

Kingswood Healthcare Morrinsville Limited - Kingswood 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Kingswood Healthcare Morrinsville Limited	
Premises audited:	Kingswood Rest Home	
Services audited:	Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 6 December 2016	End date: 7 December 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:	33	



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
Yellow	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
Red	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

Kingswood Rest Home provides rest home, and secure dementia care services in Morrinsville.

This re-certification audit was conducted against the Health and Disability Services Standards and the provider's contract with the Waikato District Health Board (WDHB). The audit process included the review of policies and procedures, the review of residents' and staff files, observations, interviews with residents and their family, management and staff. A general practitioner was interviewed by telephone and expressed confidence in the care and services provided. A local needs assessor and the DHB portfolio manager were also contacted by telephone to discuss the unique provision of care to an individual resident.

Since the previous certification audit in 2013, a purpose-built rest home was opened in March 2016; the previous rest home was reconfigured to a second dementia unit and the number of residents increased by 16 with a commensurate increase in staff numbers.

No areas requiring improvement were identified during this audit. Four areas where services exceeded the requirements: quality and risk; staff education; resident activities; and service delivery interventions, were rated as continuous improvements.

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.

Standards applicable to this service fully attained.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents. Opportunities to discuss the Code consent and availability of advocacy services are provided at the time of admission, and thereafter as required.

Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of residents and staff were noted to be interacting with residents in a respectful manner.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Care is guided by a comprehensive Māori health plan and related policies. There is no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

The service has linkages with a range of specialist health care providers, which contributes to ensuring services provided to residents are of an appropriate standard.

The documented and implemented complaints management system meets the requirements of the Code and these standards. Families reported that staff immediately respond to and begin to address any concerns they raise. There have been no external investigations by the district health board or the office of the Health and Disability Commissioner since the previous audit.

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 directors continue to meet regularly with the general manager (GM) to monitor progress against the business/strategic plan and to be updated about operational matters. There has been a change of clinical manager since the previous audit. The senior management team are appropriately qualified for their positions and have experience working in the aged care sector.

The quality and risk management systems meet these standards. Staff are monitoring service delivery through internal auditing, analysis of quality data, benchmarking with the organisation's other facility, and by actively seeking feedback from residents and their families. There are effective systems for identifying and managing actual and potential risks.

Adverse events are being reliably reported, investigated and analysed to predict and minimise unwanted trends. The organisation has made essential notifications where required to the district health board and the Ministry of Health.

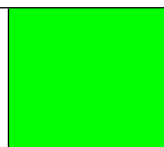
New staff have been recruited in ways that ensure their suitability for the position. Orientation to the service and its policies and procedures, including emergency systems, is provided to all new staff. Ongoing staff education is planned and co-ordinated to ensure that staff receive relevant and timely training on subjects related to their roles and service provision to older people. Training occurs regularly through in-service education sessions, and through self-directed learning and presentations by external experts.

There are sufficient numbers of clinical and auxiliary staff allocated on all shifts, seven days a week, to meet the needs of residents and contractual requirements. All staff who work in the two dementia units have either achieved or are working toward achieving the required New Zealand Qualifications Authority (NZQA) unit standards in dementia care.

Consumer information management systems meet the required standards. Archived records were being stored securely and all resident information is integrated and readily identifiable using relevant and up to date information.

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.

The organisation works closely with the local Needs Assessment and Service Co-ordination Service, to ensure access to the facility is appropriate and efficiently managed. When a vacancy occurs, sufficient and relevant information is provided to the potential resident/family to facilitate the admission.

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Registered nurses are on duty in each unit Monday to Friday and are supported by care and allied health staff and a designated general practitioner. On call arrangements for support from senior staff are in place. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents, enduring power of attorneys and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard. Residents are referred or transferred to other health services as required, with appropriate verbal and written handovers.

