

# Kaiapoi Lodge Residential Care Limited - Kaiapoi Lodge Residential Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kaiapoi Lodge Residential Care Limited
<b>Premises audited:</b>	Kaiapoi Lodge Residential Care
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 2 July 2018      End date: 3 July 2018
<b>Proposed changes to current services (if any):</b>	As part of this audit the service was verified as suitable to provide medical level care under their current hospital certification
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	45



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Kaiapoi Lodge provides rest home and hospital level care for up to 49 residents. On the day of the audit there were 45 residents. The residents and relatives interviewed spoke positively about the care and support provided.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, and staff. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification.

The facility manager is a registered nurse who is appropriately qualified and experienced. He is supported by a clinical manager/registered nurse. There are quality systems and processes being implemented. The service reflects a culture of continuous quality improvement.

The service has been awarded continuous improvement ratings around activities.

## 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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The facility provides care in a way that focuses on the individual resident. There is a Māori health plan and cultural safety policy supporting practice. The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code). Information about the Code and related services is readily available to residents and families. Policies are available that support residents' rights. Care plans accommodate the choices of residents and/or their family. Complaints processes are being implemented and complaints and concerns are managed and documented. Residents and family interviewed verified ongoing involvement with community.

## 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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The service is managed by a facility manager who has worked at the facility for the past 11 years. The facility manager is supported by a nurse manager registered nurses and other care staff. Business plan/strategic goals provide direction. The quality and risk management programme is being implemented. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents meetings are held, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. An education and training programme is being implemented with a current plan in place for 2018. Appropriate employment processes are adhered to and employees have an annual staff appraisal completed. There is a roster that reflects sufficient and appropriate coverage for the effective delivery of care and support.

## 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.

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

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and develops care plans, and reviews each resident's needs, outcomes and goals at least six monthly. Where progress is different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and senior healthcare assistants responsible for administration of medication complete annual education and medication competencies. The medicine charts had been reviewed by the general practitioner at least three monthly.

An activity coordinator implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. The residents and family interviewed confirmed satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes and special dietary requirements are met. The kitchen staff have completed food safety training.

## 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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There is a current building warrant of fitness in place. Appropriate policies are available along with product safety charts. Chemicals are stored safely throughout the facility. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. All laundry is washed on-site. Cleaning and laundry systems include appropriate monitoring systems to evaluate the effectiveness of these services.

Resident rooms are spacious with an adequate number of shower and toilet facilities for the number of residents. There is wheelchair access to all areas. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

Systems and supplies are in place for essential, emergency and security services. An emergency/disaster management plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

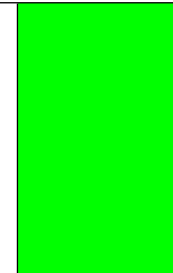
## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Kaiapoi Lodge has restraint minimisation and safe practice policies and procedures in place. There were no residents requiring the use of a restraint or enabler. Staff receive training in restraint minimisation and challenging behaviour management.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator/registered nurse is responsible for coordinating/providing education and training for staff. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	44	0	0	0	0	0
<b>Criteria</b>	1	92	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Discussions with seventeen care staff (two registered nurses (RN), twelve health care assistants (HCA), one cook, one activities coordinator and one activities assistant) confirmed their familiarity with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Seven residents (three rest home and four hospital) and six relatives (two rest home and four hospital) were interviewed and confirmed the services being provided are in line with the Code. Observation during the audit confirmed this in practice.</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>Systems are in place to ensure residents and where appropriate their family are being provided with information to assist them to make informed choices and give informed consent. Written information on informed consent is included in the admission agreement. The nurse manager and the facility manager reported informed consent is discussed and recorded at the time the resident is admitted to the facility. Staff interviewed demonstrated a good understanding of informed consent processes.</p> <p>Copies of legal documents such as enduring power of attorney (EPOA) for residents are retained on residents' files, where residents have named EPOAs. Residents and family interviewed confirmed they have been made aware of and understand the principles of informed consent and confirmed informed consent information has been provided to them and their choices and decisions are acted on.</p>

