

Kingswood Healthcare Morrinsville 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 Morrinsville Limited

Premises audited: Kingswood Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 1 December 2020 End date: 2 December 2020

Proposed changes to current services (if any): In the men's unit, an office has been reconfigured into a bedroom and cupboard space into an office, increasing the total number of beds by one.

The provider intends to build a 30-bed psychogeriatric unit on the existing site adjacent to the units. Completion is expected by April 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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

Kingswood Rest Home is certified to provide rest home and dementia level care for up to 46 residents in three separate units on the same site. The facility is owned by Kingswood Healthcare Morrinsville Limited and is managed by a general manager. Residents and families stated the care provided is of a high standard.

This certification audit was undertaken to establish compliance with the Health and Disability Service Standards and the service's contract with the District Health Board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, families, managers, staff, a general practitioner, a psychiatrist and a hospice clinical nurse specialist.

Three continuous improvement ratings have been awarded relating to the male only dementia unit, the implementation of Spark of Life and the Eden alternative concept and the management of Covid-19 following exposure to residents, families, staff and the local community.

There are no areas requiring improvement from this audit.

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.

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is made available to residents requiring care at Kingswood Healthcare Morrinsville Limited. 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 in a manner that respects the choices, personal privacy, independence, individual needs, and dignity of residents. Staff were observed to be interacting with residents in a respectful manner.

Care for residents who identify as Māori 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.

The general manager is responsible for the management of complaints and a complaints register is maintained. There is currently one complaint investigation being undertaken by the Health and Disability Commissioner.

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.

Kingswood Healthcare Morrinsville Limited is the governing body and is responsible for the service provided. The business and strategic plan includes a mission statement, vision, values, principles and goals. Quality and risk management systems are fully implemented at Kingswood Rest Home and documented systems are in place for monitoring the services provided, including regular reporting by the general manager to the two directors.

The facility is managed by an experienced and suitably qualified general manager. The general manager is supported by the directors and the clinical manager.

An internal audit programme is in place. Adverse events are documented on accident/incident forms. Corrective action plans are developed, implemented, monitored and signed off as being completed to address the issue/s that require improvement. Staff and residents' meetings are held on a regular basis.

Actual and potential risks including health and safety risks are identified and mitigated.

Policies and procedures on human resources management are in place. Human resources processes are followed. Staff have the required qualifications. An in-service education programme is provided, and staff performance is monitored.

There is a documented rationale for determining staffing levels and skill mix. Staff are on call after hours.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people. Up to date, legible and relevant residents' records are maintained by using integrated electronic and 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.

The organisation 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 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 at Kingswood Rest Home is based on the Spark of Life approach and is overseen by a qualified practitioner trained in implementing the Spark of Life philosophy. The programme hinges on the notion of person-centred care and provides residents with a variety of individual and group activities while maintaining resident's 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 an electronic system. Medications are administered by registered nurses, enrolled nurses and 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 and the family members of 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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Current building warrants of fitness are displayed in the units. A preventative and reactive maintenance programme includes equipment and electrical checks.

Residents' bedrooms provide single and double accommodation. Lounges, dining areas and alcoves are available. External areas for sitting and shading are provided. An appropriate call bell system is available, and security and emergency systems are in place.

Protective equipment and clothing are provided and used by staff. Chemicals, soiled linen and equipment are safely stored. All laundry is washed on site. Cleaning and laundry systems are audited for effectiveness.

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 service has clear policies and procedures that meet the requirements of the restraint minimisation and safe practice standard. There were no residents using a restraint or enabler at the time of audit.

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 prevention and control programme, led by an experienced and appropriately trained infection control coordinator, aims to prevent and manage infections. Specialist infection prevention and control advice is accessed from an external advisory group and the Waikato 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	3	90	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Kingswood Rest Home has developed policies, procedures and processes 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.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Nursing and care staff interviewed understand the principles and practice of informed consent. Informed consent policies provide relevant guidance to staff. Clinical files reviewed show 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. 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 but one resident's file reviewed from residents in the secure unit had an activated Enduring Power of Attorney (EPOA) in place. Correspondence in relation to the resident with no EPOA in place evidenced

