

Kohatu Resthome Limited - Kohatu Resthome

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 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: Kohatu Resthome Limited

Premises audited: Kohatu Resthome

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 24 February 2022 End date: 24 February 2022

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: 23

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

Kohatu Resthome provides rest home level care for up to 24 residents. The service is operated by Kohatu Resthome Limited and managed by a registered nurse manager. The service also provides a day care programme and meals on wheels to local Waitara residents. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the Taranaki District Health Board. The audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family/whānau, managers, and staff. The general practitioner was unavailable for interview during the audit.

There were no areas identified as requiring improvement as a result of 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.
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Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to formal interpreting services if required.

A complaints log is maintained with complaints resolved promptly and effectively.

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.
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Business and quality and risk management plans describe the vision, purpose, objectives, background of the service, current aspirations, and the organisation's plans for the year. Monitoring of the service and the provision of to the facility owners is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies any trends, and leads to quality improvements. Staff are involved and feedback is sought from residents and families/whānau. Adverse events are documented with corrective actions implemented. Any actual and potential risks including health and safety risks, are identified, and mitigated. Policies and procedures to support service delivery, were regularly reviewed, and current.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular performance review. Staffing levels meet the changing 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.
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Residents of Kohatu Resthome have their needs assessed on admission and within required timeframes by the multidisciplinary team. Verbal shift handovers guide continuity of care.

Care plans of residents at Kohatu Resthome are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that residents' needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and families/whanau interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

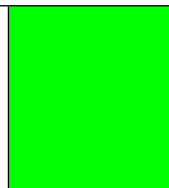
The planned activity programme running at Kohatu Resthome is provided by a diversional therapist and an activity assistant. The programme provides residents with a variety of individual and group activities and, when Covid-19 restrictions allow, maintains their links with the community. A facility van 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 care staff, all of whom have been assessed as competent to do so.

The food service provided 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 organised, clean and meets food safety standards. Residents verified 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.

There was a current building warrant of fitness displayed in the reception area of the facility.

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.

The organisation has implemented policies and procedures that support the minimisation of restraint and meet all requirements of the restraint minimisation standard. There were no enablers or restraints in use at the time of audit, restraints have not been used for at least 13 years. Should restraint be required, there is a comprehensive assessment, approval and monitoring process. Any use of enablers is voluntary for the safety of residents in response to individual requests. Staff interviewed demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Kohatu Resthome undertakes surveillance of aged care specific infections. Infection data is analysed and trended, and results are 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	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>Kohatu Resthome (Kohatu) has a comprehensive complaint process to guide staff. This includes staff responsibilities, policies and procedures, clear definitions of major and minor complaints, use of advocates, and documentation of verbal complaints as per Right 10 of the Code. Confidentiality is maintained when managing all complaints. There is, in addition to the complaints standard, a flow chart with all Health and Disability Commissioner (HDC) Code timeframes. Information on the complaint process is provided to residents and families/whānau on admission. The manager and staff interviewed knew what do in the event a person wished to make a complaint.</p> <p>The complaints register reviewed showed that three complaints have been received in the last 12 months, and that actions were taken through to an agreed resolution. Actions taken are documented and completed within the required timeframes. Action plans showed any required follow up and improvements have been made where possible. One of the complaints noted above came through the office of the Health and Disability Commissioner (HDC). The complaint was addressed and has been closed.</p> <p>The registered nurse manager (RNM) is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required and confirmed that complaints education had been provided to them.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents and family members 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 any regular or urgent medical reviews. This was supported in residents' records reviewed. There was evidence of resident and whānau 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 of Health and Disability Services Consumers' Rights (the Code). Open disclosure education is scheduled annually.</p> <p>Interpreter services can be accessed via the Taranaki District Health Board (TDHB) when required and staff knew how to do so. Staff reported interpreter services were rarely required due to all present residents being able to speak English.</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>	<p>FA</p>	<p>The Kohatu business plan 2021 to 2022 outlines the purpose, values, scope, direction, and the objectives of the organisation. The documents described annual and longer-term objectives, the background of the service, current aspirations and the associated operational plans. A sample of monthly management meeting minutes/records evidenced adequate information to monitor performance is reported to the facility owners, including any emerging risks and/or issues.</p> <p>The service is managed by a registered nurse manager (RNM) who is supported by the owners of the facility. The RNM holds relevant qualifications and has been in the role for 13 years. Responsibilities and accountabilities are clearly defined in a job description and individual employment agreement sighted. The RNM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through attending study days and conferences on business management and topics related to the aged care sector.</p> <p>The service holds contracts with the Taranaki District Health Board (TDHB) for rest home level care and respite care. Kohatu also has a contract with the Ministry of Health to provide care for under 65 year olds with a disability (YPD). Twenty-three (23) residents were receiving services on the day of the audit; 20 receiving rest home level care, one YPD, and there were two boarders.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system</p>	<p>FA</p>	<p>The organisation has a planned quality and risk management system that reflects the principles of continuous quality improvement. This includes management of incidents and accidents, complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, clinical incidents including infections, and other key performance indicators (KPIs), such as falls, skin tears, and any hospital admissions. The service has a robust system for internal auditing and internal audits have been carried out as per the annual schedule.</p> <p>Meeting minutes reviewed confirmed regular review and analysis for quality indicators and that related information is reported and discussed at the monthly management meetings and staff meetings. Staff</p>

