# Komal Holdings Limited - Bloomfield Court Retirement Home

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Komal Holdings Limited

**Premises audited:** Bloomfield Court Retirement Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 December 2020 End date: 11 December 2020

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit:** 17

# 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 |
|  | 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

Bloomfield Court provides rest home level care for up to 27 residents. On the day of the audit there were 17 residents. The nurse manager is supported by an owner and enrolled nurse. Residents and family interviewed were complimentary of the service they receive.

This unannounced surveillance audit was conducted against 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, a family member, staff, and management.

The service has addressed all four shortfalls from their previous audit around staff appraisals, progress notes and medication documentation and management.

## 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. |

Communication with residents and family was evidenced in care plans and confirmed on interviews. Complaints processes are implemented, and complaints and concerns are actively managed. Residents and family interviewed were happy with the care provided at the service.

## 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. |

There is a business plan with goals for the service that has been regularly reviewed. The quality system has been implemented. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation, and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## 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 residents and family interviewed confirmed their input into care planning and access to a typical range of life experiences and choices. The care plans reviewed were consistent with meeting residents’ needs. Initial care plans are documented on admission. Risk assessments are completed and reviewed. Where progress was different from expected, the service responds by initiating changes to the care plan or recording the changes on a short-term care plan. Long-term care plans are evaluated. Activities were provided either within group settings or on a one-on-one basis. Medication policies reflect current guidelines. Nutritional needs of residents are provided in line with resident needs, and residents commented positively on the food service provided.

## 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. |

There is a current building warrant of fitness. Electrical testing has been completed as required. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

## 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. |

Bloomfield Court has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. Bloomfield Court has maintained a restraint-free environment.

