# Kowhai Resthome (2002) Limited - Kowhai Rest Home

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Kowhai Resthome (2002) Limited

**Premises audited:** Kowhai Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 15 September 2016 End date: 15 September 2016

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 21

# 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 |
|  | 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

Kowhai rest home provides residential services for residents requiring rest home level care. Twenty-one of a potential twenty-eight beds were occupied on the day of the audit. The service is managed by a facility manager (a registered nurse) who has co-owned the service (originally on another site) since 2002.

The audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of residents’ and staff files, observations and interviews with residents, relatives, staff and management.

Residents, the GP and family interviewed praised the service for the support provided.

This audit has not identified any required improvements. The required standard has been exceeded around good practice, falls management and infection control.

## 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. |

The staff at Kowhai rest home ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and services is easily accessible to residents and families. Information on informed consent is provided and discussed with residents and relatives. Staff interviewed are familiar with processes to ensure informed consent. Complaints policies and procedures meet requirements and residents and families are aware of the complaints process.

## 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. |

The facility manager is an experienced registered nurse and is supported by another part time registered nurse, an enrolled nurse and long serving staff.

Organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan has goals documented. Policies and procedures are appropriate to provide support and care to residents rest home level needs and a documented quality and risk management programme that is implemented.

Staff receive ongoing training and there is a training plan developed and commenced for 2016. Rosters and interviews indicate high levels of staff that are appropriately skilled with flexibility of staffing around client’s needs.

## 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. |

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for care plan development with input from residents and family. A review of a sample of resident files identified that assessments, interventions and evaluations reflected current care.

Planned activities are appropriate to the resident’s assessed needs and abilities and residents advised satisfaction with the activities programme. Medication management policies and procedures are documented in line with legislation and current regulations.

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. |

Kowhai rest home has documented processes for waste management. Chemical safety training has been provided to staff. The service has a current building WOF and reactive maintenance is completed. The home includes a large dining room and large lounge area, with two other smaller sitting areas. Resident rooms are single occupancy and are personalised. There is a mixture of own and shared toilet facilities as well as communal toilets and showers. The service has implemented policies and procedures for fire, civil defence and other emergencies. General living areas and resident rooms are appropriately heated and ventilated. Residents have access to communal areas for entertainment, recreation and dining. Residents are provided with safe and hygienic cleaning and laundry services.

## 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. |

The organisation actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There were no residents using enablers and no residents using restraint. Staff are skilled at managing behaviours that may challenge.

