

Kowhai Resthome (2002) Limited - Kowhai 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 BSI Group New Zealand Ltd, 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:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical	
Dates of audit:	Start date: 3 September 2020	End date: 4 September 2020
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:	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
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

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

General overview of the audit

Kowhai rest home is certified to provide rest home level care, and residential disability level - physical and intellectual level care for up to 28 residents. On the day of the audit there were 27 residents. The service is managed by a facility manager (a registered nurse) who has co-owned the service for 18 years, she is supported by a registered nurse, a long-standing enrolled nurse and experienced staff.

The audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, including the review of residents' and staff files, observations and interviews with residents, relatives, staff and management.

Residents, the GP and family interviewed were positive around the service for the support provided for residents.

This audit identified no areas for improvement.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.



Standards applicable to this service fully attained.

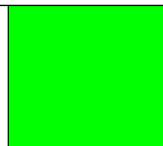
Policies are documented to support resident rights. Systems protect their physical privacy and promote their independence. There is a documented Māori health plan in place which acknowledges the principles of the Treaty of Waitangi. Individual care plans include reference to residents' values and beliefs.

Residents and relatives are kept up to date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The business plan is tailored to reflect the goals of Kowhai rest home. There are policies and procedures to provide appropriate support and care to residents' rest home level needs and younger people with disabilities. This includes a documented quality and risk management programme that includes analysis of data. Meetings are held at regular intervals to discuss quality and risk management and to ensure these are further embedded into practice. There is a health and safety management programme that is implemented with evidence that issues are addressed in a timely manner.

An orientation programme is in place and there is ongoing training provided as per the training plan developed for 2020. Rosters and interviews indicated sufficient staff that are appropriately skilled, with flexibility of staffing around clients' needs. A roster provides sufficient and appropriate coverage for the effective delivery of care and support for residents. The residents' files are appropriate to the service type.

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

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

A diversional therapist implements the activity programme for the residents. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents.

Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes and special dietary requirement are met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemical safety training has been provided to staff. The service has a current building warrant of fitness (WOF) and reactive maintenance is completed. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are spacious and personalised. Some resident rooms have ensuites. There are adequate communal shower/toilet facilities. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies are in place to guide staff in the use of an approved enabler and/or restraint. On the day of audit there were no residents using restraint and one enabler in use. Staff training has been provided around restraint minimisation and 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.

The infection control programme is appropriate for the size and complexity of the service. The infection control coordinator (enrolled nurse supported by the registered nurse) is responsible for coordinating and providing education and training for staff. The infection control manual outlined the scope of the programme and included a comprehensive range of policies and guidelines. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This included audits of the facility, hand hygiene and surveillance of infection control events and infections.

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	0	93	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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Consumers' Rights (the Code) brochures are accessible to residents and their families. Policy relating to the Code is implemented and staff interviewed (five caregivers, one registered nurse (RN), one enrolled nurse (EN), one diversional therapist) could describe how the Code is incorporated into their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues annually through the staff education and training programme. Education around resident Code of rights was last held in February 2020.</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>Informed consent processes are discussed with residents and families on admission. Six resident files sampled included written consents signed by the resident or activate EPOA. Advanced directives were signed for separately. There is evidence of discussion with the general practitioner and resident when completing resuscitation orders. Caregivers and the registered nurse interviewed confirmed verbal consent is obtained when delivering care. Discussion with two family members identified that the service involves them in decisions according to the level of involvement they have indicated.</p> <p>Six of six long-term resident files sampled had a signed admission agreement.</p>