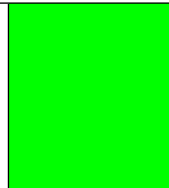
The planned activity programme, provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using a manual system. Registered nurses and care staff administer medications, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

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 effective and safe processes for managing waste and hazardous materials. The older buildings have a current warrant of fitness and the new building was issued a code compliance certificate before residents moved in. All the rest home residents have individual bedrooms which were spacious and personalised. There are shared and single bedrooms in each of the dementia units, with evidence that families or the legal representative for the resident has agreed to this. Communal areas are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained.

Fixtures, fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. There is regular monitoring and reporting on the outputs from cleaning and laundry services.

Emergency systems and the equipment needed for emergencies is being checked frequently. This includes the ability to provide sufficient food and water for the number of residents for at least three days. There is an approved evacuation scheme and systems for ensuring that all staff attend fire training updates regularly. All registered nurses (RNs), and the majority of care and auxiliary staff, hold current first aid certificates.

The three homes are heated in ways that provides comfortable and constant internal temperatures. Electrical equipment is being checked annually. All other equipment is serviced and calibrated annually. Hot water temperatures are being monitored monthly

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.
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Kingswood Rest Home has a clearly communicated and understood philosophy and practice of no restraint. There were no residents requiring enablers on the days of audit. The policy set contains fully described policies and procedures in the event that an emergency restraint intervention or use of an enabler may be required. Staff interviewed confirmed that alternatives to restraint, and the safe and effective management of challenging behaviours and de-escalation techniques are known and practiced. There is regular and ongoing education about safely managing agitated or confused older people. The service is succeeding in reducing the number of aggressive episodes and the need for psychotropic medicines with residents.

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.
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The infection prevention and control programme, led by two experienced and appropriately trained infection control coordinators, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the district health board and an external advisor if required. The programme is reviewed annually.

Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and supported with regular education.

Aged care specific infection surveillance is undertaken (analysed, trended and benchmarked) and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	45	0	0	0	0	0
Criteria	4	89	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](#).

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>Kingswood Rest Home (Kingswood) has developed policies, procedures and processes to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</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>Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, collection of information, residents' names on doors and agreements for residents in the secure units to share bedrooms.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are defined and documented where relevant in the resident's record. Staff demonstrated their understanding by being able to explain situations when this may occur.</p> <p>Staff were observed to gain consent for day to day care on an ongoing basis.</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>During the admission process, residents and families are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at reception. Family members, EPOAs and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff verified awareness of how to access the Advocacy Service.</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>Residents are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment. The facility supports the philosophy of 'Spark of life'.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</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>Visual inspection reveals complaint forms are on display in the Rest Home. Interviews with eight rest home residents, six relatives and interviews with a variety of staff confirmed they have been informed about and understand the complaints management process. The complaint/concerns register is current and contains records of two concerns from family members, and the actions taken as a result. Correspondence from one of the family members who expressed concerns revealed that they were satisfied their concerns were taken seriously and that the matter was resolved quickly. There have been no known complaints to the Office of the Health and Disability Commissioner and the DHB.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents, enduring power of attorneys (EPOAs) and family members interviewed report being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in all three areas together with information on Advocacy Services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal</p>	FA	<p>Residents, EPOAs and families confirmed that they or their relative receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p>

<p>Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately and when exchanging verbal information. All residents in the rest home have a private room. Residents in each of the two secure units have a private room, or share a room with another person with the consent of the resident or EPOA. Residents in shared rooms, have evidence that the appropriateness of the arrangement is evaluated and documented. Residents in these situation are of similar age and have similar interests. Curtains in shared rooms ensure privacy is maintained. There are quiet areas of low stimulus that provide privacy when required.</p> <p>Residents are encouraged to maintain their independence by actively participating in the ongoing daily routine of the home, attending community activities, attending arranged outings, and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed in staff and training</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>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.</p>	FA	<p>Staff support the one resident in the service who identifies as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers. Current access to resources includes the contact details of local cultural advisers. Guidance on tikanga best practice is available and is supported by staff who identify as Māori in the facility. The Māori resident verified that staff acknowledge and respect their individual cultural needs.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services</p>	FA	<p>Residents and family verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences, required interventions and special needs were included in all care plans reviewed. A resident satisfaction questionnaire includes evaluation of how well residents' cultural needs are met and this supported that individual needs are being met.</p>

