

Kaiapoi Lodge Residential Care Limited

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Kaiapoi Lodge Residential Care Limited
Premises audited:	Kaiapoi Lodge Residential Care Ltd
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 March 2017 End date: 15 March 2017
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:	49

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

Kaiapoi Lodge is certified to provide rest home and hospital level care for up to 49 residents. On the day of the audit there were 49 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager. Feedback from residents and relatives is positive.

The five shortfalls identified at the previous audit have been addressed. These were around documenting times and designations in the residents' progress notes, clinical assessments, medication management and dry goods food storage.

This audit has identified no areas for improvement.

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.
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Residents and family are kept informed including of changes in resident's health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented. Complaints and concerns are managed and documented with learning's from complaints shared with all staff.

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.
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Kaiapoi Lodge has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. Incidents are documented and there is immediate follow up from a registered nurse. There are comprehensive human resources policies. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The safe staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely with staff having input into rostering.

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.
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Resident records reviewed provide evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files include three-monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The electronic medicines records reviewed include documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioner.

The activities programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on-site. All residents' nutritional needs are identified and documented. Choices are available and are provided. An external dietitian reviews the menus.

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.
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The building holds a current warrant of fitness.

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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There is a restraint policy that includes comprehensive restraint procedures including restraint minimisation. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There were three hospital residents requiring the use of a restraint and one rest home resident had requested the use of an enabler.

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 control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other aged care facilities via an electronic quality management programme. Staff receive on-going training in infection control. The facility has had one outbreak since its previous audit and this was evidenced to be well managed.

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	17	0	0	0	0	0
Criteria	0	40	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place. Residents and their family/whānau are provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints. An electronic complaints register is maintained with all documentation which shows that complaints are managed and resolved. The service had received four complaints since their previous audit. All documentation reviewed evidenced that the complaints process had been followed. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>Residents and family members interviewed stated they were welcomed on entry and were given time and explanation about services and procedures. The managers have an open-door policy. Relatives interviewed confirmed that the staff and management are approachable and available. Resident meetings provide an opportunity for feedback. Annual resident and relative satisfaction surveys are completed that provide feedback on all areas of the service. Staff complete a self-directed questionnaire on effective communication. Residents and family members interviewed stated they are informed of changes in health status and incidents/accidents.</p>