		<p>ongoing support by Kingswood Rest Home in liaising with family to get this addressed.</p> <p>Staff were observed to gain consent for day-to-day care on an ongoing basis.</p>
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	<p>During the admission process, residents 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>
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	<p>Residents 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. 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>
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints policy and associated forms meet the requirements of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and families on admission and there is additional complaints information available. Two complaints have been received since the last audit and have been entered into the complaints register. The register meets the requirements of Right 10 of the Code. The complaints were reviewed, and actions taken were documented and completed within the timeframes specified in the Code. Action plans reviewed evidenced any required follow up and improvements have been made where possible.</p> <p>The general manager (GM) is responsible for complaint management and follow up. Staff interviewed confirmed a sound understanding of the complaint process and what actions are required.</p> <p>There is currently a complaint investigation with the Health and Disability Commissioner (HDC) concerning the death of a resident in 2019. Documentation reviewed evidenced the facility has provided requested information to the HDC and a response has been received advising the facility that an ex-staff member is currently being investigated.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Residents and whānau, when 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 throughout the three buildings. Information on advocacy services, how to make a complaint and feedback forms are available at the entrance to each building.</p>
<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>Residents and whānau confirmed that Kingswood Rest Home provides services 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 during discussion with families and the GP. All residents in the rest home have a private room. Each of the two secure units have a mixture of single and shared rooms. The curtaining in the shared rooms ensures privacy, in addition to the residents having access to private spaces to ensure privacy in conversation. All residents in shared rooms have been assessed as compatible and have the approval of residents' family members to share a room.</p> <p>Security cameras monitor common areas of all three buildings. Notices advise family members, residents, staff and visitors that surveillance cameras are operating.</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</p>	FA	<p>There are 10 residents and 15 staff members at Kingswood Rest Home at the time of audit who identify as Māori. Interviews verified staff can support residents and staff 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>

manner that respects and acknowledges their individual and cultural, values and beliefs.		
Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.	FA	Residents and whānau 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 evaluation of how well residents' cultural needs are met, and this supported that individual needs are being met.
Standard 1.1.7: Discrimination Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.	FA	Residents and whānau when interviewed stated that residents were free from any type of discrimination, harassment or exploitation and felt safe. A general practitioner (GP) also expressed satisfaction with the standard of services provided to residents. The induction process for staff includes education related to professional boundaries and expected behaviours. The registered nurse (RN) has a record 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.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, hospice/palliative care team, diabetes nurse specialist, physiotherapist, wound care specialist, services for older persons mental health, and education of staff. The GP confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests. Staff reported they receive management support for external education and access their own professional networks, such as on-line forums, access to training at the Waikato District Health Board (WDHB), access to online learning hubs, access to external infection control advice to support contemporary good practice and

		<p>access to in-service training opportunities.</p> <p>Other examples of good practice observed during the audit included:</p> <ul style="list-style-type: none"> - a commitment to ongoing improvement in the management of challenging behaviours for people with dementia - the reduction in the presentation of aggressive behaviours and the reduction in the use of psycho-trophic drugs - a commitment to providing a stimulating environment that enables residents to participate and be involved through the organisation's commitment to the Spark of Life philosophy. <p>The environment was observed to be calm and settled. Residents were interacting and participating in a range of opportunities available at Kingswood Rest Home. The psychiatrist when interviewed described the environment as a well-managed facility that is always seen to be calm.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Residents and family members of residents stated they were kept well informed about any changes to their 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 WDHB when required. Staff knew how to do so. Staff reported interpreter services were rarely required due to the multi-cultural makeup of the staff, and their ability to communicate in a diverse range of languages, should this be 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>	FA	<p>Kingswood Rest Home is governed by Kingswood Healthcare Morrinsville Limited. The business is family owned and operated and consists of the GM and two directors. The business and strategic plan 2019-2020 outlines the mission, vision, policy statement, goals, targets and objectives and reflects a person/family-centred approach with the Spark of Life philosophy. The GM and directors meet once a month to discuss all activities concerning the facility. Review of the management meeting minutes confirmed this. The GM advised they also discuss matters daily and by email.</p> <p>Kingswood Rest Home is managed by a GM who has been in the position for 10 years. Prior to this position, the GM has worked for 20 years in a private hospital offshore and has held both management and administration positions. The GM is supported by the directors and the clinical manager (CM). The GM reported they also oversee the sister facility nearby and spend most of their time at Kingswood Rest Home. The CM has been in their role since May 2020. Prior to this position the CM was employed as an RN in October 2019. The CM is supported by an experienced RN from the sister facility in a nearby town.</p>

