

Kingswood Healthcare Matamata Limited - Kingswood Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Kingswood Healthcare Matamata Limited

Premises audited: Kingswood Rest Home

Services audited: Dementia care

Dates of audit: Start date: 3 July 2019 End date: 4 July 2019

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: 35

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kingswood Rest Home Matamata provides rest home and dementia level care for up to 41 residents.

This recertification audit was conducted against the New Zealand Health and Disability Services Standards and the provider's contract with the Waikato District Health Board (WDHB).

The managing director advised there had been no significant changes since the partial provisional audit in October 2018 which reconfigured the scope of services to include rest home level care.

The resident's, their family members, allied health professional and a general practitioner interviewed expressed their satisfaction with the care and quality of services provided.

There were no areas requiring improvement identified during this audit. Activities was rated as an area of continuous 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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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents and their families or enduring power of attorney (EPOA) of Kingswood Rest Home. Opportunities to discuss the Code, consent and availability of advocacy services is provided at the time of admission and thereafter as required.

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

Care for residents who identify as Maori is guided by a comprehensive Māori health plan and related policies.

There was no evidence of abuse, neglect or discrimination and staff understood and implemented related policies. Professional boundaries are maintained.

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

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

A complaints register is maintained. When complaints have been received, these are investigated, and the information related to these is recorded. Residents and their families said they had been informed about the complaint management process and felt supported to raise any concerns.

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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Senior management are maintaining frequent and clear communication with all staff. There is always a qualified and experienced manager available. The quality and risk management systems are well established, and service delivery was being regularly monitored. Adverse events were being reliably reported and investigated to determine cause and prevention. People impacted by an adverse event were notified. The operator understands the obligation to make essential notifications and actions this when required.

Staff were being recruited and managed effectively. Staff training in relevant subject areas has been occurring regularly. There were adequate number of skilled and experienced staff on site to meet the needs of each resident group.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained in using hard copy files.

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

Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers and communication sheets guide continuity of care.

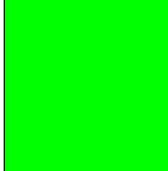
Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis.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

The planned activity programme is overseen by two activities co-ordinators and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

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

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents. All internal and external areas were clean, and the building and chattels are well maintained. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. All external areas are accessible and safe for residents' use.

Waste and hazardous substances are well-managed. Staff use protective equipment and clothing. Laundry is undertaken onsite and evaluated for effectiveness.

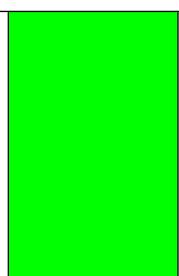
Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells.

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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The provider has a philosophy and practice of no restraint. There were no restraints or enablers in use on the days of the audit. Staff attend regular training about maintaining a restraint free environment. Policy and procedures met the requirements of this standard and are readily available if restraint is required.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control programme, led by an experienced and appropriately trained infection control nurse, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from the district health board. The programme is reviewed annually.

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

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

Summary of attainment

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

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Kingswood Rest Home Matamata (Kingswood) has policies, procedures and processes in place to meet its obligations in relation to the Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Code and were observed demonstrating respectful communication, encouraging independence, providing options and maintaining dignity and privacy. Training on the Code is included as part of the orientation process for all staff employed and in ongoing training, as was verified in training records.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Nursing and care staff interviewed at Kingswood understand the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Clinical files reviewed showed that informed consent has been gained appropriately using the organisation's standard consent form including for photographs, outings, invasive procedures and collection of health information.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent is defined and documented where relevant in the resident's file. Staff demonstrated their understanding by being able to explain situations when this may occur. All residents' files reviewed in the secure unit have an enduring power of attorney (EPOA) in place and activated or a court appointed welfare guardian in place.</p>