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

Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer (the enrolled nurse). There are infection prevention and control policies, procedures and a monitoring system in place. Training of staff and information to residents is delivered regularly. Infections are monitored and evaluated for trends and discussed at management and staff meetings.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 2 | 43 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 3 | 90 | 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)** |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Discussions with staff (three caregivers, the registered nurse, the enrolled nurse and the activities coordinator) confirmed their familiarity with the Code. The six residents and three family members interviewed confirmed the services being provided are in line with the Code. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent processes are discussed with residents and families on admission. Five resident files sampled included written consents signed by the resident or activate EPOA. Advanced directives were signed for separately. There is evidence of discussion with the general practitioner and resident when completing resuscitation orders. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Discussion with family members identified that the service actively involves them in decisions that affect their relative’s lives.  Five of five long-term resident files sampled had a signed admission agreement. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | All residents have a documented advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the policy, in the resident information pack and in advocacy pamphlets that are available at the facility. Residents’ meetings include actions taken (if any) before addressing new items. Discussions with relatives identified that the service provides opportunities for the family/EPOA to be involved in decisions. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | Residents and relatives confirmed that visiting could occur at any time. Key people involved in the resident’s life have been documented in the resident files. Residents verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups. Entertainers are regularly invited to perform at the facility. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the key points throughout the service. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. The service has had three complaints in the last two years, all from the same resident. All complaints had been appropriately investigated and resolved, within the required timeframes. Residents and relatives advised that they are aware of the complaints procedure and how to access forms. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code. Resident meetings and surveys provide the opportunity to raise concerns. Advocacy and code of rights information is included in the information pack and are available at the service. . |
| 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 | Staff interviewed were able to describe the procedures for maintaining confidentiality of resident records, resident’s privacy and dignity. House rules are signed by staff at commencement of employment.  Residents are supported to attend churches and church activities if they wish and regular church services are held at the facility. Residents and relatives interviewed reported that residents are able to choose to engage in activities and access community resources. There is an abuse and neglect policy and staff education around this has occurred. |
| 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. | FA | The service has a Māori heath plan and an individual’s values and beliefs policy which includes cultural safety and awareness. There were five residents that identify as Māori and cultural needs are addressed in care plans. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural safety. |
| 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 | Care planning and activities goal setting includes consideration of spiritual, psychological and social needs. Residents and family members interviewed indicated that they are asked to identify any spiritual, religious and/or cultural beliefs. Relatives reported that they feel they are consulted and kept informed and family involvement is encouraged. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | The staff employment process includes the signing of house rules. Job descriptions include responsibilities of the position and ethics, advocacy and legal issues. The orientation programme provided to staff on induction includes an emphasis on dignity and privacy and boundaries. The registered nurses have completed training around professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | CI | The service meets the individualised needs of residents with needs relating to rest home level care. The quality programme has been designed to monitor contractual and standards compliance, and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The part time registered nurse is responsible for coordinating the internal audit programme. Staff meetings and residents meetings are conducted and both are well attended.  Residents and relatives interviewed spoke very positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the facility manager. Caregiver’s complete competencies relevant to their practice including all aspects of caregiving and these are updated annually.  The service has exceeded the required standard around an environment that supports excellent behaviour management practices. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Relatives interviewed stated they are informed of changes in health status and incidents/accidents. This was consistently confirmed on incident forms reviewed where a relative had indicated they wished to be informed of minor incidents. Many relatives have documented that they do not wish to be informed of minor incidents. Residents also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident meetings occur monthly and the facility manager has an open-door policy. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Kowhai rest home provides residential services for up to 28 residents requiring rest home level care. On the day of the audit, there were 21 residents. Two residents were on mental health individual funding plans, two on long-term chronic conditions contracts and two on younger people with disability contracts. The remainder were under the age related residential care contract. The organisation is overseen by the facility manager (one of the co-owners), who is a registered nurse and has owned Kowhai rest home since 2002 and on the current site for four years. She is supported by a registered nurse, an enrolled nurse and long service caregivers.  The goals and direction of the service are well documented in the business plan and the progress toward previous goals has been documented.  The owner has attended in excess of eight hours of professional development activities related to managing a rest home. |
| Standard 1.2.2: Service Management  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. | FA | The manager reported that in the event of her temporary absence the registered nurse fills her role with support from other staff. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The manager and registered nurse facilitate the quality programme and ensure the internal audit schedules are implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.  Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident and infection control data collection and complaints management. All quality improvement data is discussed at monthly management meetings and at monthly staff meetings.  There are policies and procedures that are relevant to rest home level care and are reviewed two yearly. These have been updated to include InterRAI requirements.  There is a current risk management plan. Hazards are identified and managed and documented on the hazard register. The facility manager is the designated health and safety officer and has completed training relating to this role. Health and safety issues are discussed at every monthly management and staff meeting with action plans documented to address issues raised.  There are resident and relative surveys conducted and analysed with corrective action plans developed when required. The August 2015 resident survey demonstrated a high level of satisfaction with the service.  Falls prevention strategies are in place for individual residents. The service has exceeded the required standard around interventions to reduce falls rates. |