		<p>Responsibilities and accountabilities are defined in job descriptions and an individual employment agreement. The GM and CM have good knowledge of the sector, regulatory and reporting requirements and has attended appropriate forums. The provider has advised HealthCERT of the appointment of the CM.</p> <p>Kingswood Rest Home holds contracts with the local DHB for rest home level care. Forty residents are under this contract. Two residents under 65 years are under the long-term chronic conditions contract and one resident who has been assessed as psychogeriatric is being funded by the DHB and the GM advised this resident is not under a contract and is to be reviewed by the DHB weekly. This resident has been residing at the facility in the men's unit for a week. Discussion with the DHB and HealthCERT during the audit resulted in HealthCERT approving the resident to reside at Kingswood Rest Home.</p> <p>The GM reported there is a shortage of psychogeriatric beds in the region. The owners intend building a new 30 bed psychogeriatric unit on the existing site with associated facilities. Twenty beds will be for psychogeriatric residents and 10 beds will be for residents considered to require a higher level of care and support.</p> <p>A reconfiguration in the men's unit has been completed and increases the number of beds from 17 to 18. The reconfiguration consists of a bedroom created from an existing office. The room is suitable for rest home level dementia care with an external window and bars for security, a wardrobe and bedside table. The created bedroom with office fittings removed provides adequate space and is fit for purpose. The resident residing in the room stated they are very happy with their accommodation. Cupboard space has been made into an office. The reconfiguration has not required any structural alterations.</p>
Standard 1.2.2: Service Management 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.	FA	The CM/RN fills in for the GM when they are temporarily absent with support from the directors/owners and the RN from the sister facility nearby. If the CM is temporarily absent the GM advised an RN who is familiar with the facility will be contracted to fill the role.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an	FA	The business and strategic plan includes the quality plan with specific goals that guide the quality programme. This includes management of incidents/accidents, complaints, audit activities, resident and family satisfaction surveys, monitoring of outcomes, clinical incidents including bruising, skin tears, rashes, burns, infections,

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>medication errors, falls, aggressive behaviours, other behaviours, staff injury and residents' property. Quality data is collected, collated and analysed, including audits, incidents/accidents, surveys and clinical indicators and entered electronically. Corrective actions are developed and implemented with evidence of re-auditing when a deficit is identified. Corrective actions evidenced close out and signoff. Quality and staff meetings are held regularly and include a range of activities. Meeting minutes evidenced reporting back to staff of corrective actions and trends as a result of analysing quality data. Month by month graphs are generated for clinical indicators. Staff interviewed confirmed they discuss quality data and what corrective actions are required.</p> <p>Satisfaction surveys reviewed evidenced a high satisfaction with the services provided. Any concerns raised have been addressed as evidenced in the surveys with corrective actions closed out.</p> <p>Policies and procedures are relevant to the scope and complexity of the service, reflect current accepted good practice, and reference legislative requirements. Policies are reviewed at least two yearly and were current. Obsolete policies are archived electronically. The GM reported new or reviewed policies scheduled are put in a folder in the three units for staff to read and sign off. Policies are held both electronically and in hard copy. Staff confirmed they are advised of updated policies and that the policies and procedures provide appropriate guidance for service delivery.</p> <p>Risk management guidelines and plan 2017-2020 was evidenced and included risks associated with all aspects of the operation. The hazard register is both organisational and site specific and includes clinical, human resources, legislative compliance, contractual and environmental risk. The hazard register included actual and potential hazards and the actions put in place to minimise or eliminate each hazard. Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed they understood and implemented documented hazard identification processes.</p> <p>A continuous improvement rating has been awarded relating to a men's only secure unit created for men who display violent and other unacceptable behaviours. Extensive gardens, a men's shed and responsibility for looking after the animals has resulted in a calm atmosphere with a decrease in violent behaviours and anti-psychotic medication.</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</p>	<p>FA</p> <p>Adverse, unplanned or untoward events are documented by staff on incident/accident forms. Documentation reviewed and interviews with staff indicated appropriate management of adverse events.</p> <p>An incident/accident policy is in place. Residents' files evidenced communication with families following adverse events involving the resident, or any change in the resident's health status. Families confirmed they are advised in a timely manner following any adverse event or change in their relative's condition.</p> <p>Staff stated they are made aware of their essential notification responsibilities through job descriptions,</p>