		Staff were observed to gain consent for day to day care on an ongoing basis.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>During the admission process at Kingswood, residents and residents' family members are given a copy of the Code, which also includes information on the Advocacy Service. Posters related to the Advocacy Service were also displayed in the facility, and additional brochures were available at reception. Family members and residents spoken with were aware of the Advocacy Service, how to access this and their right to have support persons.</p> <p>Staff were aware of how to access the Advocacy Service.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents of Kingswood are assisted to maximise their potential for self-help and to maintain links with their family and the community by attending a variety of organised outings, visits, shopping trips, activities, and entertainment.</p> <p>The facility has unrestricted visiting hours and encourages visits from residents' families and friends. Family members interviewed stated they felt welcome when they visited and comfortable in their dealings with staff.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints register contained one complaint received since the previous audit. This had been managed according to the policy and procedures and in accordance with Right 10 of the Code. Complaints forms were available at the entrance, with information given on the complaints process as part of the admission process. Families report they are encouraged to provide feedback or make a complaint. The complaints processes are audited as part of the quality internal auditing programme.</p> <p>The GM stated there had been no complaints made to the Office of the Health and Disability Commissioner.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and residents' family members interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) as part of the admission information provided and discussion with staff. The Code is displayed in common areas together with information on advocacy services, how to make a complaint and feedback forms.</p>
<p>Standard 1.1.3: Independence, Personal</p>	FA	<p>Residents and residents' family members confirmed that the services they receive from Kingswood is</p>

<p>Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>		<p>provided in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices.</p> <p>Staff understood the need to maintain privacy and were observed doing so throughout the audit, when attending to personal cares, ensuring resident information is held securely and privately, exchanging verbal information and discussion with families and the GP. All residents in the rest home have a private room.</p> <p>Rooms in the secure unit are a mix of single, double or triple rooms. Privacy is maximised in shared rooms, with adequate curtaining in place. All residents in shared rooms have had consultation with family members to gain consent for the arrangement, however at time resources do not afford a choice of room. Every effort is made to ensure compatibility and appropriateness of the arrangement between shared residents is evaluated. The option to move to a single room is made available if requested, when a single room is available, or the situation dictates it would be of benefit to the resident. Several quiet, low stimulus spaces around the facility enable residents' space for privacy.</p> <p>Residents are encouraged to maintain their independence by participating in community activities, regular outings to the local shops or areas of interest and participation in clubs of their choosing. Each plan included documentation related to the resident's abilities, and strategies to maximise independence.</p> <p>Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect is part of the orientation programme for staff, and is then provided on an annual basis, as confirmed by staff and training.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There were two residents and several staff at Kingswood at the time of audit who identified as Māori. Interviews verified staff can support residents who identify as Māori to integrate their cultural values and beliefs. The principles of the Treaty of Waitangi are incorporated into day to day practice, as is the importance of whānau to Māori residents. There is a current Māori health plan developed with input from cultural advisers.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values,</p>	FA	<p>Residents of Kingswood and residents' family members verified that they were consulted on their individual culture, values and beliefs and that staff respect these. Resident's personal preferences required interventions and special needs were included in all care plans reviewed, for example, food likes and dislikes and attention to preferences around activities of daily living. A resident satisfaction questionnaire includes</p>

<p>And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Residents and residents' family members interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. The regular general practitioner (GP) was away and unavailable for interview, however another GP who relieves at Kingswood, and a nurse practitioner (NP) who advises to Kingswood expressed satisfaction with the standard of services provided to residents.</p> <p>The induction process for staff includes education related to professional boundaries and expected behaviours. All registered nurses (RN's) have records of completion of the required training on professional boundaries. Staff are provided with a Code of Conduct as part of their individual employment contract. Ongoing education is also provided on an annual basis, which was confirmed in staff training records. Staff are guided by policies and procedures and, when interviewed, demonstrated a clear understanding of what would constitute inappropriate behaviour and the processes they would follow should they suspect this was occurring.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Kingswood encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, the nurse practitioner (NP), infection control nurse specialist, wound care specialist, community dieticians, mental health services for older people, and education of staff. The relief GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests. The NP supports Kingswood in assisting them to provide quality care to residents.</p> <p>Staff reported they receive management support for external education opportunities. The service is committed to a philosophy of care that fosters an attitude of how to communicate and how to care, with an attitude of unconditional love. Ongoing education to support this philosophy continues.</p> <p>Other examples of good practice observed during the audit included a commitment to ongoing improvement in the care provided, evidenced by an ongoing initiative aimed at a commitment to improving the quality of lives (refer criteria 1.3.6.1 and 1.3.7.1).</p>
<p>Standard 1.1.9:</p>	<p>FA</p>	<p>Residents and residents' family members stated they were kept well informed about any changes to their</p>