| Standard 1.2.4: Adverse Event Reporting  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. | FA | The accident/incident process includes documentation of the incident and analysis and separation of resident and staff incidents and accidents. Ten incidents sampled for August 2016 demonstrated appropriate documentation and clinical follow-up. Accidents and incidents are analysed monthly with results discussed at management and staff meetings.  The facility manager is aware of situations that require statutory reporting. The coroner was notified about a death in 2016 when the GP could not be contacted, but the GP was ultimately able to sign the death certificate and the coroner did not investigate. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | Five staff files sampled (the registered nurse, the enrolled nurse, the cook and two caregivers) show appropriate employment practices and documentation. Current annual practicing certificates are kept on file.  The orientation package provides information and skills around working with residents with aged care and mental health needs (most residents have a mental health diagnosis) and were completed in all staff files sampled.  There is an annual training plan in place and implemented that has included all required training. All five staff files sampled contained a current annual performance appraisal.  Residents and families stated that staff are knowledgeable and skilled. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty to match needs of different shifts and needs of different individual residents. There is an on call system with a registered nurse available at all times. There are five staff on duty in the morning (for 21 rest home level residents) and overnight there is one to two staff (on different days, depending on need) on duty. The facility manager (registered nurse) works 40 hours per week and another registered nurse (24 hours a week). An enrolled nurse works 35 hours per week.  Staff, residents and family interviewed confirmed that staffing levels are adequate. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The service retains relevant and appropriate information to identify residents and track records. Files and relevant resident care and support information can be accessed in a timely manner.  All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so.  Individual resident files demonstrate service integration. Medication charts are in a separate folder with medication and this is appropriate to the service.  Entries are legible, dated and signed by the relevant staff member including designation. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | The service has admission policies and processes in place. Residents and family members receive an information pack outlining services able to be provided, the admission process and entry to the service. The service screens all potential residents prior to entry and records all admission enquiries. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the team leader. The admission agreement form in use aligns with the requirements of the ARC contract, where applicable. Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition. Respite residents are supported to transition back home when ready. Communication with families is well documented around exit. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. The medication charting reviewed met legislative requirement. Discontinued medications were dated and signed by the GP. All ‘as required’ medications had an indication for use. Medication is appropriated stored and expired medication is disposed of as per policy. Medication reconciliation occurs on admission. All 12 medication records reviewed evidenced that medication has been administered as prescribed. The enrolled nurse and caregivers are responsible for the administration of medications. Staff who administer medication have been assessed as competent. The facility uses a blister pack medication management system for the packaging of all tablets. The RN reconciles the delivery of the packs from the pharmacy and documents this. Medication charts are written by the GP and there was documented evidence of three monthly reviews. Medications reviewed were prescribed and charted in line with guidelines. There were no residents self-administering. The secure treatment room includes a medication fridge. The temperature of the fridge is monitored. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. There are two cooks at the service. They prepare and cook all meals on-site. Both have completed food safety training. The summer and winter menu have been reviewed by a dietitian.  Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurses complete the dietary requirement forms on admission and provide a copy to the kitchen. Additional or modified foods are also provided by the service.  Chiller, freezer and food temperatures are monitored and recorded daily. Cooked meals are plated from the kitchen directly to the dining room. The residents confirmed that they are provided with alternative meals as per request. All residents are weighed regularly. Residents with weight loss are provided with food supplements.  Residents and family members interviewed spoke positively about the meals provided. |
| Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | The service records the reason for declining service entry to residents, should this occur and communicates this decision to residents/family/whānau. Anyone declined entry is referred back to the referring agency for appropriate placement and advice. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | The registered nurses utilise standardised risk assessment tools on admission and the InterRAI assessment tool. InterRAI assessments, assessment notes and summary were in place for all resident files reviewed. The long-term care plans reviewed reflected the outcome of the assessments and goals were identified. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The long-term care plans reviewed described areas of the support required to meet the resident’s goals, needs, and identified allied health involvement under a range of template headings. Care plans evidenced regular evaluations. Residents and their family/whānau were documented as involved in the care planning and review process. Short-term care plans (STCP) are in use for changes in health status. Short-term care plans have been regularly reviewed and signed off when resolved. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Caregivers, the enrolled nurse and the registered nurses follow the care plan and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, physiotherapist and speech language therapist). If external medical advice is required, this will be actioned by the GP or facility manager. Staff have access to sufficient medical supplies (eg, dressings). Continence products are available and resident files include a continence assessment and plan. Specialist continence advice is available as needed and this could be described. Monitoring charts are available and registered nurses interviewed could describe when these have been used. Weights, observations, food and fluid charts and blood sugar monitoring were completed as per care plan interventions. Residents with weight loss were identified.  There were no current wounds or pressure injuries. Documentation available includes assessments, management plans, progress and evaluation forms. Short-term care plans have been used for previous wounds. |