## 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 type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **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 | The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and relatives confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints.  A complaints register includes verbal and written complaints received, dates and actions taken. Complaints are being managed in a timely manner, meeting requirements determined by the Health and Disability Commissioner (HDC). They are signed off by the nurse manager when closed. There is evidence of lodged complaints being discussed in the management and combined quality and staff meetings.  There have been five complaints since the previous audit. All complaints were reviewed and confirmed adherence to HDC response timelines. A detailed investigation was completed for each complaint. All complaints in the register (2019, 2020) have been documented as resolved. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | Policies and procedures are in place to guide staff on the process around open disclosure. The nurse manager and enrolled nurse confirmed family are kept informed. Five residents (including one respite resident) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Evidence of communication with family/whanau is recorded on the accident/incident form and in the residents’ progress notes. Accident/incident forms reviewed identified family had been kept informed. Four relatives interviewed stated that they were informed when their family member’s health status changed. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management and the enrolled nurse. The most recent family/resident survey achieved positive feedback for communication. Resident meetings encourage open discussion around the services provided (meeting minutes sighted). Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents. Families are encouraged to visit.  Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bloomfield Court Retirement Home is owned by Komal Holdings Limited and provides care for up to 27 residents requiring rest home level care. On the day of audit there were 17 rest home residents. Two residents are under respite contracts. All other residents are under the Age-Related Residential Care Services Agreement. The owner supports the nurse manager who is responsible for daily operations and oversees the delivery of services. The owners own a second facility and can be contacted at all times. The manager submits regular email updates and monthly reports.  Clinical oversight is provided by the nurse manager (registered nurse) and enrolled nurse who share 24/7 on call. The nurse manager and enrolled nurse have maintained at least eight hours annually of professional development activities related to managing a rest home. This includes attendance pressure injury prevention and management and quarterly aged care association forums.  There is a documented business plan in place for 2019 to 2021. The business plan goals relating to refurbishment are ongoing and include staged recarpeting and painting throughout. Progress towards meeting business goals have been achieved in regard to staff education. |
| 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 | Bloomfield Court Retirement Home has an established quality and risk management programme. Quality is monitored through internal audits, adverse event collation and analysis, infection rates, resident satisfaction, and staff retention. The data is entered into an online system which provides reports graphs and trends. The data is then benchmarked against other similar facilities. Internal audits monitor compliance with policies, and corrective actions are implemented where required. A three-monthly management meeting is held. The minutes of all meetings are shared with the owners. Minutes of staff and management meetings evidence detailed discussion on quality indicators. Staff interviewed were aware of quality data results and any corrective actions required.  Policies and procedures are provided by an external consultant and a system is in place for regular review. Staff are made aware of any policy changes through staff meetings, evidenced in meeting minutes. Staff have input into the staff meetings, where there is discussion around complaints, compliments, health and safety, adverse events, infection prevention and control, audit and survey results, corrective actions and improvements. Staff interviewed (one EN, three caregivers, one cook, one activities coordinator and one maintenance officer) state they are well informed and receive quality and risk management information such as accident/incident trends and infection control statistics. There are annual resident satisfaction and family satisfaction surveys and food satisfaction surveys completed. Suggestions for improvements are identified and implemented with evidence of sign off. Survey results from March 2020 reflected satisfaction on all aspects of the service.  The quality programme is linked to the annual training plan with extra and impromptu training offered as issues are identified. A health and safety programme is in place, which includes managing identified hazards. Health and safety discussion occurs at monthly staff meetings.  Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. |
| 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 | Discussions with the manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. This has not been required.  The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Individual incident reports are completed for each incident/accident with immediate action noted and any follow-up action required. The data is linked to the facilities quality programme and this is used for trending and comparative purposes. Minutes of the monthly staff meetings and three-monthly management meetings reflect a discussion of incident statistics and analysis.  Ten resident related incident reports for September, October and November 2020 were reviewed. All incidents reflected a clinical assessment and follow-up by a RN. The forms evidenced families are informed where appropriate. |
| 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 | Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one enrolled nurse, two caregivers, one activities coordinator and one cook) included a comprehensive recruitment process which includes: reference checking, signed employment contracts and job descriptions, police checks and completed orientation programmes. All performance appraisals have been completed annually as required. This is an improvement on the previous audit. The EN file included a current annual practising certificate. The enrolled nurse is supported to maintain professional competency.  The orientation programme includes documented competencies and induction checklists. There is an implemented annual education and training plan that exceeds eight hours annually. Care staff are supported to gain aged care qualifications with 90% of staff having achieved level three or four Careerforce or equivalent. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service. The Nurse Manager has completed interRAI training. All care staff have current first aid certificates.  Family and residents stated that staff are knowledgeable in their role. Annual competencies are completed for all staff involved in medication administration. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is policy in place to determine staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.  There are a nurse manager and enrolled nurse who each work 40 hours a week. Two caregivers are on site in the morning and afternoon (one short and one long shift on each) with one caregiver overnight who works till 8am providing an hour each morning with three care staff. Caregivers complete laundry, weekend cleaning and food services in the evening. There is one cleaner employed Monday to Friday. Caregivers interviewed stated that they can access on call staff when needed.  Staff stated there were adequate staff rostered to work each shift and that management assisted when required. Residents stated there were sufficient staff on duty and that bells were answered promptly. Staff stated they feel supported by the nurse manager and enrolled nurse who respond quickly to after-hours calls. |