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>own or their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. There was also evidence of resident/family input into the care planning process. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Interpreter services can be accessed via the Waikato District Health Board (WDHB) when required. Staff would seek guidance from the general manager if this was required.</p>
<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>	<p>FA</p>	<p>The company Kingswood Health Care Limited, keeps current an overarching strategic/business and risk plan for the two facilities it operates. There are separate goals for each facility. The documents reviewed and interviews with one of the managing directors confirmed that progress against goals and other operational matters are addressed at monthly directors' meetings.</p> <p>On the day of audit there were 35 residents on site. The service can accommodate a maximum of 41 residents. Thirteen of the 16 available rest home beds were occupied and 22 of the 25 dementia beds were occupied. There was one resident under the age of 65 years in the rest home for seven-day respite care and one resident in the dementia unit under the age of 65 years being funded under the Age Residential Care contract.</p> <p>One of the managing directors fills the role of GM and is responsible for day to day operations and oversight of care provided at each facility. They stated they aim to spend 50% of their time at each site during the week. This person confirmed they attend ongoing performance development in subject areas related to management. They have ongoing liaison with other age care providers in the area and regular contact with relevant DHB staff.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The administration officer/caregiver takes on the management role in temporary absences of the manager, with support from the RN. The administration officer attends ongoing education on the management of aged care services. The administration officer and RN demonstrated knowledge of their responsibilities during temporary absences of the manager.</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>The quality and risk management system includes collection and monthly analysis of quality data. Graphs with month by month statistics recording the number of falls, skin tears, bruises, behavioural challenges, property incidents, staff injury and medicine errors along with a narrative summary which are printed and displayed in staff areas. Policies and procedures are updated as required to meet known best practice.</p> <p>Residents and family members confirmed they are consulted about any proposed changes in service and are being kept informed at regular residents' meetings.</p> <p>Any events are communicated at handover, and unwanted trends are discussed at monthly staff meetings. There is documented evidence of corrective actions on incident/accident reports, on the internal audit tools where a deficit or gap is identified, in the hazards register, and in complaints documentation. The service also completes quality improvement plans when service deficiencies or opportunities to improve are identified.</p> <p>The organisation's annual quality plan, business plan and associated emergency plans, document actual and potential risk to the business, service delivery, staff and/or visitors' health and safety. Health and safety policies are compliant with the current legislation and interviews confirmed that the owners understood their obligations. Environmental risks are communicated to visitors, staff and consumers as required through notices, or verbally, depending on the nature of the risk.</p> <p>Review of staff meeting minutes showed that health and safety matters are discussed.