which recognise and respect their ethnic, cultural, spiritual values, and beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Residents and family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner also expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. Staff are provided with a Code of Conduct in both the staff handbook and their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service encourages and promotes good practice through evidence based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, wound care specialist, community dieticians, services for older people, psychogeriatrician and mental health services for older persons, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Staff reported they receive management support for external education and access their own professional networks such as the local District Health Boards (DHB) professional development program, infection control specialist, and the nurse practitioner to support contemporary good practice.</p> <p>Other examples of good practice observed during the audit included wound care management and management of challenging behaviours.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the DHB when required. Staff knew how to do so, although reported this was rarely required due to all residents being able to speak English.</p>

communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The company directors are very involved and kept well informed about the services as evidenced by interviews with staff and the GM and review of business documents.</p> <p>On the days of audit there were 36 residents on site. The 16 bed dementia unit had 12 residents plus one person on respite, and the 12 bed dementia unit had nine residents. The 16 bed rest home had 15 residents. There were two residents under the age of 65 years. The specific needs of one resident requiring placement outside of the normal requirements had been approved by the local NASC and the MoH has been sent a dispensation notice. This was confirmed in interview with the NASC and DHB portfolio manager. The 2015-2017 Business and Strategic Plan contains a mission statement, vision and goals and objectives. There was evidence in business records reviewed that these are reviewed for progress by the directors and general manager at regular intervals. The GM reports to the directors usually monthly, but more often daily and weekly at management meetings, with a full report on residents, staff, health and safety, infections, occupancy, respite care and other operational matters. The RNs, senior and junior caregivers, activities coordinators, cooks, cleaners, gardeners, hand man, administrator and sub contactors report directly to the GM.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>There are established systems for providing temporary cover during the manager's planned absences. The GM's role is covered by the clinical manager and administrator, as confirmed by interview with the GM, staff and review of documents.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous</p>	FA	<p>The quality and risk management system, which includes a current quality and risk management plan, are being maintained by the directors, general manager and key staff. Policies, forms, and quality and risk systems are consistent across Kingswood Health Care facilities. Organisational policies and procedures describe best known practice and are referenced to current legislation, guidelines and regulations. Interviews and review of documents revealed these are reviewed two yearly, or annually, depending on the policy.</p> <p>Kingswood Healthcare Ltd continues to identify, update and implement systems and processes which they determine are the best/most effective methods in each of its two facilities. A number of staff who work across both sites, stated that they understood and continue to be involved in quality and risk management activities.</p>

