

Kauri Lodge Rest Home 2008 Limited

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 Health and Disability Auditing New Zealand 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:	Kauri Lodge Rest Home 2008 Limited
Premises audited:	Kauri Lodge
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 April 2016 End date: 20 April 2016
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:	54

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

Kauri Lodge Rest Home provides rest home level care for up to 54 residents. On days of audit there were 54 residents including one respite resident. The rest home also includes three certified LTO serviced apartments.

The owners and managing director (village manager) are experienced service operators and are supported by a clinical nurse manager, quality manager, administrator and staff.

This unannounced surveillance audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff and management.

The service has continued maintaining a comprehensive quality and risk management system supporting quality initiatives and improvements to resident outcomes.

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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Residents and relatives are aware of the process to lodge a complaint and complaints are documented. Residents and family are well informed including changes in residents' health status.

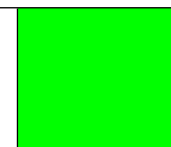
Organisational management

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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Kauri Lodge has an established quality and risk management system that supports the provision of clinical care and support. Key components of the quality management system link to facility meetings. An annual resident/relative satisfaction survey is completed and there are regular resident meetings. Incidents are documented and there is immediate follow up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Staffing levels are monitored closely.

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.



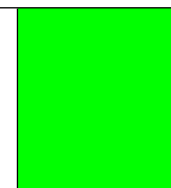
Standards applicable to this service fully attained.

The clinical nurse manager (registered nurse) is responsible for care plan development with input from residents and family. Comprehensive care plans are in place with interventions to manage the needs of the resident.

Residents and family interviewed confirmed that the care plans are consistent with meeting residents' needs. Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme. Medications are managed and administered in line with legislation and current regulations. 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

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.

A current building warrant of fitness is displayed in a prominent position.

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.

There is a restraint policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. The service continues to maintain a restraint-free environment. Staff are trained in restraint minimisation, challenging behaviour and de-escalation techniques

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.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. 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](#).

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

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 complaints procedure is provided to resident/relatives at entry and is available with complaint forms at the reception area. There is a complaints register that is up to date and includes relevant information regarding the complaint. There has been one complaint since previous audit. Documentation reviewed demonstrates that the complaint was well managed. Verbal complaints are also included that identify actions and response. Issues that are identified at resident meetings or resident surveys are recorded in the complaints register. Complaints are reported to the management meetings and to the general staff meetings.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Information pack is provided at entry to residents and family/representatives. Families/residents interviewed confirmed they were involved in the initial care planning and in ongoing care. Regular contact is maintained with family including if an incident or care/medical issues arise. Access to interpreter services is identified in the community. The residents and family are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. Interviews with three relatives confirmed that they are always informed when their family members health status changes. Thirteen incident forms reviewed from March evidenced that family were contacted. Three monthly resident meetings held include feedback to the service. Resident/relative

		satisfaction survey last completed 2015 reflected communication was effective and occurred regularly.
<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>	FA	<p>Kauri Lodge Rest Home provides rest home level care for up to 54 residents. On days of audit there were 54 residents including one respite resident. The rest home also includes three LTO serviced apartments with rest home residents. All residents at the facility are either private paying or under the ARCC contract.</p> <p>The organisation's mission statement and philosophy are recorded and this information is provided to residents and family/whānau in the admission pack.</p> <p>The owners and managing director (village manager) are experienced service operators and are supported by a clinical nurse manager, quality manager, administrator and staff. The village manager is an experienced aged care manager and has been involved in the management of Kauri Lodge for seven years.</p> <p>There is documented risk register (reviewed annually) and a strategic plan for 2014 – 2018 and quality improvement objectives for 2016 that reflects the management's mission and philosophy. The quality objectives for Kauri Lodge have been reviewed annually.</p> <p>The manager and clinical nurse manager have completed at least eight hours of training related to managing a rest home.</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 that reflects continuous quality improvement principles.</p>	FA	<p>Kauri Lodge has a well-established quality and risk management system with ongoing improvements identified on a QI register. Annual QI objectives are set and previous years QIs have been reviewed at an annual management meeting. Interviews with the manager's and staff reflect their understanding of the quality and risk management systems.</p> <p>The policies and procedures and associated implementation systems provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>Resident meetings occur and a resident/relative survey is completed annually with positive feedback at their last survey in 2015. Feedback was provided to residents and staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data includes (but is not limited to) resident falls, infection rates, complaints received, wounds and medication errors. An annual internal audit schedule was sighted for the service, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data and benchmarked results are discussed in</p>