conducive to effective 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>Kaiapoi Lodge provides rest home and hospital level care for up to 49 residents within a 20 bed hospital wing and a 29 bed rest home wing. Eight rest home rooms are dual purpose. On the day of audit there were 49 residents (20 hospital and 29 rest home).</p> <p>The service has a documented mission statement, philosophy, business plan for 2017 and an implemented quality and risk management system.</p> <p>The facility manager is a registered nurse and has been in the role for ten years. He is supported by a full-time clinical nurse manager, who holds a post graduate nursing qualification in gerontology. The facility manager and clinical nurse manager have both attended more than eight hours of professional development in the past 12 months.</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 quality improvement principles.</p>	FA	<p>The business, quality and risk management planning procedures describe the quality improvement processes. The quality assurance and risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme is monitored by the facility manager and discussed at quality meetings and two-monthly staff meetings. Monthly and annual reviews are completed for all areas of service. Meeting minutes are maintained and staff are expected to read the minutes and sign off when read. Minutes for all meetings include actions to achieve compliance where relevant. Discussions with registered nurses and healthcare assistants confirm their involvement in the quality programme. Resident/relative meetings are held. Data is collected on: complaints, accidents, incidents, infection control and restraint use and all are benchmarked against other aged care providers. There is an implemented internal audit schedule and areas of non-compliance have been actioned for improvement. The service has a health and safety management system. There are implemented risk management and health and safety policies and procedures in place including accident and hazard management.</p> <p>The service has comprehensive policies/procedures to support service delivery. There is a document control policy and all policies and procedures are reviewed regularly by an external aged care consultant. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. Residents and families are surveyed and the outcomes are communicated to residents, staff and families.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p>	FA	<p>Incident and accident data is collected and analysed. The facility uses an electronic quality programme to log incident and accident data. Discussions with the service confirm that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. A sample of 12 resident related incident reports for February and March 2017 were reviewed. All reports and corresponding resident files evidence that appropriate</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>clinical care is provided following an incident. Reports were completed and family notified as required. There is an incident reporting policy that includes: definitions, responsibilities, immediate action, reporting, monitoring and corrective actions to minimise and debriefing.</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>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies. Six staff files were reviewed and included the clinical nurse manager, one registered nurse, two healthcare assistants, one cook and the diversional therapist. Files included all appropriate documentation. Staff turnover was reported as low. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice.</p> <p>Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Healthcare assistants are orientated by preceptors. Annual appraisals are conducted for all staff. There is a completed in-service calendar for 2016 which exceeded eight hours annually and a current plan for 2017 is being implemented. Healthcare assistants have either completed or commenced the Careerforce aged care education programme.</p> <p>The facility manager, clinical nurse manager and registered nurses have attended external training including conferences, seminars and education sessions with the local DHB. Five of seven RNs have completed the interRAI training and have maintained their competence.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably</p>	<p>FA</p>	<p>Kaiapoi Lodge has a roster in place which provides sufficient staffing cover for the provision of care and service to residents. There is a registered nurse on duty 24/7 in the hospital unit. In the rest home, there is a registered nurse on duty Monday-Friday mornings. The clinical nurse manager and facility manager both work full-time and provide 24/7 registered nursing on call cover. Healthcare assistants advise that sufficient staff are rostered on for each shift. All registered nurses and senior healthcare assistants are trained in first aid and CPR. Residents and families interviewed advised that there is sufficient staff on to meet the residents' needs.</p>

qualified/skilled and/or experienced service providers.		
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Kaiapoi Lodge has comprehensive policies and procedures on restraint minimisation and safe practice. The facility manager (registered nurse) is the restraint coordinator. The service is actively working towards a restraint-free environment. Policy states that enablers are voluntary. There are three hospital residents with restraint and one rest home resident with an enabler. Policy includes guidelines for use of enablers and restraint, alternatives to be conducted, de-escalation techniques, use of diversional therapies and restraint is used only as a last resort. Documentation includes restraint register, restraint/enabler assessment forms, restraint/enabler consent forms, a restraint/enabler plan in the resident care plan, monitoring forms and three-monthly evaluation forms.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management. The service uses an electronic medication management system which has addressed the previous audit finding around medication prescribing compliance. There was one resident assessed in the hospital as competent to self-administer medication. A competency to self-administer medication is current and has been reviewed at three-monthly GP medication reviews. This previous audit finding has been addressed. All medications were securely and appropriately stored.</p> <p>Registered nurses or senior healthcare assistants administer medications. All staff who administer medications have completed annual medication competencies.</p> <p>Ten electronic medication charts reviewed evidenced three-monthly review by the GP.</p> <p>All ten electronic medication charts reviewed have 'as required' medications prescribed including reason for use. Discontinued medications have been signed off. Medication administration records were signed as medication was administered. All previous medication findings have been addressed.</p> <p>There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors are recorded and reported to the supplying pharmacy. Medication errors are reported on and are part of the quality meeting. The medication fridge has temperatures recorded daily and these are within acceptable ranges. Controlled drug medications are entered into a register and checked weekly by the clinical manager and a registered nurse.</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 service employs one cook and two relieving cooks who have all completed food safety certificates. The procurement of the food and management of the kitchen is overseen by the main cook. All meals are cooked on-site. There are two separate dining rooms. Meals are plated from a bain-marie in each dining area. On the day of the audit, meals were observed to be well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. All decanted foods are dated and stored appropriately evidencing the previous audit finding has been addressed. Kitchen fridge, food, freezer and dishwasher temperatures have been monitored and documented daily, these remain within safe limits. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. The menu is a six-week seasonal menu and has been audited and approved by an external dietitian. Residents and families interviewed were complimentary of the food service and are able to provide feedback through a food survey and resident/relative meetings. Meetings with kitchen staff are held and outcomes of internal audits or surveys are communicated to staff.</p> <p>Resident weights are monitored monthly or more frequently if required. Dietary supplements are available.</p>
<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>Evidence:</p> <p>When a resident's condition alters, the registered nurses initiate a review and, if required, a GP or nurse specialist consultation. There is evidence that family members are notified of any changes to their relative's health. Discussions with families and notifications are documented in the resident file.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessments, treatment and evaluations are in place for all current wounds (one infected toe). There were no pressure injuries on the day of audit. There is a range of equipment readily available to minimise pressure injury.</p> <p>Continence products are available. Resident files include a urinary/faecal continence assessment. Management of bowel conditions are documented in the care plan and monitoring is evidenced by the completion of bowel charts. Any continence management and products required are clearly documented in the care plan to guide staff.</p> <p>Resident weights are recorded monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission. Nutritional needs are reassessed at least six-monthly or when there is a change to the resident's nutritional or dietary needs.</p> <p>Short-term care plans document appropriate interventions to manage short term changes in health.</p> <p>Long-term care plans document detailed interventions.</p> <p>Monitoring occurs for: weight, vital signs, blood glucose, pain, wounds, restraint, continence and behaviour.</p>