<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>All residents have a named advocate if they cannot self-advocate. Contact numbers for advocacy services are included in the policy, in the resident information folder and in advocacy pamphlets that are available at the entrance to the facility and on noticeboards around the facility.</p> <p>Staff receive education and training on the role of advocacy services, which begins during their induction to the service. Staff interviewed could describe the role of the advocate and could describe where the leaflets containing this information were kept.</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 verified that they have been supported and encouraged to remain involved in the community, including being involved in regular community groups, and go shopping regularly as sighted during the audit.</p> <p>Residents and relatives confirmed that visiting could occur at any time in line with current Covid-19 regulations. Key people involved in the resident's life have been documented in the resident files. Entertainers are regularly invited to perform at the facility as current Covid-19 restrictions allow.</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>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the key points throughout the facility. The residents and families interviewed were aware of the complaints process and to whom they should direct complaints. The service has had one complaint since the previous audit in December 2018. The complaint had been appropriately investigated and resolved, within the required timeframes. Residents and relatives advised that they are aware of the complaints procedure and how to access forms. Residents and relatives interviewed reported there is little need to write a complaint as management have an open door and any issues or concerns are dealt with immediately.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information folder that is provided to new residents and their families. On admission an RN or the manager discusses aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident meetings. Ten residents interviewed (three rest home, three younger person with a disability (YPD) three residents on a mental health contract, and one resident on a long term support – chronic health contract), confirmed</p>

		that they received cares that met their needs, and all were aware of their rights. Two family members interviewed (one mental health and one rest home) confirmed that staff had informed them of the Code.
<p>Standard 1.1.3: Independence, Personal 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>	FA	<p>Guidelines on abuse and neglect are documented in policy. Staff receive annual education and training on abuse and neglect, which begins during their induction to the service. The caregivers interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when cares are being given and do not hold personal discussions in public areas. This was observed to occur during the audit. Caregivers reported that they promote the residents' independence by encouraging them to be as active as possible, and support residents to maintain links with the community such as attending church. The residents and families interviewed confirmed that residents' privacy is respected. An education session was held around privacy and confidentiality in March 2020.</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>The service has a Māori health plan and an individual's values and beliefs policy which includes cultural safety and awareness. There were two residents that identify as Māori and cultural needs are addressed in care plans. Discussions with staff confirmed their understanding of the different cultural needs of residents and their whānau. The service has established links with local Māori and staff confirmed they are aware of the need to respond appropriately to maintain cultural safety. Staff have had training around cultural diversity in June 2020.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family and/or their representative. Beliefs and values are discussed and incorporated into the care plan as sighted in the review of six resident records reviewed. Residents and families interviewed confirmed they are involved in developing the resident's plan of care, which includes the identification of individual values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	<p>There are implemented policies and procedures to protect clients from abuse, including discrimination, coercion, harassment, and exploitation, along with actions to be taken if there is inappropriate or unlawful conduct. Expected staff practice is outlined in job descriptions. Staff</p>

harassment, sexual, financial, or other exploitation.		interviewed demonstrated an awareness of the importance of maintaining professional boundaries with residents.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service has policies and procedures, equipment, and resources to support ongoing care of residents. The quality programme has been designed to monitor contractual and standards compliance and the quality of service delivery in the facility. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Meetings are conducted to allow for timely discussion of service delivery and quality of service including health and safety.</p> <p>Residents interviewed spoke very positively about the care and support provided. Both family and residents interviewed stated that the managers were very visible and encouraged open discussion at all times. Staff interviewed had a sound understanding of principles of aged care and stated that they are supported by the management team. Caregivers complete competencies relevant to their practice. The staff at Kowhai continue to manage challenging behaviours well, by working alongside residents and supplying extra staff for continued monitoring during busy times of the day.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<p>Residents interviewed, confirmed they were given an explanation about the services and procedures and were orientated to the facility as part of the entry process. They also stated their relatives are informed of changes in health status and incidents/accidents with family interviewed confirming that they were always kept informed. A review of 15 incident forms confirmed that family were informed in a timely manner when incidents occurred. Family interviewed also confirmed they are kept informed of changes.</p> <p>Three monthly residents' meetings provide a venue for communication, however, the residents interviewed reported they feel comfortable talking to the manager or nurses who are always available. Residents interviewed confirmed that they are kept informed of changes in their health status and of any adverse events involving them. The manager reported that she has an open-door policy.</p> <p>Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service has policies and procedures available for access to interpreter services for residents (and their family).</p>
Standard 1.2.1: Governance The governing body of the	FA	Kowhai rest home provides residential services for up to 28 residents requiring rest home level care. On the day of the audit, there were 27 residents. Four residents were on mental health (MH)