		<p>staff and quality meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed.</p> <p>Interviews with staff and review of meeting minutes/QI register/monthly data analysis, demonstrate a culture of quality improvements.</p> <p>Falls prevention strategies are in place and implemented individually for residents. A health and safety system is implemented. Hazard identification forms and a hazard register are in place.</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>	FA	<p>Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is linked to the facility quality and risk management programme and is used for comparative purposes. Thirteen accident/incident forms reviewed (from March 2016). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked across the last three years and analysed for trends.</p> <p>The village manager was aware of the requirement to notify relevant authorities in relation to essential notifications. There have been no required notifications since previous audit.</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>There are job descriptions available for all relevant positions and all staff have employment contracts. Human resources policies establish the requirements for vetting of qualifications and the maintenance of practising certificates for registered nursing staff. A record of practising certificates is maintained for all health professionals. There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development to guide management to ensure that the most appropriate people are recruited for vacant positions.</p> <p>Orientation for new care staff includes a buddy system with an existing staff member. New staff are assigned a 'mentor' who ensures that the orientation checklist is completed and signed off. Records of completion of orientation are retained on staff files and this was evidenced in a newly employed staff file reviewed.</p> <p>The service completes performance appraisals annually for all staff against the relevant job description. Individual staff files reviewed (five) showed evidence of appraisals completed yearly. All staff has relevant qualifications related to rest home care.</p> <p>Staff files reviewed were evident of individual training attended and documented competencies. Staff development exceeds eight hours per annum.</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 staff rationale that outlines the requirements for staffing of the service. The service has a total of 38 staff in various roles. There are currently 54 rest home residents. Staffing rosters sighted and there is staff on duty to match the needs of different shifts.</p> <p>At least one staff member on each shift/duty holds a current first aid certificate. Rosters evidenced caregiver and RN mix, with the RN's on call after-hours. The clinical nurse manager works 40 hours and a part-time RN works 8 hours per week. The RNs are supported by an enrolled nurse who works 40 hours a week. Three care staff interviewed stated that the service currently employs enough staff to cover the care needs of the residents, staffing levels are good and staff turnover is low.</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>Kauri Lodge has implemented a safe and appropriate medication system. Medication administration was observed on the day of audit to be compliant. Medicines and associated documentation are stored securely and all medication checks are completed and meet requirements. Medication profiles reviewed were legible. Resident photos and documented allergies or nil known were recorded on the medication charts reviewed.</p> <p>Ten medication charts were reviewed including one respite resident's medication chart. All medication charts reviewed had 'as required' medications prescribed with an individualised indication for use. Signing sheets corresponded with the medication prescription chart. An annual medication administration competency is completed for all staff administering medications and medication training had been conducted.</p> <p>The medication fridge has temperatures recorded daily and these are within acceptable ranges. One respite resident self-administers medication. The GP had signed an assessment and staff checks medications are taken.</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>All meals at the facility are prepared and cooked on-site. The service menus had been reviewed and approved by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures were adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen.</p> <p>Weights are monitored monthly or more frequently if required and as directed by a dietitian. Residents and family members interviewed indicated satisfaction with the food service. Food and snacks are available 24 hours a day for all residents. The cook and kitchen hands who serve the food have received food safety training.</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 desired outcomes.</p>	FA	<p>Five residents' files reviewed confirm that the service documents comprehensive care plans with interventions to manage the needs of the resident. Changes had been made to care plans as resident needs changed.</p> <p>Interviews with staff and relatives confirmed involvement of families in the care planning process. Communication with relatives was evidenced in the resident contact sheet, progress notes and care plans. Handover between shifts are comprehensive. The GP praised the service, the clinical care and the high calibre of the caregivers.</p> <p>Wound assessments, treatment and evaluations were in place for all current wounds, (three residents: one with a chronic wound, one with a rash and one with multiple cuts and grazes – the tracer). There were no residents with pressure injuries. Adequate dressing supplies were sighted in the treatment room. Staff receives regular education on wound management.</p> <p>Continence products are available and resident files include continence interventions as needed. Continence products were identified for day use, night use and other management. Specialist continence advice is available as needed.</p> <p>Monitoring forms were paper-based and had been consistently completed as needed. Unintended weight loss was noted to be monitored and managed.</p>
<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 coordinator at Kauri Lodge continues to provide a high level of activities for the residents. The activities coordinator works full time Monday to Friday and is currently undertaking study in rehabilitation.</p> <p>The activities programme is developed monthly and a copy of the programme is available in the lounge, on noticeboards and in each resident room. Three monthly resident meetings are documented and residents interviewed agreed that they have input into the activities provided.</p> <p>On or soon after admission, a social history is taken and information from this is used to develop a diversional therapy plan which is then reviewed six monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities and monthly progress notes completed. There is a wide range of activities offered that reflect the resident needs, examples include: a residents choir, a walking group, Tai chi and shopping trips. Volunteers and school groups assist with activities. Participation in all activities is voluntary.</p> <p>Kauri Lodge has its own van for transportation. Residents interviewed described weekly van outings, music entertainment and attendance at a variety of community events. The activities coordinator has a</p>

		current first aid certificate
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There is a policy on care planning and includes care plan evaluation timeframes. Four of five care plans reviewed had at least six monthly evaluations and had updates to care plans as needed (one was a respite). Family interviews confirmed family were notified of any changes in their relative's condition and also confirmed their involvement in care plan evaluations. GP interviews confirmed the RN communicates any changes of resident's condition to them in timely manner. Short-term care plans were in place for short term/acute problems</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is posted in a visible location. Preventative and scheduled maintenance is completed.</p>
<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>The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There is close liaison with the GP and community med lab that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. There is an infection control register in which all infections are documented monthly and submitted to the quality/health and safety/infection control committee and at the staff meetings. Internal audits are completed around infection control practices.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Kauri Lodge has comprehensive policies and procedures on restraint minimisation and safe practice. The registered nurse is the restraint coordinator and confirms that the service continues to maintain a restraint-free environment. There are no residents utilising enablers. Training around restraint minimisation and challenging behaviour is provided.</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.