where appropriate their family/whānau of choice in an open manner.		policies and procedures, and professional codes of conduct. Review of staff files and other documentation confirmed this. Policy and procedures comply with essential notification reporting. The GM reported there have been no essential notifications (Section 31s) to HealthCERT since the previous audit.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	<p>Policies and procedures relating to human resources management are in place. Staff files include job descriptions which outline accountability, responsibilities and authority, employment agreements, references, completed orientation, competency assessments, education certificates and police vetting.</p> <p>An orientation programme is in place and new staff are ‘buddied’. Staff performance is reviewed at the end of the orientation and annually thereafter. Orientation for staff covers all essential components of the service provided.</p> <p>In-service education is a focus at Kingswood Rest Home. The programme is the responsibility of the GM and CM. The programme has dementia education to the fore with all staff required to complete the four dementia specific modules in the specified timeframe required as set out in the ARRC agreement. These are provided in a small group setting and staff stated this is very successful and a good way to learn. A number of staff have also completed the dementia course provided by the university of Tasmania. External educators are also invited to provide on-going training. Some training programmed during the lockdowns has been reprogrammed for December 2020 including training sessions on managing challenging behaviours, dementia, delirium, psychogeriatric care and staff well-being - how to look after yourself. This education is provided by the clinical nurse specialist and RN from the mental health team from the DHB.</p> <p>Individual records of education and attendance are held. Competencies were current including medication management. The CM and one of the two ENs are interRAI trained and have current competencies. There is at least one staff member on each shift with a current first aid certificate.</p> <p>A New Zealand Qualification Authority education programme (Careerforce) is available for staff to complete and they are encouraged to do so. The facility uses an external assessor.</p> <p>Staff performance appraisals were current. Annual practising certificates were current for all staff and contractors who require them to practice.</p> <p>Staff confirmed they have completed an orientation, including competency assessments. Staff also confirmed their attendance at on-going in-service education and the currency of their performance appraisals.</p>
Standard 1.2.8: Service Provider Availability Consumers receive timely,	FA	There is a documented rationale for determining staffing levels and skill mix to provide safe service delivery. The GM reported the rosters are reviewed continuously and dependency levels of residents and the physical

<p>appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>environment are considered. The rosters are separated showing staffing for the three units. The GM and CM work Monday to Friday. In the rest home and the mixed dementia unit two caregivers are rostered on the morning shift, two on the afternoon shift and one caregiver rostered on at night. In the men's unit three caregivers are on the morning shift, two on the afternoon shift and one caregiver on at night. An EN 'floats' between the three units at night. Night staff all have 'walkie talkies' for communication between the three units. The CM and a senior care giver who lives on the site are on call. An activities person is employed Monday to Friday for seven hours. Caregivers provide activities during the weekend. Cleaning staff work seven days a week. Night staff are responsible for washing the laundry and the morning staff and residents hang it out on the lines. A maintenance person and a gardener look after the buildings and external areas. Two cooks are employed in the kitchen.</p> <p>Care staff reported there are adequate staff available and that they were able to complete the work allocated to them. Residents and families reported they are happy with the staffing levels and there are enough staff on duty that provides them or their relative with a high standard of care. Observations during the audit confirmed adequate staff cover is provided.</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 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. 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> <p>Electronic medication records are stored in a secure portal.</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</p>	FA	<p>Residents' enter Kingswood Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Prospective residents and/or their families are encouraged to visit the facility prior to admission and meet with the general manager (GM) or the clinical manager (CM). They are also provided with written information about the service and the admission process.</p> <p>All residents residing in the two secure units have documentation to verify their placement has been authorised by a specialist from the Older Persons Mental Health team. The EPOA has consented to the</p>

for services has been identified.		<p>resident being admitted</p> <p>Residents and family member of residents 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 transfer form to transfer 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 was current and identified 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 member 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. The electronic medication system was implemented in July 2020 and has resulted in a decrease in medication errors at Kingswood Rest Home.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a 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 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 in the rest home who self-administers an aperient medication at the time of audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Medication errors are reported to the RN/CM 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 were not being used at Kingswood Rest Home at the time of audit.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>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 has been reviewed by a qualified dietitian in September 2018. Recommendations made at that time have been implemented. The menu has not changed since this time. The menu was due to be reviewed in September 2020, however due to the Covid-19 restrictions, the dietitian was unable to visit. Evidence is sighted of the dietitian booked in to review the menu in January 2021.</p> <p>An up-to-date food control plan is in place and verified by the Matamata District Council (2 May 2020).</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complied with current legislation and guidelines. Food temperatures, including for high-risk items, were 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>Residents in the secure units have access to food at any time night or day.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family member of resident's interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are sufficient staff on duty in the dining rooms at mealtimes to ensure appropriate assistance is available to residents as needed.</p>
Standard 1.3.2: Declining Referral/Entry To Services	FA	If a referral is received, but the prospective resident does not meet the entry criteria or there is currently 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

