

# Kauri Lodge Rest Home 2008 Limited

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## Current Status: 18 September 2014

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 and NZS8134.3:2008) on the audit date(s) specified.

## General overview

Kauri Lodge is a family owned rest home situated in Christchurch. The service has implemented a business plan and a quality plan for 2014. The managing director is supported by an owner/director, a part time quality manager, a contracted quality consultant, two registered nurses and care staff. The service provides rest home level care for up to 54 residents with full occupancy on the days of audit. Staff turnover is reported as low. The quality and risk management programme is managed by the managing director and quality manager and involves the resident on admission to the service. Staff interviewed and documentation reviewed identify the quality and risk management systems in place are appropriate to meet the needs and interests of the resident group. Family and residents interviewed all spoke very positively about the care and support provided. The service is commended on their activities programme.

## Audit Summary as at 18 September 2014

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 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

### Consumer Rights as at 18 September 2014

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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### Organisational Management as at 18 September 2014

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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### Continuum of Service Delivery as at 18 September 2014

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.		All standards applicable to this service fully attained with some standards exceeded.
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### Safe and Appropriate Environment as at 18 September 2014

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.
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### Restraint Minimisation and Safe Practice as at 18 September 2014

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.
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## **Infection Prevention and Control as at 18 September 2014**

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.
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## **Audit Results as at 18 September 2014**

### **Consumer Rights**

Policies and procedures are in place that meet the requirements of the Code of Health and Disability Services Consumer Rights and relevant legislation. Information is made available to residents/family on the services provided and on the Code of Rights for residents at the time of admission. Information for advocacy service is available. Policies for culturally safe services are in place and identify the importance of whanau. Families and residents interviewed confirmed communication with them was paramount to the service. Informed consent processes are following and advanced directives are recorded. Complaints and concerns are actively managed and logged in a complaints register.

### **Organisational Management**

The service has an implemented quality and risk system that include analysis of incidents, infections and complaints, internal audits and feedback from the residents. Key components of the quality management system link to monthly staff meetings. The service utilises a quality consultant and a quality manager to manage the quality and risk management programme. Corrective actions are implemented, documented and followed through to compliance. There is a documented Strategic plan for 2014-2018, with a quality and risk plan 2013/2014. The service has policies and procedures to provide appropriate safe quality care to people who use the service. There are implemented health and safety policies that include hazard identification. The service has a documented skill mix policy for determining staffing levels and skill mixes for safe service delivery. There are job descriptions established and appropriate human resource policies/procedures in place for staff recruitment, training, and support. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice and an in-service education programme that exceeds eight hours annually and covers relevant aspects of care and support. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Resident records are integrated and

support the effective provision of care services. Files and relevant care and support information for residents can be referenced and retrieved in a timely manner.

### **Continuum of Service Delivery**

Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. There are entry and admission procedures in place. Residents and family members interviewed state that they are kept involved and informed about the resident's care. Care plans are developed by the registered nurse who also has the responsibility for maintaining and reviewing care plans. Care plans are individually developed with the resident and family/whanau involvement is included where appropriate and evaluated six monthly or more frequently when clinically indicated. Risk assessment tools and monitoring forms are available to assess effectively the level of risk and support required for residents. Short term care plans are utilised. The medication management system includes policy and procedures that follows recognised standards. Staff responsible for medication administration receive training and competencies is conducted annually. Resident medications are reviewed by the residents' general practitioner at least three monthly. A range of activities are available in the rest home and residents provide feedback on the programme. The service is commended on the activities programme provided for residents. Kauri Lodge has food policies and procedures for food services and menu planning appropriate for this type of service. Nutritional and safe food management in-service is completed by staff. The service has a four weekly menu and dietitian input is obtained. Residents' food preferences are identified and this includes any particular dietary preferences or needs. Fridge and freezer temperatures are routinely monitored and recorded, kitchen staff complete food safety training.

### **Safe and Appropriate Environment**

Kauri Lodge has a current building certificate that expires on 26 June 2015. Maintenance is carried out. Chemicals are stored in a locked storage container in the locked laundry and hot water temperatures are monitored and recorded. Medical equipment is calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. Residents can and do bring in their own furnishings for their rooms. There is a lounge and dining area, and small seating areas throughout the facility. Residents are able to access areas for privacy if required. Furniture is appropriate to the setting and arranged that allows residents to mobilise. There is a designated laundry which includes storage of cleaning and laundry chemicals. Emergency systems are checked monthly including call bells, emergency lighting and fire alarms. The service has implemented policies and procedures for civil defence and other emergencies. Emergency lighting, gas heating, BBQ are available in the event of a power failure. Communal living areas and resident rooms are appropriately heated and ventilated. Residents have access to natural light in their

rooms and there is adequate external light in communal areas. External garden areas are available with suitable pathways, seating and shade provided. Smoking is only permitted in designated external areas.

### **Restraint Minimisation and Safe Practice**

The use of restraint is actively minimised. Restraint is regarded as the last intervention when no appropriate clinical interventions, such as de-escalation techniques, have been successful. On the day of audit there were no residents assessed as requiring restraint or enablers. Staff are required to attend restraint minimisation and safe practice education. The restraint minimisation programme is reviewed annually.

### **Infection Prevention and Control**

The infection control programme is well established at Kauri Lodge rest home. The clinical leader (RN) is the infection control coordinator. The Infection Control team comprises of all staff. Regular audits that include hand washing and cleaning are conducted and provide feedback to the staff. 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 at quality and staff meetings. Education is provided to staff annually and as surveillance results indicate extra training is required.