

Kauri Lodge Rest Home 2008 Limited

CURRENT STATUS: 03-Oct-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Kauri Lodge provides rest home level of care for up to 52 residents. On the day of the audit there were 50 rest home residents. The facility is managed by an experienced manager (managing director). He is supported by the owners, a quality advisor, and registered nurses. Staffing is appropriate for the rest home and residents and family members praised the staff for being respectful, approachable, kind and caring.

The service has adopted a quality approach towards service delivery and incorporating quality into all aspects of care. There is a robust quality and risk management system in place at Kauri Lodge that is implemented and monitored and this generates improvements in practice and service delivery.

The service is commended on how they have managed residents during the civil defence emergencies in Christchurch. There is one improvement required by the service around assessments linking to care plan.

AUDIT SUMMARY AS AT 03-OCT-11

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 03-Oct-11	Assessment
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.		No short falls

Organisational Management	Day of Audit 03-Oct-11	Assessment
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.		No short falls

Continuum of Service Delivery	Day of Audit 03-Oct-11	Assessment
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.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Safe and Appropriate Environment	Day of Audit 03-Oct-11	Assessment
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.		Includes commendable elements above the required levels of performance

Restraint Minimisation and Safe Practice	Day of Audit 03-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 03-Oct-11	Assessment
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.		No short falls

AUDIT RESULTS AS AT 03-OCT-11

Consumer Rights

Residents are given information about the services that Kauri Lodge provides either on admission or when enquiring about the service. The information pack includes details of the admission agreement, service information, code of rights and advocacy. The service implements an open door policy for concerns or complaints and engages residents and families/whanau in decisions regarding care. The service respects residents rights and maintains privacy and individuality. Cultural needs are identified through the admission process and family/whanau is actively encouraged to be involved through all stages of service delivery. Services at Kauri Lodge adhere to the Health and Disability services standards. Informed consent is obtained prior to cares being commenced. Residents are encouraged to maintain links with the community and family/whanau may visit at any time they wish.

Organisational Management

Kauri Lodge has a strategic plan and a quality and risk management plan. A quality assurance advisor manages the quality and risk management programme. The aims of the strategic plan and quality plan are implemented and are supported by an annual training plan, policies and procedures, meetings and internal audits. Staff have employment contracts, position descriptions and have consented to disclosure of information in lieu of police checks. Adverse events are reported and actioned in an open and appropriate manner. Education and training needs of staff are ascertained and relevant education occurs to meet these needs. Confidentiality is maintained in relation to consumer records and these are accessible to relevant staff only.

Continuum of Service Delivery

The service has a well developed assessment process and resident's needs are assessed prior to entry. There is an information pack available for residents/families/whānau at entry.

Assessments, care plans and evaluations are completed by the registered nurses. Residents/relatives are involved in planning and evaluating care. Risk assessment tools and monitoring forms are available and implemented and are used to assess the level of risk and support required for residents. Service delivery plans demonstrate service integration and are individualised. Short term care plans are in use for changes in health status.

Care plans are evaluated six monthly or more frequently when clinically indicated. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There is one improvement required around assessments linking to the care plans.

The activities programme involves the wider community. Activities are planned across five days of the week. Residents spoke positively about the activities programme.

The service medication management system follows recognised standards and guidelines for safe medicine management practice. Only staff that have completed medication competencies are responsible for administration of medication.

Meals are prepared on site. Dietitian input is included in menu's. Food and fridge temperatures are recorded. Individual and special dietary needs are catered for. Residents interviewed responded favourably to the food that was provided.

Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Education has occurred at orientation and through the annual in-service programme. There was appropriate equipment sighted to facilitate safe care of rest home level care residents. The physical environment minimises risk of harm and is homely and safe. The building holds a current warrant of fitness. Electrical equipment is checked annually. The resident rooms are spacious and all have single en-suites. There are a number of lounge areas. Residents are able to bring their own possessions and are able to adorn their room as desired. There are documented laundry services policies/procedures. There is a plentiful supply of protective equipment, gloves, and aprons. Appropriate training, information, and equipment for responding to emergencies is provided. There is an approved evacuation plan and fire drills are completed six monthly. The facility has civil defence kits and emergency management plans. The facility sustained only minor/superficial earthquake damage as a result of the Christchurch earthquakes. The service demonstrated (and documented) a range of timely and appropriate actions, meetings, purchases, strategies and initiatives to safely manage the residents, staff, families and facilities throughout the civil defence emergencies and sentinel events (from September 2010 to August 2011 - earthquakes and snow).

Restraint Minimisation and Safe Practice

There is a Restraint Minimisation policy applicable to the type and size of the service. The policy states restraint practices are only used where it is clinically indicated and justified and

other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, include definitions, processes and use of enablers. The service remains restraint-free and no residents require enablers. Restraint education has been provided.

Infection Prevention and Control

Kauri Lodge has an established infection control programme. The facility has adopted Bug Control infection control policies and procedures. The service is supported by an external expert. The infection control (IC) programme, is appropriate for the size, complexity, and degree of risk associated with the service and is linked into the incident reporting system. There are clear lines of accountability for the IC nurse. The IC nurse reports to the quality team on any infection control issues. Infection control is a standing agenda item at the monthly staff meeting. An infection control summary is documented monthly. There is discussion and reporting of infection control surveillance and issues that directs the service to provide education to staff improving outcomes for residents.