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>individual funding plans, two on long-term support - chronic health contracts (LTS-CHC), seven on younger people with disability (YPD) contracts and one private paying resident. The remainder were under the age-related residential care (ARRC) contract. The service was verified as suitable to provide residential disability – physical and intellectual level of care during the previous audit in December 2018.</p> <p>The service is overseen by the facility manager (one of the co-owners), who is a registered nurse and has owned Kowhai rest home for 18 years, and on the current site for six years. She is supported by a registered nurse, an enrolled nurse and long service caregivers.</p> <p>The goals and direction of the service are well documented in the 2020-2022 business plan and the progress toward goals has been documented.</p> <p>The owner has attended in excess of eight hours of professional development activities related to managing a rest home including attending the aged care conference and attending the aged residential care (ARRC) meetings held by the district health board (DHB).</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 manager reported that in the event of her temporary absence the registered nurse fills her role with support from other staff.</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>There are policies and procedures that are relevant to rest home level care and are reviewed two yearly. The manager and registered nurse facilitate the quality programme. Quality improvement processes are in place to capture and manage non-compliances. They include internal audits, hazard management, risk management, incident and accident and infection control data collection and complaints management. Corrective action plans are developed, implemented and signed off when service shortfalls are identified. All quality improvement data is discussed at monthly management/quality meetings and at monthly staff meetings.</p> <p>There are resident and relative surveys conducted and analysed with corrective action plans developed when required. The 2019 and 2020 surveys showed overall satisfaction with the service, in particular around activities, staff, and laundry. The respondents felt they were treated with respect and dignity and were listened to. The resident meal survey held in 2019 evidenced overall</p>

		<p>satisfaction with the food services.</p> <p>The relatives survey in 2019 (currently due) evidenced overall satisfaction with the service.</p> <p>There is a current risk management plan. Hazards are identified and managed and documented on the hazard register. The Senior Caregiver (20yrs service) is the designated health and safety officer – overseen by the manager and has completed training relating to this role. There are designated health and safety committee representatives of the facility. Training around health and safety is provided by the online education system. Health and safety issues are discussed at every monthly management and staff meeting with action plans documented to address issues raised.</p> <p>Falls prevention strategies are in place for individual residents.</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>	FA	<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/quality 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).</p> <p>Fifteen incident reports for July 2020 were reviewed, all evidenced appropriate follow up by the registered nurse. Neurological observations were completed for unwitnessed falls and where there was potential for head injury. The incident forms reviewed documented the opportunity to minimise the future risks, and family were notified as documented on the resident file. 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. No notifications have been required since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<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. Six staff files (the RN, three caregivers, one cook and one DT) 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. The service has implemented an online education system, the in-service calendar for 2020 exceeds eight hours annually, and includes a catch-up plan for education sessions missed during the Covid-19 lockdown period. The training considers working</p>