<p>quality improvement principles.</p>		<p>The systems in place at Morrinsville are moderated by senior staff who from the Kingswood Rest Home quality group. This group responds to the quality improvement plan, and provide feedback to the facility staff. Staff interviews and inspection of staff areas revealed that quality data, such as accidents/incidents (for example, falls, skin tears, medicine errors) and infection rates are displayed. Minutes of staff meetings revealed that this quality data is presented and discussed at staff meetings, along with results from internal audits and feedback from resident/family meetings and the review of residents' cares.</p> <p>The quality group meet at least every six months or more frequently if required. Minutes of these meetings reveal that quality matters and known risks, including health and safety, improvement projects and other service delivery matters, are discussed and acted upon. Evidence of improvements (for example, in cleaning services, resident activities, staff retention, resident's quality of life and the external environment) were validated by the auditors on site. Some of these findings have been rated as continuous improvements in this report. Whenever improvements or change is identified, the requirements are discussed with all levels of management and staff. Solutions are agreed and changes are actioned and communicated. Implementation and the effectiveness of the changes are monitored by the directors, general manager and senior clinicians. Criteria 1.2.3.8 is rated as continuous improvement for the positive outcomes from quality improvement projects and other service improvements made as a result of corrective actions having been implemented.</p> <p>The risk management and occupational health and safety documentation contain indicators for risk and there is an extensive risk assessment and mitigation plan in the quality system. The sighted hazard register was current. The nominated Health and Safety Officer meets with the Health and Safety group every six months and minutes of the staff meetings reviewed, included health and safety discussions.</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>A sample of incident and accident forms for 2015-2016 contained evidence of notifications (for example, alerts to the RNs, GP and relatives). The forms also record whether ambulance, X-ray or hospital assessment was required. The records show that each incident is reviewed by a member of the senior management team within 48 hours of occurrence who investigates and documents any preventative actions required. There was evidence that corrective actions to remedy a spike in medicine errors (for example, 18 missed medicines errors in March, during the move to new premises) were implemented and the rate of medicine errors fell to 0 in April and 1 in May. There have no reports of resident fractures this calendar year. The incident/accidents forms also contain evidence of follow up and evaluation of actions.</p> <p>Month by month analysis of incidents and accidents trends show a reduction in aggressive behaviour. There have been no events that required reporting to Worksafe NZ, Police, Coroner, or the DHB. There has been one notification to the MoH about a dispensation.</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>Kingswood Rest Home has established staffing systems which meet the requirements of the ARCC (Aged Related Residential Care Contract), and current employment legislation and demonstrates good employment practices. There is evidence that prospective staff are recruited according to the service policies using formal interviews, police checking and referee checks. Qualifications are validated before employment commences. Staff files reviewed confirmed the three RNs employed have current annual practicing certificates, as do other health professionals used by the service, such as the nurse practitioner and general practitioners. New staff are inducted according to a documented orientation programme which includes training in essential emergency systems and subject areas specific to different staff roles.</p> <p>The staff learning and development system involves advanced annual planning of education sessions, according to staff needs, their roles and their scope of practice. There has been a focus on care staff completing the Aged Care Education (ACE) programme with good results in raising the number of care staff with qualifications. Furthermore, the extent of educational support provided to the activities coordinator to attend advanced training in the Spark of life programme with the originator of the programme is commendable and has resulted in all staff adhering to the Spark of life philosophy. This area is rated as continuous improvement in 1.2.7.5 and also in the activities standard 1.3.7. The training attended is recorded in individual personnel files and records of all training sessions, including who presented the education, who attended and the content of the training, is retained. All staff who work in the dementia units have achieved or are progressing the unit standards required. The general manager continues to attend at least eight hours of education related to the role of manager.</p>
<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>	<p>FA</p>	<p>There is a documented staffing rationale in the strategic and business plan 2015-2017. Kingswood Rest Home has increased its overall number of staff from 20 staff in 2015 to 33 staff employed to meet the needs of an additional 16 residents. The rosters reviewed and interviews with staff, management, residents and their families revealed that there are sufficient numbers of skilled and experienced staff on site in each area, 24 hours a day to meet the needs of the residents in that area. There are at least two caregivers on the floor in each unit during daylight hours and one RN for 8 hours. There is a RN on call after hours and the clinical assistant who lives next door is also available on call 24 hours a day, seven days a week. Interviews and the records show that call outs seldom occur. Peak periods of activity are taken into account with rostering or when residents' needs increase. There is one caregiver in each unit at night (10pm to 6am). Auxiliary staff are employed (for example, administrator, and cleaner, gardener and maintenance personnel) for sufficient hours to carry out their tasks. The provider exceeds the contractual requirements.</p>
<p>Standard 1.2.9: Consumer Information Management</p>	<p>FA</p>	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health</p>