		Advanced directive were sighted in the residents' files reviewed.
<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	Residents are provided with a copy of the Code on entry to the service. Residents interviewed confirmed they are aware of their right to access independent advocacy services and advocacy pamphlets are available at reception. Discussions with relatives confirmed the service provides opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The resident files include information on residents' family/whānau and chosen social networks.
<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	Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. Activities programmes include opportunities to attend events outside of the facility including activities of daily living, for example, shopping and attending cafes, and restaurants. Interview with staff, residents and relatives informed residents are supported and encouraged to remain involved in the community and external groups. Relatives and friends are encouraged to be involved with the service and care.
<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	A complaints policy and procedures have been implemented and residents and their family/whānau have been 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. A complaints register has been maintained. There have been six complaints made in 2017 and two complaints received in 2018 year to date. There was documented evidence of response, follow-up and resolution to the complaints reviewed. Residents and family members advised that they are aware of the complaints procedure and how to access forms.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	The service provides information to residents that include the Code, complaints and advocacy. Information is given to the family or the enduring power of attorney (EPOA) to read to and/or discuss with the resident. Residents and relatives interviewed identified they are well informed about the Code. Six monthly resident meetings provide the opportunity to raise concerns. An annual residents/relatives' satisfaction survey is completed.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And</p>	FA	Staff interviewed could describe the procedures for maintaining confidentiality of resident records, resident's privacy and dignity. House rules and a code of conduct are signed by staff at commencement

<p>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>of employment. Residents and relatives interviewed reported that residents can choose to engage in activities and access community resources. There is an elder abuse and neglect policy and staff education and training on abuse and neglect has last been provided in August 2017.</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>There is a Māori health plan and ethnicity awareness policy and procedure. The policy includes references to other Māori providers available and interpreter services. The Māori health plan identifies the importance of whānau. At the time of audit there were two residents who identified as Māori. The files of the two residents reviewed included cultural beliefs and a Māori health plan. The service has established links with local Māori (Ratana Church and Tuahiwi Runanga) who provide advice and guidance on cultural matters. Staff interviewed confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff training around cultural safety was last provided in March 2017.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>An initial care planning meeting is carried out where the resident and/or whānau as appropriate/able are invited to be involved. Individual beliefs or values are further discussed and incorporated into the care plan. Discussion with relatives confirmed values and beliefs are considered. Residents interviewed confirmed that staff consider their culture and values.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff job descriptions include responsibilities, and staff sign a copy on employment. The staff meetings occur bi-monthly and include discussions on professional boundaries and concerns as they arise. Management provide guidelines and mentoring for specific situations. Interviews with the facility manager (RN), nurse manager, RNs and HCAs confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The facility manager, nurse manager/clinical coordinator and staff are committed to providing services of a high standard, based on the service philosophy of care. All residents and families interviewed spoke positively about the care and support provided. Bi-monthly staff and residents' meetings are conducted. Staff have a sound understanding of principles of aged care and stated that they feel supported by management. Care staff complete competencies relevant to their practice. The quality programme has</p>

		been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment, and the requirement to attend orientation and ongoing in-service training. The facility manager (quality coordinator) is responsible for coordinating the internal audit programme.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and family members stated they were welcomed on entry and were given time and explanation about services and procedures. Family members interviewed also stated they are informed of changes in the health status of residents and incidents/accidents and twelve incident forms reviewed confirmed this. Resident/relative meetings are held bi-monthly. The management team have an open-door policy. The service has policies and procedures available for access to interpreter services for residents (and their family/whānau). If residents or family/whānau have difficulty with written or spoken English, the interpreter services are made available.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<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. Ten rest home beds are dual-purpose. On the day of audit there were 45 residents, 20 rest home residents including two residents on respite care and 25 hospital residents, including two residents on an end of life contract. Seven hospital residents were in the dual-purpose beds. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification. There is appropriate policies and procedures and allied health input to provide medical level care.</p> <p>Kaiapoi Lodge is owned by a board of directors (three directors), and the facility manager is one of the directors. The service has a documented mission statement, philosophy, business plan for 2018 and a quality and risk management programme that describes annual goals and objectives. Goals and objectives for 2017 have been reviewed by the board of directors.</p> <p>The facility manager is a RN with a current practising certificate, and has worked full time at the facility for the past 11 years. He is supported by a full-time nurse manager, who has worked and been in the position at Kaiapoi Lodge for 21 years and has a post-grad cert in gerontology.</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service. He has attended Aged Care Association and NZ business/training management full day training sessions since the last audit.</p>
Standard 1.2.2: Service	FA	The nurse manager provides cover during a temporary absence of the facility manager. The board of