		<p>with younger people. The registered nurse has completed interRAI training.</p> <p>There are currently 10 caregivers and the diversional therapist with level 4 NZQA qualifications, two at level 3 and seven at level 2. Eight staff including the diversional therapist and night shift caregivers have current first aid certificates. And all staff have completed competencies relevant to their role.</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>	FA	<p>There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty to match needs of different shifts and needs of different individual residents. There is an on-call system with a registered nurse available at all times. The facility manager (registered nurse) works 40 hours per week. The registered nurse works 8.30 am to 5 pm Tuesday to Friday. The enrolled nurse works Monday to Friday from 8.30 am to 4 pm.</p> <p>There are five staff on duty in the morning (for 27 rest home level residents) 1x 6.45 am to 3 pm, 1x 6.45 am to 1 pm, 1x 6.45 am to 11 am, 1x 8.30 am to 4.30 pm and 1x 10.30 am to 7 pm.</p> <p>The afternoon shift has four caregivers: 1x 3 pm to 11 pm, 1x 4 pm to 11 pm, 1x 4 pm to 8 pm, and one 5 pm to 9 pm (for extra monitoring).</p> <p>Night shift has two caregivers from 10.45 pm to 7 am.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The service retains relevant and appropriate information to identify residents and track records. Medication charts are in a separate folder with medication and this is appropriate to the service. All resident files are in hard copy and stored where they cannot be accessed by people not authorised to do so. Files and relevant resident care and support information can be accessed in a timely manner. Individual resident files demonstrate service integration. Entries are legible, dated and signed by the relevant staff member including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Residents and family members receive an information folder outlining services able to be provided, the admission process and entry to the service. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. Admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement.</p>

identified.		
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families are involved for all exit or discharges to and from the service.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs, enrolled nurses and senior caregivers who administer medications complete annual medication competencies. Annual in-service education on medication is provided by the supplying pharmacist. Medications (blister packs) are checked on delivery against the medication chart and any discrepancies fed back to the pharmacy. All medications are stored safely in the clinic room. Standing orders are not used. The temperature of the clinic room and medication fridge are monitored daily. All eye drops were dated on opening.</p> <p>Twelve paper-based medication charts were reviewed. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified medications had been administered as prescribed. Prescribed 'as required' medications include the indication for use. The dose and time given is signed for on the administration signing sheet. There were no residents self-administering. Pain monitoring forms record the effectiveness of pain relief.</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 and home baking is prepared and cooked on site by experienced and/or qualified cooks. There is a food control plan with an expiry of June 2021. The seasonal menus in place are dietitian approved and current under biannual review. The cook is informed of resident dietary needs and changes. Likes and dislikes are accommodated. Additional or modified foods such as soft foods, pureed and vegetarian meals are provided. Annual resident satisfaction surveys occur annually and include aspects of the food service.</p> <p>All meals are prepared in the kitchen adjacent to the dining room, plated and served directly to the residents. Fridge and freezer temperatures are monitored and recorded daily. End cooked temperatures are taken twice daily. All containers of food stored in the pantry are labelled and dated. All perishable goods are date labelled. A cleaning schedule is maintained. Residents with weight loss are provided with food supplements.</p> <p>Residents and family members interviewed spoke positively about the meals provided.</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>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicate directly with the referring agencies and family/whanau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RNs complete an initial assessment on admission including risk assessment tools as appropriate. An interRAI assessment is undertaken within 21 days of admission and six-monthly, or earlier due to health changes for long term residents under the ARCC. Resident needs and supports are identified through the ongoing assessment process in consultation with the resident and significant others and form the basis of the long-term care plan. The long-term care plans reflect the outcome of the assessments.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Residents' long-term care plans reviewed were resident-focused and individualised. Care plans documented the required supports/needs to reflect the resident's current health status. Relatives and residents interviewed, confirmed they were involved in the care planning process. Long-term care plans evidenced resident and/or relative and staff input into the development of care plans. Care plans are reviewed six monthly and updated to reflect changes to supports/needs.</p> <p>Short-term care plans were sighted for short-term needs and these were either resolved or transferred to the long-term care plan.</p> <p>There was evidence of allied health care professionals involved in the care of the resident.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is evidence that family members were notified of any changes to their relative's health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications. Notifications were documented and reflected both the residents and the family's instructions regarding notifications. Discussions with families and notifications are documented on the contact with family member record page held within the resident file.</p> <p>Adequate dressing supplies were sighted. Wound management policies and procedures are in</p>