<p>Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p> <p>Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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 enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with facility manager. They are also provided with written information about the service and the admission process. The organisation seeks updates information from NASC, General practitioner (GP) and other service providers involved with the resident, for residents accessing respite care.</p> <p>Family members and EPOAs interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the DHB's transfer system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records, advanced directives, care plans and recent progress note documentation is provided for the ongoing management of the resident. All referrals are documented in the progress notes. The family of a resident recently requiring transfer, reported being kept well informed during the process.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they</p>

<p>legislative requirements and safe practice guidelines.</p>		<p>manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a registered nurse against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart.</p> <p>There is one resident in the rest home who self-administer medications at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process is verified.</p> <p>Standing orders are not used.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian in June 2015. Recommendations made at that time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded. The cooks have undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Residents in the secure unit have access to food and fluids to meet their nutritional needs always. Staff in the secure unit, sit beside residents to assist with meals and are often eating their own meal at this time, to enhance the meal time interaction. Special equipment, to meet resident's nutritional needs, is available.</p>

		Evidence of resident satisfaction with meals is verified by resident and family interviews, satisfaction surveys and rest home residents' meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There is sufficient staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed.
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	If a referral is received but the prospective resident does not meet the entry criteria or there is currently no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the facility manager. There is a clause in the access agreement related to when a resident's placement can be terminated.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Information is documented using validated nursing assessment tools such as pain scale, falls risk, behaviour assessments, skin integrity, nutritional screening and depression scale as a means to identify any deficits and to inform care planning. The sample of care plans reviewed had an integrated range of resident-related information. All residents have current interRAI assessments completed by one of two trained interRAI assessors on site.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments are reflected in the care plans reviewed. Care plans evidence service integration with progress notes, activities notes and medical and allied health professional's notations clearly written, informative and relevant. Any change in care required is documented and verbally passed on to relevant staff. Behaviour management plans, identifying strategies to minimise episodes of disruptive behaviour over twenty-four hours, was sighted for residents in the secure unit. Residents, EPOAs and families reported participation in the development and ongoing evaluation of care plans.

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Documentation, observations and interviews verified the provision of care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision and an initiative implemented to reduce the use of psychotropic drugs and minimise events of challenging behaviour is acknowledged as an area of continuous improvement.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is satisfactory. Mention was made of the high standard of care provided to residents who at times were very challenging. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<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>	<p>FA</p>	<p>The activities programme at Kingswood is based on the 'Spark of life' approach and aims to rekindle the spark of life in all residents of Kingswood Healthcare. The programme is overseen by a staff member who has completed training in the 'Spark of life' approach. All staff are trained in appropriate interactions. The focus is not about activities, but quality and joy of interactions. It is a carefully planned programme designed to improve the social and emotional wellbeing of the residents by lifting their spirits and enabling them to thrive. A positive and stimulating homely environment was observed that creates opportunities for residents' pleasure and interaction, interactive raised gardens, fruit trees from which fruit can be picked, pets and farm animals, gates to open and close, washing lines to hang the washing on, a mail box to post mail and a letter box to which residents mail is delivered, an opportunity for baking in the kitchenette each morning enabling the smell of fresh baking to waft through each unit, fresh soup made each evening and a coffee bar in the garden that opens every Wednesday morning providing fresh waffles and coffee. All staff are observed interacting with residents and it is imbedded in the organisation's philosophy not seen as purely the activities officer's role. Activities involving residents are occurring always in both the rest home and the secure units</p> <p>A 'This is me' booklet is completed on admission to ascertain residents' needs, interests, abilities and social requirements. Clubs are organised based on residents' similar likes and abilities. Residents are assessed as to their specific club using a specifically designed tool that considers residents level of communication, participation and concentration. Evaluation of progress is based on a plan to encourage and support positive behaviours. The club programme has small groups that operate on an equal level and provides a haven where residents can experience success in everything they do, boosting self-confidence and the ability to communicate. The resident's activity needs are evaluated as needs change and as part of the formal six monthly care plan review.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities, outings, individual and group activities and regular events. The television is only used to assist residents in the secure unit keeping up to date with the news. The activities programme is discussed at the rest home residents'</p>

