Kaiapoi Lodge Residential Care Limited - Kaiapoi Lodge Residential Care

Introduction

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

The audit has been conducted by 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:	Kaiapoi Lodge Residential Care Limited
Premises audited:	Kaiapoi Lodge Residential Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 November 2020 End date: 1 December 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: 48

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

Kaiapoi Lodge provides care for up to 49 rest home and hospital level residents. On the day of the audit there were 48 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Service Standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, relatives, staff, the GP and management.

The director/facility manager (RN) has been in the role for 14 years. He is supported by an experienced clinical nurse manager (registered nurse). They are supported by registered nurses and long-standing staff. Residents, a relative and the general practitioner interviewed were very complimentary of the services and care they receive.

The service continues to meet the health and disability standards.

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.

A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place.

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 facility manager and the clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is documented. The health and safety programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training plan has been implemented for 2020 which includes in-service education and competency assessments. Residents, relatives and staff report that staffing levels are adequate to meet the needs of the residents.

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.

Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed and reviewed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents

and the relative advised satisfaction with the activities programme. The service uses an electronic medication management system. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

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.

A current building warrant of fitness is in place. Preventative and reactive maintenance occurs. Residents who use mobility aids can freely mobilise within the communal areas. There is safe access to the outdoors, seating and shade is provided.

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.

There are restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service currently has no residents requiring restraint, and one resident using an enabler.

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.

Kaiapoi Lodge continues to implement their infection surveillance programme. Infection control issues are discussed at both in the infection control and quality/staff meetings. The infection control programme is linked with the quality programme. There has been one outbreak since the previous audit, which was managed and well documented. Policies and procedures have been updated to include Covid-19. Logs were maintained of resident temperature checks. Wellness declarations are completed by all visitors and contractors entering the facility.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	41	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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	Complaints forms are available at the entrance to the facility. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the facility manager on the complaints register. Twelve complaints have been received since the last audit; two in 2018, five in 2019 including one complaint requiring police involvement which was notified to the DHB and a section 31 was completed. There have been five complaints lodged to date in 2020. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Healthcare assistants interviewed confirmed that complaints and any required follow-up is discussed at quality and staff meetings as sighted in the minutes. Residents and relatives advised that they are aware of the complaints procedure and how to access forms.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective	FA	Comprehensive information is provided at entry to residents and family/whānau. Four residents interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. Both the facility manager and clinical manager are available to residents and relatives and they promote an open-door policy. Incident forms reviewed for October and November 2020 evidenced that relatives had been notified on all occasions. The relative interviewed advised that they are notified of incidents and when residents' health status changes promptly. Clinical staff (two registered nurses, five health care assistants and two activities coordinators) interviewed fluently describe instances where relatives would be notified.

communication.		
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	Kaiapoi Lodge provides rest home and hospital level care for up to 49 residents. There are 19 dedicated rest home beds including one double room, ten rest home beds are dual purpose beds and 20 dedicated hospital beds. On the day of audit there were 48 residents, 20 rest home residents in the rest home and 28 hospital residents, including one resident on an end-of-life contract. Eight hospital residents were in the dual-purpose beds. Kaiapoi Lodge is owned by a board of directors (three directors), and the facility manager is one of the directors. The service has a documented mission statement, philosophy, business plan for 2020 and a quality and risk management programme that describes annual goals and objectives. Goals and objectives for 2019 have been reviewed by the board of directors. The facility manager is an RN with a current practising certificate and has worked full time at the facility for the past 14 years. He is supported by a full-time clinical nurse manager, who has worked and been in the position at Kaiapoi Lodge for 21years and has a post-grad cert in gerontology. The facility manager and clinical nurse manager have maintained over eight hours annually of professional development activities related to managing an aged care service.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	Kaiapoi Lodge has a documented quality and risk management system. The service contracts an external aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements. Monthly accident/incident reports and infections are analysed, and trends (if any) are identified. Internal audits are completed according to the schedule, corrective actions are implemented and signed off when completed. Quality matters are discussed as they arise and reviewed at the six-monthly quality meeting. They are discussed at the bi-monthly staff meetings, which includes health and safety and infection control data. There is a formal six-monthly health and safety review which provides a six month look back period of trending including an analysis of staff related incidents, hazards contractor inductions and a review of the hazard register and policies and procedures. Resident meetings occur six-weekly. A relative satisfaction survey has been completed annually which has indicated overall satisfaction with the service. The satisfaction around incorporation of information in the care plans has increased from 92.7% in 2019 to 99% in 2020. Food service satisfaction has increased from 91.8% in 2019 to 98.1% in 2020, and there was 100% satisfaction around activities in 2020, up from 92.7% in 2019.