		Registered nurses review the monitoring charts and report identified concerns to the GP, nurse practitioner or nurse specialist.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	There is one activities coordinator and one activities volunteer assisting with activities from Monday to Friday. On the day of audit, residents were observed being actively involved in activities. Residents and family interviewed are satisfied with the activities provided. The activities programme is comprehensive, diverse and is designed for high end and low end cognitive functions and focused on achieving individual goals. The programme is developed monthly and displayed in large print. Residents have an assessment completed over the first three weeks after admission, obtaining a complete history of past and present interests, career and family. Resident files reviewed identified that the individual activity plan is reviewed at least six-monthly. The activities coordinator explained the variety of activities and how the activities programme aims to promote resident individual choice, highlighting the 'kite programme' (kindergarten interaction through the elderly). Photographs displayed highlight children showing residents how to use an Ipad. Activities also include: music therapy, resident gardening projects, Men's shed visits, entertainers and active community participation (residents visit a community day care for elderly).
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	Care plans are evaluated by a registered nurse six-monthly or when changes to care occurs. Short-term care plans for short term needs were evaluated and either resolved or added to the long-term care plan as an on-going problem. There is evidence of review by allied health and nurse specialists as required. There is at least a three-monthly medical review by the medical practitioner. The family members interviewed confirmed they are invited to attend care plan reviews and GP visits.
<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	The facility has a current building warrant of fitness which expires 30 June 2017.
<p>Standard 3.5: Surveillance</p>	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in infection monitoring policy. The clinical nurse manager is the designated infection control nurse. Monthly infection

<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>data is collected for all infections based on signs and symptoms of infection and entered on to the online electronic quality programme. An individual electronic resident infection form is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections has been entered on to a monthly facility infection summary online programme and staff have been informed via meetings. The service benchmarks against other aged care facilities via the use of an online electronic quality management system. An outbreak in August 2016 was managed and appropriate authorities were notified.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Kaiapoi Lodge has comprehensive policies and procedures on restraint minimisation and safe practice. The facility manager (registered nurse) is the restraint coordinator. The service is actively working towards a restraint-free environment. Policy states that enablers are voluntary. There are three hospital residents with restraint and one rest home resident with an enabler. Policy includes guidelines for use of enablers and restraint, alternatives to be conducted, de-escalation techniques, use of diversional therapies and restraint is used only as a last resort. Documentation includes restraint register, restraint/enabler assessment forms, restraint/enabler consent forms, a restraint/enabler plan in the resident care plan, monitoring forms and three-monthly evaluation forms.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.