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.		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 CM and GM. There is a clause in the access agreement related to when a resident's placement can be terminated.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	<p>On admission to Kingswood Rest Home, residents are assessed using a range nursing assessment tools, such as pain scale, falls risk, skin integrity, behaviours, 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 are completed as per the policy and within 24 hours of admission. InterRAI assessments are completed within three weeks of admission and at least every six months unless the resident's condition changes. Interviews, documentation, and observation verified the RN is familiar with requirement for reassessment of a resident using the interRAI assessment tool when a resident has increasing or changing need levels.</p> <p>All residents' files reviewed have current interRAI assessments completed by the two trained interRAI assessors on site. InterRAI assessments are used to inform the care plan.</p>
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	<p>Plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. In particular, the needs identified by the interRAI assessments are reflected in the care plans reviewed.</p> <p>Care plans evidenced service integration with progress notes, activities notes, medical and allied health professional's notations clearly written, informative and relevant. Behaviour management plans include triggers and interventions for behaviours. 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>
Standard 1.3.6: Service Delivery/Interventions	FA	Documentation, observations, and interviews verified the care provided to residents was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs

<p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>was evident in all areas of service provision. The GP and specialist service providers when 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. Interviews with specialist service providers confirmed the specialist advice requested by Kingswood Rest Home was implemented by staff to ensure clients received the required services. 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>On admission to Kingswood Rest Home, a social assessment and history is undertaken to ascertain residents' needs, interests, abilities and social requirements.</p> <p>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 care plan review every six months</p> <p>The activities programme at Kingswood Rest Home is overseen by a trained Spark of Life practitioner. The programme in each unit is implemented by care staff and assisted by an activities co-ordinator who is in the process of completing the diversional therapist apprenticeship training.</p> <p>Residents in the secure units have 24-hour activities plans that addresses the residents' 24-hour needs, including all aspects of the resident's life and past routines.</p> <p>The focus is not about activities, but quality, and joy of interactions. It is a carefully planned programme designed to improve the social and emotional wellbeing of the residents by lifting their spirits and enabling them to thrive. A positive and stimulating homely environment was observed that creates opportunities for residents' pleasure and interaction, interactive raised gardens, fruit trees from which fruit can be picked, pets and farm animals, gates to open and close, washing lines to hang the washing on, a mail box to post mail and a letter box to which residents mail is delivered, an opportunity for baking in the kitchenette each morning enabling the smell of fresh baking to waft through each unit, fresh soup made each evening and a coffee bar in the garden that opens every Friday morning providing fresh waffles and coffee. All staff were observed interacting with residents and it is imbedded in the organisation's philosophy not seen as purely the activities officer's role. Activities involving residents are occurring always in both the rest home and the secure units</p> <p>A 'this is me' booklet is completed on admission to ascertain residents' needs, interests, abilities and social requirements. Clubs are organised based on residents' similar likes and abilities. Residents are assessed as to their specific club using a specifically designed tool that considers residents level of communication, participation and concentration. Evaluation of progress is based on a plan to encourage and support positive behaviours. The club programme has small groups that operate on an equal level and provides a haven where residents can experience success in everything they do, boosting self-confidence and the ability to communicate. The resident's activity needs are evaluated as needs change and as part of the formal care</p>

		<p>plan review every six months.</p> <p>Activities reflect residents' goals, ordinary patterns of life and include normal community activities, outings, individual and group activities and regular events. Examples included van outings, weekly men's outings, attendance at monthly community lunches, washing, ironing sewing, men's club, potting shed, caring for the sheep and chickens, gardening. The television is only used to assist residents in the secure unit keeping up to date with the news. The activities programme is discussed at the rest home residents' meeting and minutes indicate residents' input is sought and responded to. Family input from residents in the secure units is sought on a one-to-one basis and via regular phone or email contact/updates. Interviews, observation and documentation evidenced the implementation of the Spark of Life approach in Kingswood Rest Home has facilitated the provision of activities that are meaningful to the residents and was recognised as an area of continuous improvement in the last certification audit. The recognition of the activities programme at Kingswood Rest Home being an area of continuous improvement remains ongoing, with additional opportunities for residents being added. In 2019 the facility also embraced the Eden alternative concept and providing an environment more like a 'human habitat' incorporating pets and plants.</p> <p>Residents and family members of residents interviewed confirmed they find the activities programme at Kingswood Rest Home is exciting and meets their needs.</p> <p>Interviews, observation, and documentation evidenced the implementation of the spark of life approach at Kingswood Rest Home has facilitated the provision of activities that are meaningful to the residents and is recognised as an area of continuous improvement.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>Resident care 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. Short-term care plans were implemented to address areas of short-term need such as medication changes, infections, weight loss, a change in condition or period of illness and pain. Short term care plans were consistently reviewed, and progress evaluated as clinically indicated. Wound care plans were evaluated each time the dressing was changed, and behaviour management plans were reviewed after each behaviour incident occurred. Residents and family members/whānau of residents interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
Standard 1.3.9: Referral To	FA	Residents are supported to access or seek referral to other health and/or disability service providers. Although