		<p>place. A wound assessment and wound care plan (includes dressing type and evaluations on change of dressings) were in place for two chronic wounds. Referrals to a wound nurse specialist and district nurses for advice for wound management were evident in the files reviewed.</p> <p>Continence products are available. The residents' files include a urinary continence assessment, bowel management plan, and continence products used.</p> <p>Monitoring occurs for blood pressure, weight, vital signs, blood glucose, pain, food and fluid intake, pressure injury risk, falls risk, oral assessment and challenging behaviours.</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>A diversional therapist is employed from 8.30 am to 5 pm Monday to Friday to coordinate and implement an activity programme that meets the recreational needs of the resident groups. The diversional therapist attends on site in-service and diversional therapy group meetings. Care staff provide activities on weekends.</p> <p>Activities take place in either the main lounge or dining room. Activities are meaningful and include (but not limited to) exercises, crafts, group walks, bowls, quizzes, board games, singing, news and views activities and visits to a communal men's shed. Entertainment occurs most Mondays. There are visiting churches, library, grammar school students and pet therapy. All festivities and birthdays are celebrated. Outings in the facility owned van occur at least weekly. Residents are supported to attend external church groups, and other community functions.</p> <p>Younger persons are supported to maintain their community links and are also involved in meaningful activities such as assisting with the activities or tasks within the rest home environment. Personal planning/assistance is allocated within the activities programme for all residents and also focusing on the needs of younger people in regard to shopping, walking groups individualised activities, internet access to movies and individual interests.</p> <p>A resident profile is completed on admission. Each resident has an individual activity plan which is evaluated three-monthly. A monthly review of each resident records participation and specific interests. The service receives feedback on activities through one-on-one feedback, residents' meetings and surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated six-monthly for five of the six resident files reviewed. One resident had not been at the service six months. Evaluations identified if the desired goals had been met or unmet. The GP reviews the residents at least three monthly or earlier if required. Short-term care plans reviewed had been evaluated at regular intervals. Ongoing nursing</p>

		evaluations occur as indicated and are documented within the progress notes.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And 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>	FA	<p>Referral to other health and disability services is evident in the residents' files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on residents' files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</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>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. All hazardous chemicals are stored in secured areas. Personal protective clothing is available for staff and was observed being worn by staff while they were carrying out their duties on the day of audit.</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>	FA	<p>Kowhai rest home is a spacious single storey building. All rooms are fully furnished and personalised. Fixtures and fittings are appropriate and meet the needs of the residents. There is a current building warrant of fitness that expires in April 2021. Over the last 18 months there has been significant improvements to the kitchen and laundry areas including new floor and wall coverings and laundry equipment. Reactive maintenance is addressed by a maintenance person (interviewed) who comes in whenever needed. There is a documented preventative and reactive maintenance programme.</p> <p>All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>The policy on transportation and vehicle usage describes transportation requirements.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Kowhai rest home has 28 resident rooms. Each room has a hand basin. Three rooms have a toilet ensuite. Four rooms have shared toilet facilities. There are also five communal toilets and four communal showers. Bathrooms are large enough to ensure that residents who require assistance are managed safely. There is a staff/visitor toilet. Communal shower/toilets have privacy locks. Residents confirmed staff respect their privacy while attending to their hygiene cares.</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>	FA	<p>All rooms are single and fully furnished. Each resident room has individual furnishings and décor. There is adequate room for residents to safely manoeuvre using mobility aids. Residents and families are encouraged to personalise their rooms as viewed on the day of audit.</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>	FA	<p>Kowhai rest home has a large dining room. There is a large lounge and three further smaller sitting areas. Activities occur in any of these areas. All furniture is safe and suitable for the residents. Communal areas are easily accessible to residents. Seating and space are arranged to allow both individual and group activities to occur. There is adequate space to store mobility aids while residents are having their meals. Residents interviewed confirmed satisfaction with the communal 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>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on site. There is a designated laundry person and housekeeper employed Monday to Friday and care staff cover in the weekends. The laundry has been recently renovated and includes two new commercial washing machines and dryers. There are clearly defined clean/dirty areas. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys. Cleaning trolleys are stored safely when not in use. Residents and relatives interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. There is an emergency management manual, and a fire and evacuation manual. There is an approved fire evacuation scheme. Fire and evacuation training have been provided. Fire drills are conducted six-monthly (July 2020). Appropriate training, information, and equipment for responding to emergencies has been part of the orientation of new staff. External providers conduct system checks on alarms, sprinklers, and extinguishers.</p> <p>Civil defence resources are available. Emergency lighting is provided, as well as alternative heating and cooking. Extra blankets, torches and supplies are available. There is sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. There is a well with a waterwheel that produces clean drinking water in the garden. First aid supplies are available. There is a staff member on duty across all shifts with a current first aid certificate.</p> <p>Call bells were adequately situated in all communal areas. Each bedroom has a call bell in the bedroom and in the bathroom and light up outside each room and on two display panels. Access by visitors and others is limited to the main entrance in an emergency. Normally there are 4 access doors to the Facility as well as 4 bedroom doors. Door and security checks are conducted by staff.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Heating includes a mix of underfloor, ceiling panels and heat pumps in the dining room and main lounge. Room temperatures can be individually adjusted. All bedrooms have adequate natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Kowhai rest home has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The registered nurse oversees the programme with the enrolled nurse as the designated infection control person. Infection control matters are discussed at all meetings. Education has been provided for staff. The infection control programme has been reviewed annually as part of the business plan review.</p>