<p>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>		<p>directors provide help with overseeing the facility.</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>	<p>FA</p>	<p>Kaiapoi Lodge has a documented quality and risk management system. The service has in place a range of policies and procedures to support service delivery that are developed by an external consultant and reviewed regularly. Staff interviewed confirmed they are made aware of new/reviewed policies. Quality data trends analysis related to incident and accidents, infection control, restraint and complaints are collected. Meeting minutes reviewed included discussion around quality data trends analysis.</p> <p>There are monthly adverse event reports (accident/incident data) provided to staff. The facility manager (quality coordinator) ensures that the internal audit schedules are implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified. Quality improvement data is discussed at monthly quality assurance and bi-monthly staff meetings and issues identified and followed up. There are bi-monthly residents' meetings conducted and families are invited to attend.</p> <p>There are resident/relative surveys conducted and analysed. The November 2017 resident/relative survey evidenced overall satisfaction of 96% with the service. Corrective actions have been established and completed in areas where quality improvements were identified, (i.e., around activities). A health and safety programme is in place that meets legislative requirements. An RN is the health and safety representative (interviewed). Health and safety is discussed at the quality assurance and staff meetings. Hazard identification forms and a hazard register reflect the regular monitoring of hazard controls. There is an up-to-date hazard register in place that was last reviewed on 20 June 2018. Falls prevention strategies are in place that include the analysis of falls incidents, sensor mats for relevant residents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected</p>	<p>FA</p>	<p>The service collects incident and accident data and reports aggregated figures monthly to the board and quality assurance, and bi-monthly staff meetings. Staff interviewed confirmed that incidents and accidents were discussed with them. Twelve incident forms (ten hospital and four rest home) reviewed for May and June 2018, demonstrated that appropriate clinical follow-up and investigation occurred following incidents. Neurological observation forms were documented and completed for three unwitnessed falls with a potential head injury. Discussions with the facility manager confirmed that there</p>