| Standard 1.3.7: Planned Activities  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. | FA | Two activities coordinators cover Monday to Friday. They both undertake other roles in the service including caregiving. The activities coordinator interviewed discussed a monthly plan of activities, which has been developed with residents. Activities include (but not limited to) newspaper reading, housie, happy hour, outings, church services, quizzes, baking, and games. Interviews with residents identified that activities provided were appropriate to the needs, age and culture of the residents. The activities are physically and mentally stimulating. Some residents also have access to community support workers who facilitate outings and activities.  Each resident has an individual activities assessment on admission and from this information an individual activities care plan is developed. Implementation of the activities plan is evaluated monthly and attendance records are maintained. These were sighted in the five files reviewed. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Care plan evaluations were sighted in resident files reviewed. These have been completed at least three monthly and when there is a change in condition or care requirements. Evaluations document progress toward goals. There is at least a three monthly review by the GP. The files reviewed included examples where changes in health status had been documented and followed up. Short-term care plans reviewed had been evaluated and closed out or added to the long-term care plan where the problem was ongoing. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The nurses initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes. The staff provided examples of where a resident’s condition had changed and the resident was reassessed. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Waste management procedures are addressed in the safe environment and health and safety manuals. The staff orientation process includes chemical usage, hazard management and the use of material safety datasheets. All hazardous chemicals are stored in secured areas. Appropriate sharps bins are available. The sluice and laundry includes protective equipment including gloves, eye protection and aprons. Hats are worn by food service staff. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | Kowhai rest home is a single storey building, which is spacious, and all rooms are fully furnished and personalised. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building WOF which expires 1 April 2017. The outside areas are landscaped, with pathways and garden beds. Hot water temperatures are checked monthly and are below 45 degrees Celsius (records sighted).  There is adequate equipment available. Medical equipment including scales has been checked and calibrated in February 2016. Testing and tagging of electrical equipment has been conducted.  Flooring surfaces are made of non-slip materials. The policy on transportation and vehicle usage describes transportation requirements. Building compliance activities are completed and signed out. There is a documented preventative and reactive maintenance programme. A maintenance person is employed to attend to all maintenance and repairs. Preventative and reactive maintenance issues have been addressed. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | Kowhai rest home has 28 resident rooms. Each room has a hand basin. Three rooms have a toilet ensuite. Four rooms have shared toilet facilities. There are also five communal toilets and four communal showers. Bathrooms are large enough to ensure that residents who require assistance are managed safely. There is a staff/visitor toilet. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | The 28 resident rooms are of sufficient size to cater for residents’ needs. All rooms are spacious enough to allow residents to safely move about the furnishings with their mobility aids. Residents have personalised their rooms. All rooms are fully furnished. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Kowhai rest home has a large dining room and a large lounge. There are three further smaller sitting areas. Activities occur in any of these areas. Residents are free to use alternate areas if they do not want to participate in communal activities that are being run in one of these areas. There is adequate space to store mobility aids while residents are having their meals. Seating and space is arranged to allow both individual and group activities to occur. Residents interviewed confirmed satisfaction with the communal areas. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The service has in place, policies and procedures for management of laundry and cleaning practices. Product user charts, chemical safety datasheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. Housekeeping staff are employed to attend to cleaning and laundry. Residents and relatives interviewed confirmed the facility is kept clean and tidy and there were no concerns around the laundry service.  The laundry has a dirty to clean flow in the laundry. Resident’s personal laundry is completed on site. Sheets and towels are sent off site for laundering.  Chemicals are stored in a locked cleaning cupboard. The cleaner’s cupboard was locked. Cleaning and laundry audits are included in the annual audit schedule. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training has been provided. Fire drills are conducted six monthly. Civil defence resources are available. Appropriate training, information, and equipment for responding to emergencies has been part of the orientation of new staff. There is an emergency management manual, and a fire and evacuation manual. External providers conduct system checks on alarms, sprinklers, and extinguishers. First aid supplies are available. There is a staff member on duty across 24/7 with current first aid certificates.  There is an approved fire evacuation scheme dated April 1995.  Emergency lighting is provided, as well as alternative heating and cooking. Extra blankets, torches and supplies are available. There is sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. Call bells were adequately situated in all communal areas. Each bedroom has a call bell in the bedroom and in the bathroom and light up outside each room and on two display panels.  Access by visitors and others is limited to the main entrance. Door checks are made by staff on afternoon and night shifts. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and bedrooms are appropriately heated and ventilated. There is heating in every bedroom – which consists of panel heaters, underfloor heating, and ceiling panels. Room temperatures can be individually adjusted. Residents have access to natural light in their rooms and there is adequate external light in communal areas. |
| Standard 3.1: Infection control management  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. | FA | Kowhai rest home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The enrolled nurse is the designated infection control person with support from all staff. Infection control matters are discussed at all staff meetings and management meetings. Education has been provided for staff. The infection control programme has been reviewed annually. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | There are adequate resources to implement the infection control programme at Kowhai rest home. The infection control (IC) person has maintained her practice by attending external updates through the DHB every two to three months. The infection control team is all staff through the staff meeting. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available. |
| Standard 3.3: Policies and procedures  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. | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The staff orientation programme includes infection control education. The infection control person has completed external updates and provides staff in-service education which has occurred in 2016. Education is provided to residents in the course of daily support with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | CI | Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The enrolled nurse is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary, and then analysed and reported to staff and management meetings and the service has exceeded the required standard around reducing urinary tract infection rates.  The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Surveillance data is available to all staff. Corrective actions are established where trends are identified.  Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the general practitioner. Systems in place are appropriate to the size and complexity of the facility. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint or enablers. Staff have received ongoing training around managing behaviours that challenge, including individual training about specific residents. |