		meeting and minutes indicate residents' input is sought and responded to. Family input from residents in the secure units is sought on a one to one basis and via regular phone or email contact/updates. Interviews, observation and documentation evidences the implementation of the 'Spark of life' approach in Kingswood has facilitated the provision of activities that are meaningful to the residents and is recognised as an area of continuous improvement.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN. Formal care plan evaluations, occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short term care plans being consistently reviewed and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
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	Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a 'house doctor', residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files. Referrals are followed up on a regular basis by the registered nurse or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are	FA	Policy and procedures describe safe and appropriate disposal methods for all types of human and domestic waste including potentially infectious waste. The systems currently in use are assessed as safe. Chemical material safety data/information is available and accessible for staff. Visual inspection throughout the facility and observations of staff revealed that protective clothing and equipment (eg, goggles/visors, gloves, aprons, hats, footwear, and masks) are being provided and used

protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		appropriately.
<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>	FA	<p>The current building warrant of fitness for the two dementia units expire in December 2017 and the Code Compliance Certificate for the new rest home was issued in March 2016. All the buildings, plant and equipment comply with legislation, regulations and the requirements for maintaining equipment. For example, seated scales, sphygmomanometer, thermometers and vehicles. There were no hoists on site but both a sling and standing hoist are available if required from the other facility.</p> <p>There are thoughtful and resident appropriate safe and interesting external areas. Residents in the dementia units have immediate access to extensive gardens which surround each unit and are enclosed by unobtrusive barrier fences. The rest home is completely open. The grounds are spacious, with level flat areas and walking paths, established trees, shaded seating areas and points of interest, such as well tended vegetable gardens, farm animals and neighbouring paddocks. An outdoor café has been created on site for resident and family use. Residents were observed to be engaged in outside activities such as assisting with hanging out laundry, interacting with the care of the animals and gardens and serving others at the café.</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 privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The rest home has shared bathrooms between each of its 16 bedrooms which are disability accessible and there is a designated staff and visitor toilet in each building plus a separate staff area with shower and toilet. The dementia units each have sufficient numbers of clearly identified communal bathrooms and toilets for the number of residents in that unit. For example, three bathroom/toilets for 16 residents. Hot water temperature monitoring is occurring in each building at monthly intervals and the recorded temperatures are within a safe range of below 45 degrees Celsius.</p>
Standard 1.4.4: Personal	FA	Each of the bedrooms viewed in the three separate buildings are spacious and personalised. Rest home residents are accommodated in single rooms (for example 16 bedrooms). There are seven bedrooms for a

<p>Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>		<p>maximum of 12 residents in one dementia unit (for example, two single and five shared rooms) and 10 bedrooms for 16 residents in the other unit (for example, eight single and four shared rooms). Agreement for sharing bedrooms is signed in the admission agreements.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Each of the three buildings has its own dining area and kitchen facility, although the main meals are prepared in the main kitchen and transferred to the rest home and other dementia unit via bain marie food units. The lounge and dining furniture is suitable for older people, made from quality materials, and is in good condition.</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>	<p>FA</p>	<p>Interview with the housekeeper, the clinical assistant and the cleaner who is employed for 30 hours a week, confirmed that cleaning and laundry systems are safe and effective and that sufficient hours are allocated for the number of residents on site. Care staff on all shifts are responsible for laundry and some cleaning duties. There have been no complaints or issues since the previous audit.</p> <p>The laundry and cleaning policies detailed the tasks and standards for safe and hygienic practice. These included procedures for handling used and soiled laundry and an itemised cleaning schedule which listed the cleaning chemicals to be used in each area. The internal audit programme monitors the effectiveness of the cleaning and laundry services. Staff interviewed are experienced and knowledgeable about their equipment/tools of trade, and the cleaning chemicals they are in contact with. They attend regular in service education and stated they were well supported by the household supervisor and chemical supply company who visit regularly. Chemicals are labelled and stored safely and securely in locked storage areas when not in use. Chemical safety data sheets were viewed as current and located in the cleaning storage cupboards in each unit. There are effective processes and appliances in use for the disposal of soiled waste. For example, fully equipped sluice rooms. Hand washing and hand sanitising units are conveniently located and readily accessible throughout each building.</p>
<p>Standard 1.4.7: Essential,</p>	<p>FA</p>	<p>Emergency procedures are included in new staff orientation and staff knowledge is tested regularly. Nurses</p>

