

# Kapiti Vista Limited - Kapiti Rest Home

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## Introduction

This report records the results of a Partial Provisional 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:** Kapiti Vista Limited

**Premises audited:** Kapiti Rest Home

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

**Dates of audit:** Start date: 11 May 2021 End date: 11 May 2021

**Proposed changes to current services (if any):** Stage one of a series of upgrades was reviewed; the addition of four resident rooms and one upgraded bedroom were verified to bring the total beds available to 34 beds at rest home level. The rooms will be available from the 25th May 2021.

**Total beds occupied across all premises included in the audit on the first day of the audit: 26**



# Executive summary of the audit

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## 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.

## General overview of the audit

Kapiti rest home provides rest home level care for up to 30 residents. On the day of the audit there were 26 residents.

This partial provisional included verifying the addition of four resident rooms and one upgraded bedroom which brings the total beds available to 34 beds. The audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, observations, and interviews with management.

Kapiti rest home is owned and operated by three directors. They own another local rest home and have many years' experience in the aged care industry. Two owner/directors are registered nurse managers for the two facilities. They are supported by one operations manager, part-time registered nurse and a stable workforce.

The audit identified the new rooms, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home level care.

This audit identified areas for improvement around the completion of the new rooms including a certificate of public use, a fire evacuation approval and trial fire evacuation, call bell system and external mobility ramp.

## **Consumer rights**

Not audited

## **Organisational management**

Services are planned, coordinated, and are appropriate to the needs of the residents. Residents receive appropriate services from suitably qualified staff. There are robust human resource policies in place. An orientation programme is in place for new staff. Ongoing education for staff is provided. The service is staffed well, there is a staffing plan that includes increased staffing with increased resident numbers.

## **Continuum of service delivery**

The medication systems, processes and practices are in line with the legislation and contractual requirements. Medication charts were reviewed. The general practitioner completed regular and timely medical reviews of residents and medicines. Medication competencies were completed annually for all staff that administered medications.

Residents' food preferences and dietary requirements are identified at admission and all meals cooked on site. The kitchen is well equipped for the size of the service. 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**

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely. The current building has a current warrant of fitness.

The newly renovated wing includes five spacious rooms, a nurse station and a shower/toilet. The newly renovated wing is spacious, and residents will be able to freely mobilise there.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Systems and supplies are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint should this be required. The facility remains restraint free. Staff receive regular education and training on restraint minimisation. No restraint or enabler was in use on the day of audit.

## **Infection prevention and control**

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The nurse manager has responsibility for infection control and collates the monthly infection data. The infection control coordinator has completed online infection control training and coordinates education and training for staff. There is a suite of infection control policies and guidelines to support practice. Information obtained through surveillance is used to determine infection control activities and education needs within the facility. There have been no outbreaks.

## 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)
<b>Standards</b>	0	14	0	2	0	0	0
<b>Criteria</b>	0	32	0	4	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Kapiti rest home currently provides rest home level care for up to 30 residents. On the day of the audit there were 26 residents. All residents were funded through the age-related residential care contract with the DHB.</p> <p>A further four rooms and one upgraded room were verified as part of this audit as suitable for the level of rest home care. These rooms were previously a lounge and one bedroom that have been renovated and converted to five resident rooms. Overall bed numbers have increased from 30 rooms to 34 rooms.</p> <p>The nurse manager is a registered nurse who is also one of three directors for this service and one other rest home. The nurse manager has many years of management experience in the aged care sector. She has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility.</p> <p>There is a documented business plan for 2021 that includes the renovations and service mission statement “to provide a safe, family style environment for each resident” focusing on “safety, companionship, fun, purpose, respect and dignity”.</p> <p>The service has a documented and in-depth plan for the planned building work. There are risk management plans for; infection control, staffing, resident and staff</p>

		safety as well as project planning the building work.
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The two owner/directors/nurse managers of Kapiti rest home and Kena Kena rest home along with the registered nurse provide cover for each other's absence. They also share the on-call requirement.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (one activities person and four caregivers) reflected reference checks, signed employment contracts and job descriptions and completed orientation programmes.</p> <p>There is an implemented process for performance appraisals that begin during the new staff's orientation. The orientation programme provides new staff with relevant information for safe work practice. Orientation is specific to the individual's job role and responsibilities.</p> <p>Current registered nursing staff and external health professionals (general practitioners, physiotherapist, pharmacists, podiatrist) practising certificates were sighted.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually per staff member. A register for each training session and an individual staff member record of training was verified.</p> <p>There will be no change to current processes with the additional beds. There are enough staff currently to cover the increase in resident numbers.</p> <p>The nurse manager is interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>The service 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 across the three wings. On the day of audit there were 26 residents, however the service staffs at full capacity, (30 residents).</p> <p>The nurse manager is on duty Monday to Friday. For the AM shift there are four</p>