<p>consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 incident notifications completed since the last audit.</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>Human resources policies address recruitment, orientation and staff training and development. Eight staff files selected for review (one nurse manager, two RNs, three HCAs, one cook and one diversional therapist) included evidence of the recruitment process including police vetting, signed employment contracts, reference checks and annual performance appraisals. The orientation package provides information and skills around working with residents with rest home and hospital level care needs and were completed in all staff files reviewed. Staff interviewed stated that new staff are adequately orientated to the service.</p> <p>The annual education and training schedule for 2017 has been completed and the 2018 schedule is being implemented. There is evidence of HCA and RN attendance at external education sessions provided by the local district health board (DHB). There are seven RNs (including the nurse manager) and five have completed interRAI training. Medication competencies are up-to-date. Current annual practising certificates were sighted for the registered health professionals. A total of 91% of HCAs (30 of 33 HCAs) have attained a national certificate qualification. Residents and relatives interviewed stated that staff are knowledgeable and skilled.</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 rationale for staffing the service. The roster evidenced an increase in staffing to meet increased occupancy and resident needs. On the day of audit there were 45 residents in total (20 rest home and 25 hospital). The facility manager and nurse manager work full time from Monday to Friday. The facility manager is available after hours on-call cover to support staff. In the rest home wing there are 29 beds (10 dual-purpose). At the time of the audit there were 20 rest home residents and seven hospital residents. There is one RN on duty on the morning shift who is supported by four HCAs on the morning, three HCAs on the afternoon shift and one HCA on the night shift.</p> <p>In the hospital wing, there are 20 beds and there were 18 hospital residents. There is one RN on duty on the morning and afternoon shifts, and on the night shift. They are supported by four HCAs on the morning, three HCAs on the afternoon shift and one HCA on the night shift. Staff working on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the facility manager, nurse manager/clinical coordinator and RNs provide good support. Residents and family members interviewed reported there are sufficient staff numbers.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Other residents or members of the public cannot view sensitive resident information. Resident files are protected from unauthorised access by being held in a locked office. Care plans and notes were legible and where necessary, signed (and dated) by a RN. Entries are legible, dated and signed by the relevant HCA or RN including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission. Admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. In interviews, residents and family confirmed the admission process was completed by staff in timely manner, all relevant admission information was provided, and staff are informed of resident care.</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>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.</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 policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with Ministry of Health medication requirements. The service uses an electronic medication system. Medication reconciliation is completed by an RN on delivery of blister packed medication and any errors are fed back to the pharmacy. Registered nurses, and senior care staff that administer medications, have been assessed for competency on an annual basis. Qualified nurses and care staff interviewed were able to describe their role in regard to medicine administration. Education around safe medication administration has been provided. Medications were stored safely. Medication fridges were monitored weekly.</p> <p>Standing orders are not used. On the day of audit one resident was self-medicating inhalers only. The resident had been assessed and reviewed three monthly by the GP and RN as competent to self-administer.</p> <p>Fourteen medication charts were reviewed on the electronic medication system. All demonstrated that</p>



		administered medications correlate with prescribed medications, all had been reviewed by the GP three monthly and all 'as required' medication had an indication for use and the effectiveness of the medication documented.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The service has a registered food control plan, which was last reviewed in June 2018. Staff have completed safe food handling training. The food service policies and procedures are appropriate to the service setting with seasonal menu reviewed by a dietitian. The cook is informed of resident dietary needs and changes. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, pureed and vegetarian meals are provided. Copies of the residents' dietary profiles are kept in the kitchen.</p> <p>Meals are served from a bain marie in separate rest home and hospital dining rooms. Fridge and freezer temperatures are monitored and recorded daily. End-cooked temperatures are taken twice daily. All containers of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained.</p> <p>The residents' files demonstrated monthly monitoring of individual resident's weight. In interviews, residents stated they were satisfied with the food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The scope of the service is identified and communicated to all concerned. Management stated that a process to inform potential residents and family, in an appropriate manner, of the reasons why the service had been declined would be implemented, if required. The potential residents would be declined entry if not within the scope of the service or if a bed was not available. The potential resident would be referred back to the referring service.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RNs complete an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six monthly, or earlier due to health changes for long-term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the long-term care plan. The long-term care plans reflect the outcome of the assessments. In interviews, residents and family confirmed their involvement in assessments, care planning, review, treatment and evaluations of care.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The care plans reviewed were individualised and up to date. The residents' files were in hard copy, with records such as, wound assessments and wound care plans; falls assessments; pressure area assessments; pain assessments; weight monitoring and observation. In the files reviewed, the care plan interventions reflected the assessments and the level of care required. Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan.</p> <p>In interviews, staff reported they received adequate information for continuity of residents' care. The residents had input into their care planning and review, confirmed at resident and family interviews. There was evidence of allied health care professionals involved in the care of the resident.</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>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Discussions with families and notifications are documented on the family contact form held within the resident file.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in place. A wound assessment and wound care plan (including dressing type and evaluations on change of dressings) were in place for one blister and one surgical lesion removal. There is access to a wound nurse specialist and district nurses for advice for wound management.</p> <p>The resident on an end-of-life contract had a care plan that met the resident's current needs. Palliative nurse specialist involved regular visits. DNR and directives for advanced care were in place. Pain was being well managed.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, food intake and challenging behaviours.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	CI	<p>An activity coordinator is employed fulltime Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. The activity coordinator attends on-site in-service and diversional therapy group meetings. An activity assistant provides activities on Tuesdays and Thursdays. A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six monthly. The service receives feedback on activities</p>