<p>Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>and care staff from all shifts and auxiliary staff demonstrated knowledge and understanding about what to do in emergencies.</p> <p>The facility is kept secure by ensuring that all external doors and windows are locked and checked at night and that visitors are directed to enter and exit by specific doors/points of access.</p> <p>The approved fire evacuation plan is dated 3 December 2013 and February 2016 for the new rest home building. Fire drills in each unit are held regularly. Records of drills sighted show that these occurred on 11 March 2016, 10 May 2016, 15 July and 30 December 2015. Staff training is provided by an external fire protection service and has occurred every four months. The local NZ Fire Services visited the site on 15 November 2016 to familiarise themselves with the buildings and layout.</p> <p>Sighted alternative sources of energy are on site in the event of power outages. These include a generator, a tank which holds 1000 litres of water, and portable gas for cooking and water heating. There is additional bedding for warmth. The call bell system tested in each unit was functional and staff attended promptly. Each unit has a vulnerable person register.</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>	FA	<p>Each building is heated by electricity which is delivered by underfloor systems or heat pumps and/or panel heaters. Heat pumps are reversible for air conditioning, otherwise there are fans in use. Each building and room has opening doors and windows for ventilation. Residents and family members interviewed are satisfied with the internal temperatures of the home.</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>	FA	<p>The service provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level, with input from an external advisor. The infection control programme and manual are reviewed annually.</p> <p>The clinical coordinator and a registered nurse with a post graduate diploma in infection control are the designated IPC coordinators, whose roles and responsibilities are defined in their job descriptions. Infection control matters, including surveillance results, are reported monthly to the facility manager/governor and tabled at the quality/risk committee meeting.</p> <p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay</p>

		away from work if they have been unwell. Staff interviewed understood these related responsibilities.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection prevention and control coordinators have appropriate skills, knowledge and qualifications for the role, and have been in the roles for two years. One IPC co-ordinator has undertaken a post graduate certificate in infection prevention and control and both have attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the DHB are available and expert advice from the community laboratory is available if additional support/information is required. The organisation subscribes to the services of an external IPC provider. The coordinators have access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>The IPC coordinators confirmed the availability of resources to support the programme and any outbreak of an infection.</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>	FA	<p>The infection prevention and control policies reflect the requirements of the infection prevention and control standard and current accepted good practice. Policies were last reviewed in 2016 and include appropriate referencing.</p> <p>Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support</p>	FA	<p>Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in infection prevention and control at orientation and ongoing education sessions. Education is provided by suitably qualified registered nurses, and the infection control coordinator. Content of the training is documented and evaluated to ensure it is relevant, current and understood. A record of attendance is maintained. When an infection outbreak or an increase in</p>

