

Kowhai Resthome (2002) Limited - Kowhai Rest Home

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: Kowhai Resthome (2002) Limited

Premises audited: Kowhai Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 11 December 2018 End date: 12 December 2018

Proposed changes to current services (if any): This audit included verifying the service as suitable to provide residential disability – physical and intellectual level of care

Total beds occupied across all premises included in the audit on the first day of the audit: 27

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 |
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|  | 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 |
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| 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

Kowhai Rest Home is privately owned and operated and provides care for up to 28 rest home level residents. On the day of the audit, there were 27 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 a review of policies and procedures; the review of residents' and staff files, observations and interviews with residents, relatives, staff and management.

This audit also included verifying the service as suitable to provide residential disability – physical and intellectual level of care.

An experienced owner manager/registered nurse is responsible for the daily operation of the facility. She is supported by a registered nurse who has been at Kowhai for two months. There are sufficient staff on duty including a registered nurse on duty Monday to Friday. Residents, relatives and the GP interviewed spoke positively about the service provided.

This audit has identified that improvements are required around maintenance.

Consumer rights

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| 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 service operates in an environment that supports and encourages open disclosure. Complaints and concerns have been managed and a complaints register is maintained.

Organisational management

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| 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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Kowhai Rest Home has a quality and risk management programme that includes service philosophy, goals and a quality planner. Key components of the quality management system link to staff meetings. There is an in-service education programme that exceeds eight hours annually. Human resource policies are in place, including a documented rationale for determining staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage.

Continuum of service delivery

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| 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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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurse is responsible for care plan development, with input from residents and family. Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the residents' assessed needs and abilities and residents advised satisfaction with the activities programme. Medication management aligns with current guidelines. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

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| 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. | | Some standards applicable to this service partially attained and of low risk. |
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Kowhai Rest Home has a current building warrant of fitness. Chemicals are stored securely. The service has implemented policies and procedures for civil defence and other emergencies.

Restraint minimisation and safe practice

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| 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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Documented systems are in place to ensure the use of restraint is actively minimised. There is a restraint policy that includes comprehensive restraint procedures and aligns with the standards. There were no residents requiring restraints and no residents using enablers. Staff are trained in restraint minimisation and the management of challenging behaviours.

Infection prevention and control

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

Standards applicable to this service fully attained.

Infection control management systems are documented to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. The type of surveillance recently commenced is appropriate to the size and complexity of the organisation.

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 | 15 | 0 | 1 | 0 | 0 | 0 |
| Criteria | 0 | 40 | 0 | 1 | 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 process which meets the requirements of right 10 of the Code of consumer rights. The owner/manager, diversional therapist, caregivers, enrolled nurse and RN interviewed were aware of the complaints process and to whom they should direct complaints. The complaints process is in a format that is readily understood and accessible to residents/family/whānau.</p> <p>A complaints folder has been maintained. There has been one complaint since the previous audit which was managed appropriately. The residents interviewed advised that they are aware of the complaints procedure and how to access forms. A complaints procedure is provided to residents within the information pack at entry.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive</p> | FA | <p>There is an implemented open disclosure policy. Five residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Family are notified of incidents and accidents, and changes in resident condition. One relative interviewed confirmed they are notified of any changes in their family member's health status. The manager and staff were able to identify the processes that are in place to support family being kept informed. Resident meetings occur monthly and the facility manager has an open-door policy.</p> <p>Incident forms sampled contained evidence that family members and significant others were informed when their family member's health status changes or of any other issues arising. Kowhai Rest Home has policies and</p> |

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| to effective communication. | | procedures available for access to interpreter services and residents (and their family/whānau). |
| <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>Kowhai Rest Home provides rest home care. There is a total of 28 beds, and occupancy at the time of audit was 27 residents – 15 under ARC contract (rest home care), two under long term chronic illness contracts, seven on younger persons disability contracts and three on mental health independent funding arrangement contracts.</p> <p>This audit included verifying the service as suitable to provide residential disability – physical and intellectual level of care. The service has appropriate links to allied health support.</p> <p>There is a documented combined strategic, business quality plan. The service has identified four goals for the year. These are reviewed monthly and annually.</p> <p>The owner/manager is a registered nurse with 16 years aged care management experience. She also has health care experience with people with a variety of disabilities. The owner/manager has had training in aged care management through the DHB, and a leadership study day.</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 service has a current combined strategic business and quality plan with objectives. Progress towards meeting the quality plan objectives is reviewed at the monthly quality/staff team meeting, which has a standard agenda and includes actions to achieve compliance where relevant. Discussions with the facility manager and staff confirmed their involvement in the quality programme. Monthly resident meetings have been held. Surveys are completed annually for both residents and relatives and results are correlated and analysed. Overall results confirm that residents and families are happy with the service provided.</p> <p>The service has comprehensive policies/procedures to support service delivery, which have been provided by an external consultant. A document control policy outlines the system implemented whereby all policies and procedures are reviewed regularly and updated externally.</p> <p>There is an internal audit schedule completed as scheduled and corrective action summary form evidencing that all actions identified have been completed and signed off. Data is collected on complaints, accidents, incidents, infection control and restraint use. 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>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> |