<p>that reflects continuous quality improvement principles.</p>		<p>interviewed reported involvement in quality and risk management activities through audit responsibilities assigned to them and through feedback at staff meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family/whānau satisfaction surveys are completed annually. Feedback from residents and families/whānau was very positive.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document review system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution, and removal of obsolete documents.</p> <p>The RNM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager was familiar with the Health and Safety at Work Act (2015) and has implemented requirements.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Adverse event data is collated, analysed, and reported to the owners at the management meetings held monthly. Reporting of adverse events is also part of the agenda for staff meetings.</p> <p>The RNM described essential notification reporting requirements including for pressure injuries. The RNM advised there has been one notification of a significant event made to the TDHB since the previous audit and this was sighted.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, COVID-19 vaccination checking, and validation of qualifications and practising certificates (APCs) where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are well maintained.</p> <p>Staff orientation is comprehensive and includes all necessary components relevant to the role. Staff interviewed reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation folders. Ongoing annual performance appraisals were documented in all staff records sighted.</p> <p>Continuing education is planned annually which includes all mandatory training requirements. The caregivers have either completed or have commenced a New Zealand Qualification Authority education programme to</p>

		<p>meet the requirements of the provider's agreement with the TDHB. The RNM and all caregivers employed have current basic first aid certificates dated throughout 2021. Care staff undertake laundry duties each shift, and some trained caregivers perform designated cleaning duties.</p> <p>The RNM is responsible for all resident interRAI assessments, reassessments and updating of the care plans. Records reviewed demonstrated completion of the required ongoing competency education.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The RNM covers the facility 24/7 seven days a week. Care staff interviewed reported there were sufficient staff available to complete the work allocated to them. Residents and family/whānau interviewed supported this. Observation and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. All care staff have current first aid certificates ensuring (24/7) coverage in case of any incidents/accidents occurring. There is provision for on-call caregiver and manager support should this be required.</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 is current and identifies 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.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an 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 who was self-administering medications 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 RNM 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 are not used.</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 at Kohatu 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 on the 18th of May 2020. Recommendations for extra fruit to be added to the menu has been implemented.</p> <p>An up-to-date food control plan is in place. A verification audit of the Food Control Plan was undertaken on the 21st of October 2021. No areas requiring corrective action were identified. The food control plan was verified for 18 months.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high-risk items, are 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>Evidence of resident satisfaction with meals was verified by resident and family/whanau interviews, satisfaction surveys and from resident meeting minutes. 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>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and</p>	FA	<p>Documentation, observations, and interviews verified that the care provided to residents at Kohatu was consistent with their needs, goals, and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>

desired outcomes.		
<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>	FA	<p>The activities programme is provided by a diversional therapist and an activities assistant, each working two-and-a-half days a week.</p> <p>A social assessment and history of the resident is undertaken on admission to ascertain the resident's needs, interests, abilities, and social requirements. A 'map of life' is created that details the resident's life pathway. An activities plan is implemented, based on residents' interests, needs, skills, abilities, and goals. 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 planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included exercises, walks, games, outings, weekly swimming sessions, visiting entertainers, quiz sessions and daily news updates.</p> <p>The activities programme is discussed at the residents' meetings, and minutes indicated residents' input is sought and responded to. Resident and family/whanau satisfaction surveys demonstrated satisfaction with activities. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RNM.</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 RNM. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short-term care plans were consistently reviewed for infections, pain, weight loss and progress evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities</p>	FA	<p>A current building warrant of fitness (BWOFF) is publicly displayed in the entrance to the facility (expiry 7 March 2022).</p>

that are fit for their purpose.		
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Surveillance of infections at Kohatu 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, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. 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 infection control nurse/RNM 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 staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. The number of infections at Kohatu is low, and often there are none each month.</p> <p>A good supply of personal protective equipment is available. Kohatu has processes in place to manage the risks imposed by Covid-19.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The manager is the restraint coordinator (RC) for the facility. The RC provides support and oversight for enabler and restraint management in the facility, should this be required, and demonstrated a sound understanding of the organisation's policies, procedures and practice, and the role and responsibilities required.</p> <p>On the day of audit, no residents were observed using restraints and/or enablers. The restraint register was reviewed, and no restraints or enablers have been used for at least 13 years. Enablers, should these be required, are the least restrictive and used voluntarily at a resident's request. A similar process would be followed for the use of enablers as would be used for restraints. Restraint would be used only as a last resort when all alternatives have been explored.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.