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff were reliably documenting all adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data was being collated, analysed and reported to staff and the managing director each month. The collated results and a narrative summary are displayed in the staff room. Staff said they are informed about all events during their shift handover and through the staff communication book. Review and meeting minutes and interviews confirmed that staff participate in discussions about incident and accidents and how to prevent these at their monthly meetings.</p> <p>The RN, GM/managing director and administrator demonstrated understanding and knowledge about essential notification reporting requirements. There has been no notifications made to the Ministry of Health or DHB since the commencement of service delivery.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>All staff and contractors who require an annual practising certificate (APC) have these validated at the time of employment and annually. A register is maintained of when APCs and competency assessments are due. Copies of APCs were sighted for the staff who require them and for the GP, pharmacist and podiatrist. Staff</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>files evidenced appropriate processes are implemented for the recruitment, employment and orientation of new staff. All new staff undertake an orientation that includes the essential components of service delivery and health and safety.</p> <p>All staff are required to complete a 'Spark of Life' course and are required to demonstrate the philosophies of the resident centred care, as well as the Kingswood Healthcare's philosophy. All staff who have worked at the service for longer than six months have completed the dementia unit standards, with newer staff now enrolled in the Careerforce and on target to complete these within the 18 month timeframe stipulated in the ARCC.</p> <p>The RN is trained in and was maintaining competency with the interRAI assessment tool which is used to determine resident's needs and to inform the care planning process.</p> <p>The sample of staff records reviewed and interviews with all staff confirmed that each person engages in an annual performance appraisal.</p> <p>The ongoing education programme meets contractual requirements for the delivery of care to older residents and those living with cognitive impairment. Attendance records are maintained to evidence the implementation of the ongoing education programme. Staff reported they have access to both external and in-service education. The in-service education includes training specific to dementia care.</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 clearly documented policy on staffing levels and skill mix to meet the needs of residents requiring secure dementia level of care and rest home care. There is an RN on duty four days a week. The on-call RN roster is shared with the RN and GM. There is at least two caregivers on duty each shift and there is an additional caregiver on duty at the 'sun downing' times. All staff members are maintaining their first aid certificates, so there is at least one staff member on duty each shift with current first aid qualifications. There are appropriate staffing level for activities, cooking, cleaning, administration and property maintenance. Staff confirmed they have adequate time to do their required work and all staff assist in implementing meaningful activities for the residents throughout their shifts.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible</p>	<p>FA</p>	<p>The resident's name, date of birth and National Health Index (NHI) number are used on labels as the unique identifier on all residents' information sighted. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated with GP and allied health service provider notes. Records were legible with the name and designation of the person making the entry identifiable.</p> <p>Archived records are held securely on site and are readily retrievable using a cataloguing system.</p>