<p>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>		<p>the service has a main medical provider, residents may choose to use another medical practitioner. If the need for other non-urgent services is indicated or requested, the GP or RN/CM sends a referral to seek specialist input. Copies of referrals were sighted in residents' files, including to older persons' mental health services. Referrals are followed up on a regular basis by the RN/CM 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>	FA	<p>Documented processes for the management of waste and hazardous substances are in place. Policies and procedures specify labelling requirements in line with legislation. Material safety data sheets are throughout the facility and accessible for staff. The company representative that supplies chemicals, visits two monthly and provides training. Education to ensure safe and appropriate handling of waste and hazardous substances has been provided to staff.</p> <p>There was protective clothing and equipment appropriate to recognised risks. This was sighted in the sluice rooms and the laundry and was being used by staff. Staff demonstrated a sound knowledge of the processes relating to the management of waste and hazardous substances.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>Current building warrants of fitness are displayed in the three units. There are appropriate systems in place to ensure the residents' physical environment and facilities are fit for purpose. Communal rooms have easy access. Residents and families stated they can move freely around the units and that the accommodation meets their needs.</p> <p>Review of documentation and interview of the GM evidenced proactive and reactive maintenance is undertaken. Staff document any issues and corrective actions were completed and signed off. Plant and equipment are maintained to a high standard. Testing and tagging of equipment and calibration of biomedical equipment was current. Hot water temperatures are within the recommended range.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use and they are competent to use it.</p> <p>Residents and families confirmed they know the processes they should follow if any repairs/maintenance are required and that requests are appropriately actioned.</p> <p>There are external areas available that are maintained to a high standard and are appropriate to the resident</p>

		groups and setting including the two dementia units. All ramps have safety railing provided and anti-slip material. The environment is conducive to the range of activities undertaken in the areas.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	The rest home unit has bedrooms with shared full ensuites. The two dementia units and the rest home have adequate numbers of bathrooms and toilets throughout the facilities. Residents reported that there are enough toilets, and they are easy to access with vacant/engaged signage. Appropriately secured and approved handrails are provided, and other equipment is available to promote resident's independence.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Bedrooms in the rest home provide single accommodation. The men's unit and the mixed unit have double bedrooms and single bedrooms with appropriate means for privacy and documentation evidenced the residents have consented to share a room. Residents and staff can easily move around safely within the bedrooms. Residents and families spoke positively about their accommodation including the bedroom in the men's unit that has been created from an office. Rooms are personalised with furnishings, photos and other personal adornments. There is room to store mobility aids should residents require them.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and	FA	The three units have numerous areas provided for residents and families to frequent for activities, dining, relaxing and for privacy. The areas are easily accessed by residents and staff. Residents, families and staff confirmed this. Furniture is appropriate to the settings and arranged in a manner which enables residents to mobilise freely.

dining needs.		
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	<p>All laundry is washed on site. Residents and families reported the laundry is managed well and residents' clothes are returned in a timely manner.</p> <p>Dedicated cleaning staff have received appropriate education. The cleaner and caregivers demonstrated a sound knowledge of processes. The units are cleaned to a high standard and residents, families and staff confirmed this. Chemicals are stored securely with a closed system used. All chemicals were in appropriately labelled containers. Cleaning and laundry processes are monitored through the internal audit programme and by personnel from the external company that supplies the chemicals.</p>
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	<p>Documented systems were in place for essential, emergency and security services that include the special needs of residents with dementia. External doors are locked in the evening and senior lights are in place externally. Staff carry out security checks at night.</p> <p>A New Zealand Fire Service letter approving the fire evacuation scheme was sighted for the three units (Rest home - 15 February 2016, Mixed unit-3 December 2013 and the men's unit – 30 October 1998.) Trial evacuations are held at least six monthly, the last being held on the 23 June 2020. Staff have received on-going training.</p> <p>Information in relation to emergency and security situations is readily available/displayed for service providers and residents. Emergency supplies and equipment are checked six monthly by the GM and good stocks of supplies were sighted. Emergency supplies and equipment included lighting, torches, gas for cooking and extra food supplies. Emergency water supplies are held in a water tank and bottles that exceeds the Ministry of Civil Defence and Emergency Management recommendations for the region. Blankets, cell phones and battery powered emergency lighting are also available.</p> <p>Call bell systems are in place that are used by the residents or staff to summon assistance if required and are appropriate to the resident groups and settings. Call bells are accessible/within reach and are available. In the rest home call bells are situated in resident's bedrooms and communal areas. In the two secure units call bells have always been situated in the communal areas for staff. Interview of staff demonstrated call bells are not appropriate in the bedrooms. Laser beams, sensor mats and one-way windows and surveillance cameras are in place as well as a monitoring programme where staff continuously monitor residents who are in their bedrooms day and night. Residents in the rest home confirmed they have a call bells that are accessible and staff respond to them in a timely manner.</p> <p>The two dementia units are secure with appropriate external fencing and locked/keypad doors. Some windows have bars over them in the men's unit.</p>

Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	<p>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. The units are heated by individual electric heaters and heat pumps in communal areas. Residents and families confirmed the facility is maintained at an appropriate temperature. Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p> <p>Covered areas outside the buildings are available for both residents and staff who wish to smoke.</p>
Standard 3.1: Infection control management 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.	FA	<p>Kingswood Rest Home 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 CM. The infection control programme and manual are reviewed annually.</p> <p>The CM is the designated infection control nurse coordinator, 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 meeting. Infection control statistics are entered in the organisation's electronic database. The organisation's owner is informed of any IPC concern.</p> <p>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.</p> <p>A visitor who tested positive for Covid-19 entered Kingswood Rest Home. The management of the risks to residents, visitors, staff, whanau and the community, is an area identified as one of continuous improvement. The strategies implemented enabled no spread of infection to occur, despite the high risk associated with exposure to highly vulnerable residents.</p>
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information	FA	<p>The infection control coordinator (ICC) has appropriate skills, knowledge and qualifications for the role. The ICC has undertaken training through an external advisory company whose expertise is in infection control. Training includes 'Everyday principals in infection control', antimicrobial stewardship, Covid-19 - Taking the panic out of a pandemic and outbreak coordinator competency training - an instructor's course.</p> <p>Well-established local networks with an external advisory company and the infection control team at the</p>

<p>resources to implement the infection control programme and meet the needs of the organisation.</p>		<p>WDHB are available if required. 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.</p>
<p>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.</p>	FA	<p>The IPC policies reflect 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.</p>
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>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 staff education has been provided in response. An example of this occurred with the recent Covid-19 exposure.</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 Surveillance for infection is</p>	FA	<p>Surveillance 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,</p>

<p>carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>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 electronic 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>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provided guidance on the safe use of both restraints and enablers. The restraint coordinator is the CM and demonstrated an understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>The units continue to be restraint free and there were no residents using an enabler. The only restraint that would be used is physical holds in the men's unit if needed. However, the staff reported they manage challenging behaviours by defusing the situation.</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
Criterion 1.2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include: (a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in	CI	<p>A quality initiative was undertaken in 2019 as it was recognised that younger people were being admitted to Kingswood Rest Home after being assessed with dementia. This resulted in residents ranging from age 52 to residents well into their 80's. Staff recognised the older residents were becoming vulnerable in the new mix, particularly the women. The provider recognised the need to address this and a male only unit was created for those men who exhibit violent and other unacceptable behaviours. The mental health team from the DHB were involved and provided advice on security for a safe secure environment including increasing the height of the external fencing and installing bars on some windows. The mental health team also provided training.</p> <p>The older men and the women residents were moved into another building and the younger men and those prone to violent behaviour stayed in the unit they were in. A building on the grounds has been turned into a men's shed and renovated with work benches to carry out woodwork activities. On the days of the audit, a brightly coloured mural was spray painted onto the front of the men's shed depicting a country scene with a tractor and a truck laden with hay. The external area is extensive with gardens, a chicken run and vegetable gardens that the men look after.</p> <p>The unit on the days of audit, was observed to be calm and the men were enjoying</p>	In 2019, a men's only dementia secure unit was created for men who display violent and other unacceptable behaviours. With support from the DHB mental health team the internal and external areas were made secure. The creation of extensive gardens, a men's shed and responsibility for looking after the animals has resulted