Standard 1.2.4: Adverse Event Reporting 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.	FA	The service collects incident and accident data on an electronic system and reports aggregated figures to the bi-monthly staff and six-monthly quality meeting. Paper based incident reports are completed by staff, and entered onto the electronic system, and signed off by the facility manager. Ten incident forms reviewed (thee rest home and seven hospital) identified registered nurse follow up. Incident/accident forms include a section to record relatives have been notified. Minutes of the quality and staff meetings reflect a discussion of incident stats and analysis. The healthcare assistants interviewed could discuss the incident reporting processes. Neurological observations were completed for potential head injuries. Investigations of the incidents and opportunities to minimise future risks were documented well. Discussions with both the facility and clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification made regarding an alleged complaint in 2019 since the previous audit. The influenza outbreak in 2019 was notified to the public health service in a timely manner.
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	There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Five staff files were reviewed (one registered, three healthcare assistants, and one cook). All had relevant documentation relating to employment, and current appraisals. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists (sighted in files). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service. There is an education plan that is being implemented that covers all contractual education topics and exceeds eight hours annually. There is evidence in the registered nurse files of attendance at the DHB external training. Four registered nurses and the clinical nurse manager are interRAI trained. A competency programme is in place that includes annual medication competency for staff administering medications. Competency questionnaires were sighted in reviewed files. Interviews with healthcare assistants confirm participation in the New Zealand qualification authority (NZQA) Careerforce training programme. There are two healthcare assistants with level two NZQA, 20 healthcare assistants with level three and seven healthcare assistants with level four. There are three healthcare assistants yet to commence training who have been recently employed.
Standard 1.2.8: Service Provider Availability	FA	Kaiapoi Lodge has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager works five days a week (Monday to Friday) in the hospital unit and is supported by

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.		the clinical manager who works Monday to Friday in the rest home unit. Hospital unit; 20 residents There is registered nurse cover across all shifts. They are supported by four healthcare assistants (HCA) in the morning; 1 x 7am to 3.30pm, 1 x 7am to 3pm, 1x 7am to 1.30pm and 1 x 7am to 1pm. Three healthcare assistants work in the afternoon shift; 1 x 3pm to 11pm, and 2x 3.30pm to 9pm. One caregiver works from 11pm to 7pm with one registered nurse. Rest Home unit; 20 rest home residents and eight hospital residents in the dual-purpose beds. The registered nurse works Monday to Friday from 8am to 3pm with alternate Mondays off. She is supported by four health care assistants in the morning; 1x 7am to 3.30pm (senior HCA with a current medication competency), 1x 7am to 1pm, 1x 8am to 1.30pm, and 1x 8am to 1pm. The afternoon shift has three healthcare assistants; 1x 3pm to 11pm (senior HCA medication competent), 1x 3pm to 9.30pm, and 1x 4.30pm to 8pm. One senior HCA with a medication competency covers the night shift with support from the hospital RN as required. The facility manager and clinical manager are on-call after hours. Interviews with the registered nurse, healthcare assistants, the relative and residents confirmed that there are sufficient staff to meet care needs. All registered nurses have a current first aid certificate.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Kaiapoi Lodge have implemented an electronic medication management system. The supplying pharmacy deliver all medicines in blister packs for regular and as required medications. Medications were checked and signed on arrival from the pharmacy. Registered nurses and senior healthcare assistants are assessed as medication competent to administer medication. Registered nurses have completed syringe driver training. Standing orders were not in use. The medication fridge temperatures and medication room temperatures have been monitored daily and temperatures were within the acceptable range. Ten electronic medication files were reviewed. Medication reviews were completed by the GP three monthly. PRN medications were prescribed correctly with indications for use. Medications are stored securely. There were two self-medicating residents (one rest home and one hospital level) self-medication inhalers. Medication competencies were in place and have been reviewed by the GP.