when required.		Residents' files are held for the required period before being destroyed. No personal or private resident information was on public display during the audit.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents enter Kingswood when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service as requiring the services provided by Kingswood. Specialists referral for residents receiving care in the secure unit was sighted. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the GM or RN. They are also provided with written information about the service and the admission process.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Exit, discharge or transfer is managed in a planned and co-ordinated manner, with an escort as appropriate. The service uses the WDHB's 'yellow envelope' system to facilitate transfer of residents to and from acute care services. There is open communication between all services, the resident and the family. At the time of transition between services, appropriate information, including medication records and the care plan is provided for the ongoing management of the resident. All referrals are documented in the progress notes. An example reviewed of a patient recently transferred to the local acute care facility showed transfer was managed in a planned and co-ordinated manner. Family of the resident reported being kept well informed during the transfer of their relative.</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>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly</p>

		<p>stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There was one resident who was self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian on the 21 September 2018. Recommendations made at that time have been implemented.</p> <p>A food control plan is in place and registered with the Matamata District Council. A verification audit of the food control plan was undertaken 14 March 2019, with an acceptable outcome. The food control registration expires 2 May 2020.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and resident's family members interviewed, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to.</p> <p>Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring</p>

		<p>assistance had this provided.</p> <p>Two residents from the secure unit who disrupt others at mealtime are given their meals at a different time to others, to promote a pleasurable eating experience for all residents. Medication is not dispensed at mealtimes in the secure unit, to minimise the potential association between medications and mealtimes, and to also enhance a pleasurable eating experience. There are enough staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed. Residents in the secure unit have access to snacks and meals at any time day or night.</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>If a referral is received by Kingswood and the prospective resident does not meet the entry criteria or there is no vacancy, the local NASC is advised to ensure the prospective resident and family are supported to find an appropriate care alternative. If the needs of a resident change and they are no longer suitable for the services offered, a referral for reassessment to the NASC is made and a new placement found, in consultation with the resident and whānau/family. Examples of this occurring were discussed with the GM. There is a clause in the access agreement related to when a resident's placement can be terminated.</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>On admission, residents of Kingswood are initially assessed using a range nursing assessment tools, such as a pain scale, falls risk, skin integrity, behavioural, nutritional screening and depression scale, to identify any deficits and to inform initial care planning. Within three weeks of admission residents are assessed using the interRAI assessment tool, to inform long term care planning. Reassessment using the interRAI assessment tool, in conjunction with additional assessment data, occurs every six months or more frequently as residents changing conditions require.</p> <p>In all files reviewed initial assessments were completed as per the policy and within 24 hours of admission. InterRAI assessments were completed within three weeks of admission and at least six monthly unless the resident's condition changes. Interviews, documentation and observation verified the RNs are familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels. Residents in the secure unit have comprehensive assessments in regard to behaviours that challenge.</p> <p>All residents have current interRAI assessments completed by one trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Plans reviewed at Kingswood reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The needs identified by the interRAI assessments are reflected in the care plans reviewed. Behaviour management plans of residents in the secure unit, included triggers, strategies to deescalate and interventions to manage episodes of behaviours that challenge. Staff were observed to promptly respond to potential events before they escalated.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Any change in care required was documented and verbally passed on to relevant staff. Residents and families reported participation in the development and ongoing evaluation of care plans.</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>Documentation, observations and interviews verified the care provided to residents at Kingswood was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision.</p> <p>The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities programme at Kingswood is provided by two activity co-ordinators, with oversight from a qualified dementia activities practitioner. The programme operates within a philosophy of a 'gentle, practical and celebratory approach to human relationships and communication'. Residents join clubs and enjoy specific stimulation sessions to awaken memories and skills. The clubs have small groups that operate on an equal level. For the residents of the secure unit, these groups provide a haven where the residents can experience success. This boosts their self-confidence and enhances their ability to communicate.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review.</p> <p>A twenty-four-hour activity plan is in place for residents of the secure unit</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and include involvement in a large range of community activities. Individual, group activities and regular events are offered. Examples</p>

		<p>included exercise sessions, singing and newspaper reading, visiting school groups and entertainers. The rest home programme includes residents assisting with the daily chores. Home baking is an activity that occurs in the rest home every morning and afternoon, and the smell of freshly cooked home baking wafts through the building. Residents also assist with dishes, laying tables, cleaning and folding laundry, wherever these activities were a daily part of the resident's previous lifestyle patterns. Residents in the secure unit have an adaptable programme based on residents' moods. Small groups and individual sessions operate daily. A large range of outings occur to several community events or places of interest. The men attend the men's club each Friday and engage in making wooden items. A monthly newsletter keeps families and residents up to date with past and present events. Photos capture the reality of resident's pleasures and participation.</p> <p>The activities programme is discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. A lack of participation and interest in the meetings however, was an area identified as requiring improvement. An initiative was implemented aimed at improving attendance and participation of residents and families at residents' meetings. The success of this initiative is an area identified as one of continuous improvement.</p> <p>Resident and resident family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Resident care at Kingswood is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans were consistently reviewed for infections, pain and weight loss, and progress evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such as wound management plans were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And</p>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. Although the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health</p>