<p>staff, and consumers.</p>		<p>infection incidence has occurred, there is evidence that additional staff education has been provided in response. An example of this was demonstrated when there was an increase in urine infections in the facility.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing and increasing fluids during hot weather.</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>Surveillance is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the infection reporting form and clinical records. The infection control coordinators review all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers, as confirmed in meeting minutes sighted and interviews with staff. New infections and any required management plan are discussed to ensure early intervention occurs, and any required education implemented.</p> <p>Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to staff and the facility manager and quality committee. Graphs evidence a reduction in urinary tract infections compared with the previous year. Data is benchmarked externally within the group.</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>Kingswood Rest Home has a philosophy and practice of no restraint. There were no residents using enablers on the days of audit. The restraint policy and procedure set contains definitions which are congruent with this standard and clearly state a rationale for the secure environment in the dementia units. On audit days, the doors were open to the extensive gardens surrounding the dementia units and residents were observed to be using these areas. The policies and procedures clearly describe the service approach to managing challenging behaviour and safe handling and approaches for confused older people. The service has succeeded in reducing episodes of aggressive behaviour and reducing the use of PRN (as needed) or ongoing psychotropic medicines for settling agitation in residents. Refer criteria 1.3.6.1</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
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	CI	<p>Review and comparison of the quality data collected in 2015 and 2016 (for example, incidents/accidents, results of internal audits, infections, staff injury and other exception reporting) reveals a decrease in falls, a decrease in aggressive behaviour, increased staff retention and satisfaction, and increased satisfaction amongst residents and their families satisfaction. The provider demonstrates a fast learning and fast fix approach to any areas of service delivery that are identified as areas that could be done better.</p>	<p>The extent of quality improvement projects identified, implemented and evaluated at this site since Kingswood Healthcare took over in 2013 has led to significant improvements in consumer and staff safety and satisfaction. Family satisfaction has also improved.</p>
<p>Criterion 1.2.7.5</p> <p>A system to</p>	CI	<p>Seven staff files reviewed and other records related to staff education, and interviews with care staff and management revealed that the percentage of staff who have completed their ACE training and other relevant qualifications has increased from 18.75 % in 2013 to 41.9%</p>	<p>A quality improvement project identified in 2014 to increase the level of</p>

identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.		in 2016.	staff skills, knowledge and qualifications has resulted in significant improvements across all levels of staff (for example, caregivers, activities coordinators, RNs and other staff).
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	CI	A review of eight medication charts evidences a reduction in the levels of psychotropic drugs prescribed, in addition to a reduction in the use of any pro re nata (PRN) - as required - medication. In addition, care plans and progress notes in seven files reviewed had minimal events of challenging behaviour occurring. This is verified by interviews with staff and family members and by observation (refer 1.3.7.1).	A reduction in the amount of psychotropic drug use and challenging behaviour events has occurred after Kingswood implemented a quality initiative that focussed on an environmental approach designed to improve the social and emotional wellbeing of the residents by lifting their spirits and enabling them to thrive.
Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to	CI	In 2014 the 'Spark of life' approach was implemented at Kingswood Healthcare in response to staff, residents and families identifying the activities being provided were not appropriate for the needs of residents. This was evidenced in satisfaction surveys, high use of psychotropic medications, high staff turnover and frequent episodes of challenging behaviour events. The current environment was observed to be peaceful. Residents were observed involved in doing household chores with staff participating. Residents are baking the morning tea, and the smell of fresh baking wafts through each unit. Residents are helping to hang their own washing on the line, lemons and apples are being picked and peeled to make the lunchtime desert, and vegetables in the garden are being tended to for the evening soup. Residents are engaged in the activities they are doing, and conversing	A quality initiative to implement the Spark of life approach at Kingswood Healthcare, has resulted in a reduction in episodes of challenging behaviours and the use of psychotropic medication. The provision of a

<p>the consumer.</p>		<p>with staff. At mealtimes staff are seated assisting residents requiring assistance, while eating a meal/lunch themselves. Mealtimes are relaxed and evidence was observed of residents enjoying the meal.</p> <p>An evaluation as to the effectiveness of the initiative has resulted in increased satisfaction with the activities programme, a decrease in psychotropic drug use, a decrease in episodes of challenging behaviour events, a decrease in staff turnover and a calm unit where residents are interacting and participating.</p>	<p>homely stimulating environment enables residents to be involved, feel appreciated and valued.</p>
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End of the report.