<p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>through one-on-one feedback, residents' meetings and surveys.</p> <p>On interview, the activities coordinator confirmed the activities programme meets the needs of the service group and the service had appropriate equipment. The activities coordinator plans, implements and evaluates the activities programmes. Activities are meaningful and include (but not limited to); exercises to music, walking groups, crafts, media watch, and word games. There are group outings to local cafés, sing-song events at a local tavern, picnics, men's shed and other local events. There are visiting churches, library, school students and pet therapy. All festivities and birthdays are celebrated. There were activities assessments, care plans and care plan evaluations in residents' files reviewed.</p> <p>The service has exceeded the standard around resident wellbeing, community involvement and relaxation techniques.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six monthly for those residents that had been there longer than 6 monthly. Written evaluations identified if the desired goals had been met or unmet. There is evidence of multidisciplinary input in care plan evaluations. In interviews, residents and family confirmed their participation in care plan evaluations. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>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.</p>	<p>FA</p>	<p>Referral to other health and disability services was evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files. There are documented policies and procedures in relation to exit, transfer or transition of residents. An effective multi-disciplinary team approach is maintained, and progress notes detail relevant processes are implemented. Family involvement is recorded in the residents' progress notes.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service</p>	<p>FA</p>	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored safely. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. Staff interviewed reported they had received training and</p>

<p>providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>education on safe and appropriate handling of waste and hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The facility manager and owner/CEO are responsible for the maintenance at the facility. There is a preventative and reactive maintenance programme in place. External contractors are used for plumbing, electrical and other specialist areas. There is a calibration programme for medical equipment and electrical safety checks. Care staff confirmed they have access to appropriate equipment; equipment is checked before use; and they are competent to use the equipment. A current building warrant of fitness is displayed and expires on 20 June 2019.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided.</p> <p>The HCAs interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury resources, and a hoist (for use in the case of falls) to safely deliver the cares as outlined in the residents' care plans. Hot water temperatures are monitored and maintained at a safe temperature.</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>	<p>FA</p>	<p>The service has an adequate number of communal showers, toilets and hand basins for residents. A separate toilet facility is provided for staff and visitors. Toilets and showers are of an appropriate design and number to meet the needs of the residents. Toilets have appropriate access for residents based on their needs and abilities. Communal toilets and showers have a system that indicates if it is vacant or occupied. Appropriately secured and approved handrails are provided along with other equipment/accessories that are required to promote resident independence. Residents confirmed staff respected their privacy while attending to hygiene cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed</p>	<p>FA</p>	<p>There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit. All bedrooms provide single accommodation and are personalised with resident's possessions.</p>

areas appropriate to the consumer group and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas are easily accessible to residents. Residents were observed moving freely within these areas. Residents confirmed there are alternate areas available to them if communal activities are being run in one of these areas and they do not want to participate in them. All furniture is safe and suitable for the residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on-site. There is adequate dirty/clean flow in the laundry. The laundry person was interviewed and described the management of laundry processes and services.</p> <p>The effectiveness of the cleaning and laundry services is audited via the internal audit programme. There are dedicated cleaners Monday to Sunday to carry out cleaning duties in the villas. Cleaning trolleys are stored safely when not in use. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There is an emergency/disaster management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in June 2007. Six-monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 27 March 2018. Fire training and security situations are part of orientation of new staff and include competency assessments. There are civil defence and first aid kits available. There are adequate supplies in the event of a civil defence emergency including sufficient food, water (1200 litres), blankets and alternate gas cooking facilities available. The facility has emergency lighting and torches. All RNs employed have up-to-date first aid certificates. Smoke alarms, sprinkler system and exit signs are in place in the building. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms). Residents were observed to have their call bells in close proximity.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Residents and family interviewed confirmed the facility is maintained at an appropriate temperature. Residents' rooms are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. The IC programme is reviewed annually. The facility manager (RN) is the designated infection control coordinator (ICC). There is an implemented infection control programme that is linked into the quality management system. Infection control matters are integrated with the facility's meetings.</p>
<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>	<p>FA</p>	<p>The infection control coordinator has attended infection control and prevention education provided by an aged care educator. There is access to infection control expertise within the DHB, wound nurse specialist, public health, laboratory, GP, microbiologists and external infection control consultant. The Infection control coordinator attends an annual infection control meeting at infection control nurse's college.</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</p>	<p>FA</p>	<p>There are current infection control policies that reflect the Infection Control Standard SNZ HB 8134:2008, legislation and good practise. The infection control programme is reviewed annually by a contracted provider. The infection control policies and procedures link to other documentation and cross reference where appropriate.</p>