<p>External)</p> <p>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>services. Referrals are followed up on a regular basis by the RN or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>Chemical and hazardous substances were securely stored in the laundry. Hazardous substances were correctly labelled and contained precautions for use and safety instructions. Material safety data sheets for all the chemicals in use were available in all areas of the facility. Staff follow procedures for the safe storage and disposal of waste.</p> <p>Personal protective equipment (PPE) is available and staff were observed to be using this appropriately. Cleaning/laundry staff have ongoing training on waste management, the use of chemicals and infection prevention and control. Staff demonstrated knowledge in the use of PPE and the management of waste.</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>There is a current building warrant of fitness and the buildings, chattels and furniture were in good condition. There is a systematic renovation and maintenance programme in place for both the rest home and dementia unit. Medical and moving equipment is checked regularly and where required is calibrated annually. The electrical equipment is test and tagged. The specialist dementia unit is designed to allow residents to wander freely and safely with access to secure gardens by ramps off the lounge and corridors. All external areas for residents in both buildings were observed to be safe and suitable with adequate seating and shelter from sun and rain.</p> <p>Residents and family members interviewed expressed high satisfaction with the environment.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing</p>	<p>FA</p>	<p>Ten bedrooms in the rest home have a shared ensuite with toilet and shower, and one bedroom has an ensuite bathroom solely for their use. Otherwise residents use the communal bathrooms which are readily accessible. There were three lots of toilets and showering facilities located throughout the dementia unit which are clearly identified. The surfaces in the amenities are intact for ease of cleaning and infection prevention and control. Separate toilet facilities are available for staff and visitors. Families reported satisfaction with the toilets and showers at the service. Hot water temperatures are monitored monthly.</p>

<p>facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>Records showed that temperatures were in the required ranges. A resident with vision impairment spoke highly about the way staff assisted them with personal hygiene and said they had never had their privacy or dignity so well attended to.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Bedrooms are spacious with sufficient room for furniture, mobility equipment, manoeuvring and residents' personal items. Seven of the 13 bedrooms in the dementia unit are shared by residents of the same gender and consent and agreement for this had been obtained. Two rooms are occupied by three residents and five rooms are shared by two residents. All are separated by privacy curtains. Six bedrooms are single occupancy. The rest home has sixteen single occupancy rooms. Residents and families reported satisfaction with the bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The dining and lounge areas are in separate areas in the dementia wing. The rest home has a small lounge within the open dining area and another lounge nearby. Activities in each of these spaces does not impact on residents who do not want to participate. Families, residents and staff reported satisfaction with the lounge, dining and recreational areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The laundry and cleaning equipment storage areas are located in the dementia wing but are secure and not accessible by the residents. Care staff carry out personal laundry and the housekeeper is responsible for cleaning and large loads of washing. There are regular checks and support from the chemical supplier who provides a monitoring report about the effectiveness of the chemicals and equipment in use in the laundry and kitchen. The cleaning schedule includes daily and weekly tasks. The GM conducts regular cleaning and laundry audits. All areas were clean during the audit and there had been no issues with the laundry services provided. Rest home residents were happy with cleaning and laundry services and family satisfaction surveys sighted showed positive feedback about housekeeping.</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>	<p>FA</p>	<p>There is a fire service approved evacuation scheme. Three monthly fire evacuation drills were occurring with the last drill conducted in April 2019. These are attended by the contracted fire security company who visit monthly to check the fire suppression system and exits. Records reviewed and interviews confirmed that the emergency system is effective in managing people with dementia.</p> <p>Staff records showed that all staff attend mandatory training and education for management of emergency situations. Visual inspection of the emergency, first aid and outbreak kits revealed these were being well maintained. There were sufficient supplies of food and water stored for use in the event of a civil defence emergency, in quantities that meet the Ministry of Civil Defence requirements for the region. An onsite generator is also available for emergency power supply.</p> <p>There were no call bells in the dementia unit, except for a staff initiated emergency call system to summon other staff for help. The rest home had a functioning call bell system and residents said staff respond to these quickly. Sensor mats are used as required to alert staff when a resident is getting out of bed.</p> <p>Night-time security is carried out according to a documented checklist. Security cameras are located in the dementia unit common areas and external spaces, with the monitoring station in the manager's office.</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>All resident areas and bedrooms were adequately heated and ventilated. There is central heating throughout the buildings and additional wall mounted electric heaters. All resident areas have at least one external window or glass door for natural light and ventilation. The service adheres to a no smoking policy and provides an outdoor covered designated area for residents who smoke.</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</p>	<p>FA</p>	<p>Kingswood provides a managed environment that minimises the risk of infection to residents, staff and visitors by the implementation of an appropriate infection prevention and control (IPC) programme. Infection control management is guided by a comprehensive and current infection control manual, developed at organisational level with input from the GM and the infection control co-ordinator (ICC). The infection control programme and manual are reviewed annually.</p> <p>The RN is the designated ICC, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the GM and tabled at the quality/risk/staff meeting. Infection control statistics are entered in the organisation's infection database.</p>