		<p>caregivers (two long shifts and two short shifts), for the PM there are three caregivers (two long shift and one short shifts) and one caregiver at night. There is a documented staffing plan to increase caregivers as resident numbers increase and the service has commenced recruitment. There is a draft roster for the increase in resident numbers. A further short shift will be added to the morning shift and the short shift on the afternoon extended. A further caregiver will be added to the night shift.</p> <p>Staff are visible and attend to call bells in a timely manner.</p> <p>The nurse manager is available on call if required. There is low staff turnover as reported by the nurse manager.</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>	<p>FA</p>	<p>The facility uses an electronic medication system. There are policies and procedures in place for safe medicine management that meet legislative requirements. Caregivers, and RNs who administer medications have completed a practical and written medication competency. The pharmacist provides annual in-service on medication administration and medication management on an annual basis. Medications are checked on delivery against the medication chart by the nurse manager (RN). Standing orders are in use and meet required legislation. The medication fridge and room are monitored. All eye drops sighted were dated on opening.</p> <p>Ten medication charts reviewed had photo identification and an allergy status on the medication chart. The GP has reviewed the medication charts at least three-monthly. The administration signing sheets reviewed, identified all prescribed medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All food is prepared and cooked on site. Cooks have completed food safety units. Tea staff are rostered on duty in the afternoons to cover the evening meal. There is a five-weekly rotating menu that has been reviewed by a dietitian (August 2019). A food safety plan expires November 2021. The meals are served from the kitchen directly to residents in the adjacent dining room. The cook receives notification of any resident dietary changes and requirements. Dislikes and food allergies are known and accommodated.</p> <p>Fridge and freezer temperatures were recorded daily. Food temperatures had</p>

		<p>been taken and recorded daily. A cleaning schedule is maintained. All containers of food stored in the pantry are labelled and dated.</p> <p>The kitchen service is able to accommodate meals for the additional residents.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets and products charts are readily accessible for staff. Chemical bottles sighted have correct manufacturer labels. Chemicals are stored in a locked cupboard. Personal protective clothing is available for staff and was observed being worn by staff when they were carrying out their duties on the day of audit. Staff have completed chemical safety training.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. The facility has a current building warrant of fitness that expires 19 August 2021, but no certificate of public use or code of compliance for renovated rooms.</p> <p>Both internal maintenance and external contractors undertake maintenance. Essential contractors are available 24-hours. Annual calibration, functional checks and electrical testing and tagging of equipment is completed by an external contractor. The facility is being maintained in good repair. All maintenance records were reviewed and are clearly documented. Review of the records revealed temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions have been taken.</p> <p>The service has converted a small lounge and one bedroom into five bedrooms. Each resident room viewed had an external window, was spacious enough to provide the level of care and had call bell. There is also a new nurse's station, and a new communal bathroom that includes shower/toilet. One of the bedrooms has an ensuite. There are two staff toilets. The wing has wide corridors with sufficient space for residents to safely mobilise using mobility aids.</p> <p>The refurbishment is stage one of three stages. Stage two will be to link existing corridors and create a further bedroom (making the total up to 35) and an additional bathroom/shower. The service will move residents from affected areas into the new wing along with their personal possessions and furniture. Stage</p>

		three will be to create a further resident lounge on an upper floor from an existing room which will involve the installation of a lift. All external areas inspected were safe and have seating and shade.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	The newly renovated rooms includes a new communal bathroom shower/toilet, one room has an ensuite and there will be two (existing) staff toilets. This will bring the total bathrooms up to four toilets/showers and four resident toilets (plus the ensuite). All bathrooms and shower rooms and the new toilet included a call bell and disability rails. All toilets and shower rooms had a privacy lock and sign.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	All four new rooms and the one renovated are single and spacious enough to move about with mobility aids.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The service includes is a spacious dining area and large main lounge with a view of the sea, as well as several seating alcoves.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing are laundered on site by a dedicated housekeeper. The laundry is located in the basement. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	Emergency and disaster policies and procedures are documented for the service. There is a previous evacuation scheme that has been approved by the fire service 16 June 1998. The new scheme has yet to be approved along with a fire evacuation of the newly renovated rooms and a trial evacuation has yet to be completed.

		The orientation programme and annual education/training programme include fire and security training. A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and emergency supplies. A gas BBQ is available for alternate cooking. There is emergency lighting, and the service has a generator. A call bell system is in place, including all resident rooms, communal areas with the system currently being installed in the new wing. There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid certificate. The facility is secure after hours.
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	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. Each new resident room has an economy heat panel that can be individually adjusted. All bedrooms have adequate natural light.
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	The nurse manager has overall responsibility for infection control and the collation of infection events. There is a robust infection control programme provided by an external contractor. The infection control programme is reviewed annually.  Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. Residents and staff are offered the influenza vaccine. There have been no outbreaks.  There are policies and procedures in place around Covid-19. Staff have received additional training around PPE, hand washing and standard precautions. The service has sufficient PPE available for staff. All new residents are screened prior to service entry.  All new rooms have a hand washing facilities.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers that meet the restraint minimisation and safe practice standard. The nurse manager is the restraint coordinator. There were no residents using restraints or enablers on the day of audit. Staff receive training around restraint minimisation and managing

		challenging behaviours.
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The existing facility has a building warrant of fitness, the new wing has yet to have a certificate of public use approved.	The newly renovated rooms do not have a certificate of public use or code of compliance.	<p>Ensure the newly renovated rooms have been signed off and the CPU or code of compliance is updated.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	The service has existing training processes and practice associated with all emergency situations. There is a minimum of one staff member available 24 hours a day, seven days a week with a current first aid certificate. Trial evacuations occur 6-monthly. A trial evacuation including the new rooms has yet to occur.	A trial evacuation including the new renovated rooms has yet to occur.	<p>Ensure a fire evacuation drill occurs and includes the new rooms.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>There is a previous evacuation scheme that has been approved by the fire service 16 June 1998. The current fire evacuation plan has been updated to include the newly renovated rooms. The draft fire evacuation plan is with the fire service.</p>	<p>The updated draft fire evacuation plan for the newly renovated rooms has yet to be approved.</p>	<p>Ensure the fire evacuation plan has been approved.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>A call bell system is in place in the building including all resident rooms and communal areas. The call bell system is yet to be operational in the new newly renovated rooms.</p>	<p>The call bell system is not yet operational in the newly renovated rooms.</p>	<p>Ensure the call bell system is fully operational</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.