training to staff. Training on infection control is included in orientation and as part of the annual training schedule. Hand hygiene competencies are completed on orientation and are ongoing.</p> <p>Resident education is expected to occur as part of providing daily cares as appropriate.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinators collate information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports and short-term care plans are completed for all infections. Infection control data and relevant information is displayed for staff. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is discussed at both the quality/health and safety, and infection control committee meetings. Annual infection control reports are provided. Trends are identified and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule. There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</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>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. An enrolled nurse (also a health and safety representative) is the restraint coordinator with a defined job description. There were no residents with restraints.</p> <p>On the day of the audit, there were eight residents with enablers. Four resident files reviewed identified the resident had given voluntary consent (written or verbal as documented) for the use of enablers. Restraint and challenging behaviour education is included in the training programme. The restraint committee meet six monthly to review enabler use.</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.

No data to display
--------------------



## Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.1.4.2 Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are	CI	The facility is located within a community of high Māori/Pasifika ethnicity with 15% of residents identifying with Māori culture. The service has been successful in providing culturally acceptable services for Māori as identified in the provider (City Mission) business plan and quality goals.	The service has strengthened its links with local Māori through the local Iwi, Māori providers of the primary health organisation (PHO), local DHB Whānau Care services and local marae. Cultural advisors available to the service and Māori residents and whānau include two local Kaumātua. One of the 2015 goals was to foster opportunities for resident/whānau participation in cultural activities/events. Māori cultural groups attend the home on a monthly basis offering karakia (prayer) and waiata (song). The service has a strong relationship with the bicultural units at the local schools and the pre-school Kohanga Reo group whose kapa haka groups perform regularly for all residents. Support for Māori residents and their whānau and staff is provided by the cultural advisors and senior staff of Māori descent who have strong cultural links and resources available to them. Māori and some other staff are fluent in Te Reo. All staff attend bicultural training. Māori residents and whānau interviewed confirmed their cultural needs and supports were met.

identified and eliminated.			
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>The service has focused on the reduction of falls in the rest home and hospital wings over the past year. The service has been successful in reducing the number of falls by 50% in the rest home over the last eight months. The 2016 goals include a continuing focus on falls reduction for the rest home and hospital residents.</p>	<p>The service contracted a healthcare consultant to analyse falls data, including location and times of falls so that trends could be identified and initiatives put in place to reduce falls using the information provided. An action plan was developed for 2015 that included staff education around falls prevention, resident involvement in the health and safety programme, review of environmental hazards, use of sensor mats, good fitting footwear and use of hip protectors. A care monitor is employed on the morning and afternoon shifts. The care monitor does not have a resident allocation and is available to assist staff where required including answer bells/sensor mats, phone and liaises with the RN on duty. Care staff interviewed stated the care monitor role has been beneficial to staff and residents in that care staff are not required to leave their residents and answer bells and residents are attended to in a timely manner. Frequent fallers in the home were re-assessed to hospital level of care and transferred to the hospital wings, where they were under closer supervision. The number of falls in the rest home for last quarter of 2015 (September – December) was 15. For the first quarter of 2016 (January - April) the falls in the rest home had reduced to seven. The data over the last eight months evidence the service has been successful in reducing falls in the rest home wings.</p>

End of the report.