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	<p>FA</p>	<p>There are adequate resources to implement the infection control programme at Kowhai rest home. The infection control (IC) coordinator has maintained her practice by attending external updates. The infection control team is all staff through the staff meetings. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p> <p>A pandemic plan is in place. During the Covid-19 lockdown period, extra meetings and training sessions around handwashing, and one-on-one training was provided around the donning and doffing of personal protective equipment (PPE). A resource folder was maintained containing the most up-to-date information, new information was displayed on noticeboards for residents and staff to read. Staff temperatures and wellness declarations are completed as required and remain on file. Staff were instructed on infection control measures at home and the laundering of work clothes. Residents were informed of the changes and were isolated in their rooms as per requirements, and were educated on the wearing of masks, handwashing and extra hand gel is available throughout the facility. The service continues to maintain wellness declarations for all visitors and ensure all visitors either use the app or sign into the facility manually in line with current Covid-19 guidelines.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes roles, responsibilities, procedures, the infection control team and training and education of staff. The policies are reviewed and updated as required, at least two yearly.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and</p>	<p>FA</p>	<p>The staff orientation programme includes infection control education. The infection control coordinator has completed external updates and provides staff in-service education through the electronic education system. One-on-one and group sessions are held as required. Education is provided to residents during daily support, with all residents interviewed able to describe infection prevention practice that is safe and suitable for the setting. Infection control training was last held in</p>

consumers.		March 2020 along with extra training around Covid-19. Handwashing and standard precautions are included in the annual competencies completed by all staff.
<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>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Systems in place are appropriate to the size and complexity of the facility.</p> <p>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary, and then analysed and reported to staff and management meetings. The infection control coordinator and the registered nurse provide a three-month look-back period to identify trends. Surveillance data is available to all staff. Corrective actions are established where trends are identified. The GP is aware of all infections and prescribes antibiotics appropriately. Internal infection control audits also assist the service in evaluating infection control needs.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes definitions of restraints and of enablers. Interviews with care assistants confirmed their understanding of restraints and enablers and could describe the differences. Restraint is only used as a last resort. There were no residents at the time of the audit using restraint. There was one resident using a safety belt on a wheelchair as an enabler. Restraint is part of the caregiver competencies completed annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.