<p>in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control coordinator is responsible for coordinating/providing education and training for staff. The ICC has a post grad in microbiology and continues to update appropriate knowledge and education for the role. The induction package includes specific training around hand washing and standard precautions. Training on infection control has been provided. Resident education is expected to occur as part of providing daily cares.</p>
<p>Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Systems in place are appropriate to the size and complexity of the facility. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Trends are identified, and quality initiatives are discussed at staff meetings (minutes sighted). Benchmarking occurs against similar facilities through health care compliance solutions. The GP reviews individual resident antibiotic use at least three monthly with the medication review.</p> <p>There were no outbreaks at the facility since last audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Kaiapoi Lodge has restraint minimisation and safe practice policies and procedures in place. The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. On the day of the audit there were no residents requiring the use of a restraint or enablers. Staff receive training in restraint minimisation and challenging behaviour management, last completed in May 2018.</p>

## Specific results for criterion where corrective actions are required

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

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

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

If, instead of a table, 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 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	CI	<p>The programme was rejuvenated in 2017 with an emphasis on wellbeing and developing vibrant active engagement with the residents. This was in response to a move toward integrating a wellness model of care with the current person-centred model of care. The activities programme is designed to ensure all residents are provided with a programme that promotes health and well-being. The activity programme has been reviewed and improved with</p>	<p>In March 2017, the activities coordinator identified a need to enrich and expand the variety of the activities programme. Documented goals included improving family understanding of the value of the activities programme, increasing attendance and improving resident wellbeing through increased fitness and emotional wellbeing.</p> <p>The manager, in conjunction with activities staff, agreed to move towards a wellness model in conjunction with the person-centred model of care. The documented goals included taking a proactive rather than reactive approach to care, to get in front of factors that result in illness and function decline and to maintain or promote residents' functional independence, quality of life and social participation. The programme is advertised in innovative displays around the facility and in a new booklet which is provided to residents, families and local community groups. The booklet focuses on pictorial views, explanations and benefits of the six dimensions of wellness; spiritual, environmental, emotional, social, physical and intellectual aspects of the activities programme. Included in the booklet are activities such as guided relaxation, walking groups, news and media watch, church, yoga, personal shopping, van drives, chair chi, culinary demonstrations, quizzes and the KITE (kindergarten interactions through the elderly) and quizzes. The staff were empowered to implement more varied and</p>

		<p>resident, staff and family input. This has resulted in significantly higher attendance at activities and very positive verbal and written feedback expressed to the service.</p>	<p>detailed activities for the residents. Initiatives included the creation of a demonstration kitchen, seated chair chi, relaxation classes, card groups and promotion of the activities programme. A relaxation class using tense and relax, and imagery techniques was commenced in June. A simple questionnaire asked the residents to rate their tension before and after relaxation over a five-day period. All residents who attended reported feeling more relaxed and all universally agreed they would like the classes to continue. The relaxation class has now been incorporated into the activities programme, two days a week.</p> <p>As a result of these activities resident satisfaction has improved significantly as confirmed on interview and through attendance records. Families interviewed expressed a greater understanding of the value of the activities programme and allied health on interview were complimentary of the new booklet.</p>
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End of the report.