# 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.

|  |
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| 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 1.1.8.1  The service provides an environment that encourages good practice, which should include evidence-based practice. | CI | Kowhai rest home has a documented mission statement that ‘Kowhai Rest Home is committed to providing the highest quality residential care in a warm and friendly family-like environment’. Goals documented in the business plan include resident satisfaction and caring and competent staff. The mission statement and business goals are actively embodied by the management and staff who provide an environment that actively supports a resident group that are known to present a number of challenging behaviours. The service has exceeded the required standard around the holistic support of residents that minimises behaviours that challenge. | The service has a goal to provide the best support possible to residents so that behavioural triggers and changes are quickly identified and residents supported around this to minimise challenging behaviours. Practices to achieve this include close liaison with specialist teams including mental health practitioners. Detailed behaviour management techniques in care plans, crisis management plans, high staffing levels (one staff to five residents on morning shift), internal and external education around behaviour management including specific education by a behaviour specialist around the management of a specific resident, discussion around behaviour management issues at staff meetings and discussion of all behaviour incidents at each staff and management meeting including proposed techniques for trying. Staff reported a supportive team environment and management promotes/allows them to manage a stressful environment. Handovers are also utilised as an opportunity to discuss new techniques that have been successfully tried by staff. As a result of these and other interventions the service has had no residents admitted to psychiatric inpatient services in the last 18 months and has not administered any ‘as required’ medication in the past six weeks. |
| Criterion 1.2.3.6  Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers. | CI | The registered nurse at Kowhai house, along with the facility manager actively analyses incident data and develops plans to reduce trends wherever possible, to a level that exceeds the standard. An example of this is the project to reduce falls incidents. | In 2015, the service identified that despite some falls being hard to prevent due to the mobile residents at the service, that improvements could be made to reduce the rate of falls. All falls are analysed and trends identified. Interventions including high staffing levels, close observation of residents, the purchase and urgent response to a sensor mat for a high faller and individual interventions for residents who had a fall were implemented. As a result of this falls have dropped from a total of 91 falls from January to September 2015 to 50 in the corresponding period in 2016. |
| Criterion 3.5.7  Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner. | CI | The infection control officer is active in using best practice techniques to reduce infection rates, as identified through the infection control surveillance. An example of this is the reduction in urinary tract infections (UTIs). | The infection control coordinator identified that interventions could be adopted and improved to reduce the rate of UTIs. A variety of interventions including signs about hygiene on residents bathroom doors, education for individual high risk residents, increased fluid rounds and education regarding hygiene cares and catheter cares at most handovers were implemented. Because of these interventions, the rate of UTIs has reduced from 16 in the last six months of 2015 to seven in the first six months of 2016. |

End of the report.