scope of the service.		Signage at the main entrance to the facility requests anyone who is or has been unwell in the past 48 hours not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these related responsibilities.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The ICC has appropriate skills, knowledge and qualifications for the role. The ICC has undertaken training in infection prevention and control and attended relevant study days, as verified in training records sighted. Well-established local networks with the infection control team at the DHB are available and expert advice is also available from an external infection control advisory company. The coordinator has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The ICC confirmed the availability of resources to support the programme and any outbreak of an infection.
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.	FA	The IPC policies reflected the requirements of the IPC standard and current accepted good practice. Policies were reviewed within the last year and included appropriate referencing. Care delivery, cleaning, laundry and kitchen staff were observed following organisational policies, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves, as was appropriate to the setting. Hand washing and sanitiser dispensers are readily available around the facility. Staff interviewed verified knowledge of infection control policies and practices.
Standard 3.4: Education The organisation provides relevant education on infection control to all service	FA	Priorities for staff education are outlined in the infection control programme annual plan. Interviews, observation and documentation verified staff have received education in IPC at orientation and ongoing education sessions. Education is provided by the ICC. Content of the training was documented and evaluated to ensure it was relevant, current and understood. A record of attendance was maintained. When an infection outbreak or an increase in infection incidence has occurred, there is evidence that additional

<p>providers, support staff, and consumers.</p>		<p>staff education has been provided in response.</p> <p>Education with residents is generally on a one-to-one basis and has included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance of infections at Kingswood is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and skin infections. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The ICC reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has a policy and practice of no restraint use. The organisational policy is congruent with the standards and provides clear guidelines for safe use of restraint if this is ever required. There were no residents using restraint or enablers on the days of audit. Staff records showed that all staff attend ongoing education on restraint minimisation. The RN and staff interviewed demonstrated good knowledge about restraint minimisation and enabler use.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.3.7.1</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>In March 2019 an initiative was implemented to increase resident/whanau interest, attendance and participation in residents/family meetings at Kingswood.</p> <p>A review of the three months previous meeting minutes identified minimal attendance and minimal input or discussion on how the residents/whanau found the service and what could be improved. The goal was to enable residents to feel comfortable and confident in expressing their ideas, complaints, concerns, and be enthusiastic about attending.</p> <p>There was a change to hold two separate meetings, one for the men and one for women. The men’s meeting is held first, then they leave and go to ‘men’s club’.</p> <p>The day of the meeting was also changed to enable more family involvement and was scheduled in the morning when residents were less tired. A white board was provided, so residents could visually see items that were being discussed. Colour was used in several ways, to keep</p>	<p>An initiative aimed at improving attendance and participation of residents and families at residents’ meetings has resulted in increased participation of residents and their families enabling Kingswood the opportunity to respond to resident’s needs.</p>

		<p>residents' interest.</p> <p>A review of the attendance records since March has shown an improvement in attendance, in addition to the level of discussion that takes place, as evidenced by the graphed results and meeting minutes.</p> <p>All men are now attending, compared to one male attendee prior to the changes. Both meetings are providing more input from residents, as evidenced by the meeting minutes. All women are now attending and suggestions as to starting a 'women's club' have been presented.</p> <p>Increased input from residents around what can be improved (eg, milk jugs on each table at breakfast, and clothes to be hung up instead of folded in drawers are evidenced in meeting minutes). Increased family participation and offers of suggestions for events that can be provided is also evident from documented meeting minutes.</p>	
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End of the report.