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	There is a functional centrally located kitchen and all food is cooked on site. There is a food services manual in place to guide staff. There are two who have considerable cooking experience. Food is transported from the main kitchen to the hospital dining room in a hot box and transferred to a pre heated bain-marie. Meals are served to the residents in both the rest home and the hospital dining rooms by staff from the bain-maries. A current food control plan is in place expiring on 12 February 2021. Special diets are being catered for. The six-week summer and winter menu has been reviewed by a registered dietician. Residents have had a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review or sooner if required. The cook interviewed was aware of changes in resident's nutritional needs and were knowledgeable around the current nutritional requirements of residents. Daily fridge and freezer temperatures, dishwasher temperatures food temperatures were recorded and within expected ranges. All food is stored appropriately, and cleaning schedules were maintained. There is special equipment available for residents if required. Residents and relatives interviewed reported satisfaction with meals. Meals are discussed at the resident meetings and feedback is given to kitchen staff.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. The registered nurses and healthcare assistants follow the plan and report progress against the plan each shift. There is documented evidence on the family contact form in each resident file that indicates relatives were notified of any changes to their relative's health. Discussions with the family member confirmed they are notified promptly of any changes to their relative's health. Short term care plans are used for short term/acute changes in care. These were in place for wounds and infections in the resident files reviewed. There were four wounds on the day of the audit including a stage 2 pressure injury, two chronic leg ulcers and a skin tear. The wound care specialist nurse has had input to all three chronic wounds. All wounds had individual wound assessments, plans and evaluations which indicated progression or deterioration of the wounds. Adequate dressing supplies were sighted in treatment rooms. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern. Monitoring forms are used for weight and vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts.
Standard 1.3.7: Planned	FA	An activity coordinator is employed fulltime Monday to Friday, and the activities assistant works Tuesday and

Activities 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.		Thursday and volunteers on Monday, Wednesday and Friday. The activities team coordinate and implement an activity programme that meets the recreational needs of the resident groups. The activity coordinator attends on-site in-service and diversional therapy group meetings. A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six-monthly. The service receives feedback on activities through one-on-one feedback, residents' meetings and relative satisfaction surveys. A booklet has been printed around the activities programme and the six dimensions of wellness. A description of the types of activities offered including shopping, media watch (newspaper) on large screen, relaxation, walking therapy, church services, seated yoga, outings, quiz, children from schools, choirs and kindergartens visiting and entertainment. There is a library service, and pet therapy available. Weekend activities include movies which is decided by the residents during the week. All festivities and birthdays are celebrated. There were activities assessments, care plans and care plan evaluations in residents' files reviewed.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	All initial care plans for long-term residents were evaluated by the clinical manager or registered nurse within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by the clinical manager or registered nurse six monthly, using the interRAI tool or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. The acute plans of care have been reviewed and evaluated
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	There is a current building warrant of fitness in place expiring on 20 June 2021. Reactive and preventative maintenance schedules are maintained. Equipment has been tagged and tested annually. There is easy access to all communal areas. Outdoor areas are easily accessible for residents using mobility aids. Residents were observed moving around the facility during the audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed	FA	Kaiapoi Lodge continue to implement their infection surveillance program. Individual infection alert forms were completed for all infections. Infections were included on a monthly register and a monthly report and graphs were completed by the infection control coordinator (facility manager). Infection control (IC) issues were discussed at the quality and staff meetings. The IC programme is linked with the quality programme. In-service education is provided annually and in toolbox talks when required. There has been one influenza outbreak since

objectives, priorities, and methods that have been specified in the infection control programme.		the previous audit in 2019. This was managed and documented well, with a timely notification made to the public health service. Policies and procedures have been updated to include Covid-19. Education was provided to staff around hand washing, donning and doffing of personal protective equipment and coronavirus. Temperature checking logs were maintained. Adequate supplies of personal protective equipment were sighted. There were no findings from the DHB Covid-19 audit.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The facility manager (RN) is the restraint coordinator. Restraint training was last held in August 2020. There are currently no residents using restraint and one resident using a bed rail as an enabler. The consent has been signed and monitoring is recorded in the progress notes. Healthcare assistants interviewed could fluently describe the differences between restraint and enablers and procedures around these.

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.

No data to display

End of the report.