<p>the status of that risk;</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>		<p>being together and also going about their 'chores'. The staff who are mainly men, stated there is less violent behaviours and men wanting to run away from the unit. This concept has also resulted in a reduction in the use of anti-psychotic medication. Feedback from the men in the unit has been positive. Comments range from enjoying making items in the men's shed, enjoying the gardens, helping to prepare meals to being responsible for looking after the animals including the chooks and the lamb and going out into the community. Comments from resident's families have also been very positive, congratulating staff on how well they care for their family member and noticing the difference in their behaviour.</p>	<p>in a calm atmosphere with a decrease in violent behaviours and anti-psychotic medication.</p>
<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>	<p>CI</p>	<p>In 2014 the spark of life approach was implemented at Kingswood in response to staff, residents, and whānau identifying the activities being provided were not appropriate for the needs of residents. This was evidenced in satisfaction surveys, high use of psychotropic medications, high staff turnover and frequent episodes of challenging behaviour events.</p> <p>Following the implementation of this approach, at the 2016 audit, the environment was observed to be peaceful. Residents were observed involved in doing household chores with staff participating. This methodology remains ongoing at the 2020 audit. Residents are baking the morning tea, and the smell of fresh baking wafts through each unit. Residents are helping to hang their own washing on the line, lemons and apples are being picked and peeled to make the lunchtime dessert, and vegetables in the garden are being tended to for the evening soup. Residents are engaged in the activities they are doing and conversing with staff. At mealtimes staff are seated assisting residents requiring assistance, while eating a meal/lunch themselves. Mealtimes are relaxed and evidence was observed of residents enjoying the meal.</p> <p>The recent addition of a hydroponic garden enables those residents who identify with the Māori culture to grow watercress and other vegetables to be added to the weekly boil up and hangi. The male residents assisted the caregivers to build a gas kai cooker, out of 3 kegs purchased from the local tavern. Kegs have also been purchased to make a kai smoker for fish and other meats.</p> <p>A sensory garden was created in 2019 to encourage and tempt the men to spend more time out of doors in the garden and enhance their sensory stimulation. The programme includes pet therapy with the residents having to feed the chickens and a lamb. The men keep the chicken coop clean and collect the eggs. Input and suggestions for the garden were gathered from residents, family members and staff.</p>	<p>A quality initiative to implement the Spark of Life approach and the Eden Alternative concept at Kingswood Rest Home, has resulted in an ongoing reduction in episodes of challenging behaviours and the use of psychotropic medication. The provision of a homely stimulating environment enables residents to be involved, feel appreciated, and valued, as evidenced by satisfaction surveys, resident and whanau feedback and feedback from specialists.</p>

		<p>The residents help caring for the garden. The men make wooden tools in the men's shed. They are supervised when using the tools. The residents are observed to be busy going about their chores of daily living. Kingswood has also embraced the Eden alternative concept, whereby replacing an institutional approach with an environment more like a human habitat, incorporating plants and pets into daily living, reduces feelings of ill health.</p> <p>An ongoing evaluation as to the effectiveness of the initiative has resulted in increased satisfaction with the activities programme, a decrease in psychotropic drug use, a decrease in episodes of challenging behaviour events, a decrease in staff turnover and a calm unit where residents are interacting and participating.</p>	
<p>Criterion 3.1.9 Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.</p>	CI	<p>The management of the risks to residents, visitors, staff, whanau and the community by exposure to a visitor entering Kingswood Rest Home who tested positive for Covid-19, is an area identified as one of continuous improvement.</p> <p>The strategies implemented enabled no spread of infection to occur, despite the high risk associated with exposure to highly vulnerable residents. The unit exposed was placed in isolation, and isolation techniques and the use of PPE was commenced. The other two units operated independently with no contact with anyone who was exposed to the unit at risk. All staff were swabbed. All staff who were casual contacts with the unit were sent home. All direct contacts (four) were accommodated on site to keep them isolated from others and their families. These staff worked in the unit doing twelve-hour shifts. One close contact family member was swabbed. All residents in the exposed unit were swabbed on day four and day 12. Residents were reluctant and tended to be non-compliant, however strategies were used to encourage residents and gain their confidence. The kitchen was closed to the other two units. Precooked meals were purchased for these residents. Food accounts were opened by Kingswood at local supermarkets to allow the staff who were casual contacts to remain at home and order food online. Kingswood Rest Home ordered staff their cigarettes to keep them away from the supermarkets and potential spread. Residents and staff were monitored daily for temperatures and symptoms of Covid-19. The WDHB and public health supported Kingswood with advice, equipment and support as needed. Interaction with staff and family members occurred daily as did updates from the Ministry of Health. The community (Kingswood) advisors were kept up to date regarding results. No spread of infection occurred at Kingswood Rest Home.</p>	<p>A visitor entering Kingswood Rest Home who tested positive for Covid-19, exposed residents, staff, whanau and the community to the disease. The successful management of the exposure to Covid-19 by the facility prevented the spread of Covid-19 to anyone else.</p>

End of the report.