| 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 | Bloomfield Court utilises a paper-based medication management system. There are medication policies and procedures that follow recognised standards and guidelines for safe medicine management.  All residents have individual medication orders with photo identification and allergy status documented. Regular medications were signed for individually. Prescribing of medications met legislative requirements. The service uses a four-weekly blister pack system for tablets, and other medicines are pharmacy packaged. All medicines are stored securely when not in use. A verification check is completed by the EN against the resident’s medicine order when new medicines are supplied from the pharmacy. Three self-medicating residents (for eye drops and inhalers) had a self-medication competency completed and authorised by the GP.  Short-life medications (i.e., eye drops, and ointments) are dated once opened. Education on medication management has occurred with competencies conducted for the Enrolled nurse and senior caregivers with medication administration responsibilities. Ten medication charts reviewed identified that the GP had seen the resident three-monthly. A senior caregiver was observed administering medications and followed correct procedures. The time of administration of ‘as required’ medication is documented. This is an improvement on the previous audit.  Expired medications are stored in a locked cupboard and collected by pharmacy on request. Controlled drugs were appropriately stored and signed for correctly. This is an improvement on the previous audit. |
| 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 | Bloomfield Court employs an experienced cook, and all meals and baking are cooked on site. There is a food services manual in place to guide staff. There is a four-weekly seasonal menu which is scheduled to be reviewed by a dietitian. The service has an approved food control plan in place due for review 23/2/2021. A resident nutritional profile is developed for each resident on admission and reviewed six-monthly by the RN. A copy of the resident’s dietary needs is provided to the kitchen staff. The kitchen is able to meet the needs of residents who require special diets, and the cooks work closely with the nurse manager. The kitchen staff have completed food safety training. The temperatures of refrigerators, freezers and cooked foods are monitored and recorded. There is special equipment available for residents if required. All food is stored appropriately.  Residents and the family members interviewed were happy with the quality and variety of food served. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Residents interviewed reported their needs were being met. Relatives interviewed stated their relative’s needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit There is evidence that family members were notified of any changes to their relative’s health including (but not limited to) accident/incidents, infections, health professional visits and changes in medications.  Dressing supplies are available and treatment rooms are adequately stocked for use. Wound assessments, management plans and evaluations for four current wounds were fully documented. The RN interviewed stated they have access to an external wound care specialist as required.  Continence products are available and resident files include a continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the RN interviewed.  Monitoring forms in place include (but are not limited to): monthly weight, blood pressure and pulse, food and fluid charts, blood glucose monitoring and behaviour.  Short-term care plans are used for changes in health |
| Standard 1.3.7: Planned 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. | FA | The experienced activities coordinator provides an activities programme for four hours a day over five days each week Monday-Friday. A resident profile is completed on admission. An activities plan is developed from this and reviewed six-monthly. Residents are free to choose whether they wish to participate in the group activities programme. One-on-one time is spent with residents who choose not to join in group activities. Individual attendance and participation is evaluated and documented monthly.  The monthly programme is flexible to meet residents’ preferences and outings. Activities are meaningful and include (but are not limited to); newspaper reading and discussions, crafts, quizzes, walks, movies and housie. There are van outings once a week. There are regular entertainers visiting the facility. Festivities such as Easter, Christmas, Waitangi Day, and birthdays are celebrated. The community is accessed with visits from church representatives from several denominations, regular cafe visits and outings to community places of interest.  The service receives feedback on activities through one-on-one feedback, resident’s meetings, and surveys. Residents and family members interviewed discussed were satisfied with the programme and the outings offered to residents. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | All initial care plans reviewed were evaluated by the RNs within three weeks of admission and a long-term care plan developed. Care plans had been evaluated for four long-term residents six-monthly or sooner for health changes. Written evaluations documented if the desired goals had been met or unmet. Ongoing RN evaluations and review following adverse events is documented within the progress notes.  The files sampled documented that the GP had reviewed residents at least three-monthly (for those that had been at the service longer than three months) or when requested if issues arise or their health status changes. Short-term care plans were evident for the care and treatment of residents and evidenced regular review. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current building warrant of fitness that expires June 2021. A gardener maintenance employee is on site four days a week to attend to reactive maintenance issues and completes planned preventative maintenance. There is a record of maintenance and repairs. The plan includes checks on all equipment, call bells and monthly hot water temperatures. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration, functional checks and electrical testing and tagging of equipment was completed by external contractors last August 2020.  There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the well maintained and landscaped outdoor areas. Seating and shade is provided. There is a designated smoking area for residents who smoke.  The caregivers interviewed stated they have sufficient equipment including mobility aids and wheelchairs (if required) to safely deliver the cares as outlined in the residents’ care plans. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance and monitoring is an integral part of the infection control programme. Monthly infection data is collected for all infections based on signs and symptoms of infection and monitoring also occurs on antibiotic prescribing. Surveillance of all infections was entered onto a monthly facility infection summary and staff informed. The registered nurse uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. There have been no outbreaks since previous audit.  During the Covid 19 lockdown period, extra training sessions around handwashing, and one on one training was provided around the donning and doffing of personal protective equipment (PPE). Staff communication included frequent updates on Covid management. Residents and visitors were informed of the changes and the facility implemented lockdown procedures as per policy and MOH guidelines. Hand gel is available throughout the facility. The service continues to maintain strict protocols for all visitors, and ensures all visitors either use the app or sign into the facility manually in line with current Covid 19 guidelines, |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | Restraint minimisation and safe practice policy and procedure includes definitions of an enabler and restraint. Bloomfield Court has an assessment and care planning process that includes interventions for calming and de-escalation, to minimise the need for any restraint interventions. There are currently no residents at Bloomfield Court requiring restraint or using an enabler. Restraint is an agenda item at monthly staff meetings. Restraint training last occurred February 2020. |

# 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.