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| <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>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the registered nurse and analysis of incident trends occurs. There is a discussion of incidents/accidents at management and staff meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by the registered nurse (when on duty or on-call). On review of fourteen incident reports for October and November 2018, and corresponding residents' progress notes and files, there is evidence that residents have received timely and appropriate care following an incident. The registered nurse reviews all incident reports and signs them off. The service has 24-hour access to an after-hours medical service. Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications.</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 staff recruitment policy requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates of the registered nurse, the facility manager and enrolled nurse is kept. Five staff files were reviewed and included all relevant documentation including evidence of reference checks in files of new staff sampled.</p> <p>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 calendar for 2018 and it exceeds eight hours annually and staff have had all required training. The training considers working with younger people. The facility manager has completed interRAI training.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or</p> | <p>FA</p> | <p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are two RNs (1 RN works 3 days, facility manager works full time) on duty Monday to Friday, supported by an experienced EN who works 8.30 am to 4.00 pm Monday to Friday. There are 27 residents. Morning shift is covered by four caregivers (two short and two long shifts). There are two full shift caregivers on afternoons and one caregiver on overnight. On-call is managed on a rotating roster between the facility manager and the registered nurse.</p> <p>Activities hours are 8.00 am to 4.30 pm five days a week. Caregivers and residents interviewed advised that sufficient staff are rostered on for each shift.</p> |

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| experienced service providers. | | |
| <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 which comply with current legislation. Medicines are stored in accordance with legislation and relevant guidelines. The service uses individualised medication blister packs, which are checked-in on delivery. An enrolled nurse was observed administering medications correctly. Registered nurses and senior caregivers complete an annual medication competency assessment and receive education on medication management. Medications are prescribed on a paper-based medicine management system in accordance with legislative prescribing requirements for all regular and 'as required' medicines. The GP reviews the chart at least three-monthly. Ten medication signing charts reviewed align with the medication charts. There were no residents self-administering medications at the time of audit.</p> |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p> | FA | <p>All meals at Kowhai Rest Home are prepared and cooked on site. A food control plan is in place. There is a four-weekly winter and summer menu, which has been reviewed by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Kitchen staff know residents' dietary profiles and likes and dislikes, and any changes are communicated to the kitchen via the registered nurse. Supplements are provided to residents with identified weight loss issues. Resident meetings allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. All decanted food has expiry dates recorded and fridge and freezer temperatures are consistently within safe limits. Aspects of the kitchen environment require maintenance (link 1.4.2).</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>Care plans reviewed were current, and interventions reflect the assessments conducted and the identified requirements of the residents. Interviews with staff (RN, EN and caregivers) and relatives confirmed the involvement of families in the care planning process. Caregivers and the RN interviewed stated there is adequate equipment provided including continence and wound care supplies. Visual inspection confirmed that continence products are available. Resident files included a urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed.</p> <p>Wound assessment and wound management plans are in place for two wounds (including one chronic vascular ulcer and one recent ulcer) evidenced that all required documents are fully completed. The wound clinic is involved in the care of the chronic ulcer.</p> <p>Monitoring occurs for weight, vital signs, blood glucose and challenging behaviour.</p> |

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| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | FA | <p>The diversional therapist provides an activities programme over five days each week. The programme is planned monthly. An activities plan is developed for each individual resident based on assessed needs. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. All residents had an individual assessment and plan. Specific activities and outings are also planned for the younger people. The service has a van that is used for resident outings. Resident meetings provided a forum for feedback relating to activities. Residents interviewed discussed enjoyment in the programme and the diversity offered to all residents.</p> |
| <p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | FA | <p>Long-term care plans reviewed had been evaluated and documented achievement towards the desired goals or objectives every six months or earlier as required. The interventions in both long-term and short-term care plans had been updated when the outcomes were different from expected. The residents and family members interviewed reported that they are involved in all aspects of care and reviews/evaluations of the care plans. The family are notified of GP visits and three-monthly reviews by phone call and if unable to attend, and they are informed of all the changes.</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> | PA Low | <p>The service displays a current building warrant of fitness. Hot water temperatures have been recorded and medical equipment has been calibrated. There are a number of areas within the kitchen which require maintenance and/or repair. Residents were observed to mobilise safely within the facility. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.</p> |
| <p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with</p> | FA | <p>Infection surveillance and monitoring is described in policy. Monthly infection data is collected for all infections, based on signs and symptoms of infection. Surveillance of all infections is entered on to a monthly resident infection datasheet and is analysed and evaluated and reported to staff meetings as reported by the facility manager and infection control coordinator (EN). Management were familiar with reporting requirements. There have been no outbreaks since the previous audit.</p> |

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| <p>agreed objectives, priorities, and methods that have been specified in the infection control programme.</p> | | |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>The service is committed to restraint minimisation and safe practice. This was evidenced in the restraint policy and interviews with staff. There are no restraints or enablers in use at Kowhai Rest Home. Staff are trained in restraint minimisation and the management of behaviours that challenge.</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.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p> | PA Low | Kowhai Rest Home has been progressing a gradual refurbishment programme. Resident rooms and communal areas have been painted and carpets replaced as required. Kitchen maintenance has not been completed and not all surfaces are in good repair. | <p>Kitchen maintenance has not been completed and not all surfaces are in good repair</p> <p>(i) There are large cracks in existing floor coverings and areas where there is exposed concrete.</p> <p>(ii) The timber on several drawers and cupboard doors has swollen, exposing timber, making the surfaces difficult to clean.</p> <p>(iii) The grouting between the sink and wall is crumbling making the surfaces difficult to clean.</p> | <p>Ensure all required maintenance is completed.</p> <p>180 days</p> |

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

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End of the report.