

Kauri Lodge Rest Home 2008 Limited - Karui Lodge

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: 4 December 2019 End date: 4 December 2019

Proposed changes to current services (if any): Two studio apartments were verified at this audit as suitable to be used as double rooms for married couples.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

Executive summary of the audit



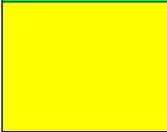
Introduction

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
Yellow	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
Red	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 59 residents. On day of audit there were 55 residents.

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 the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, General Practitioner, management and staff.

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

The service continues to implement a comprehensive quality and risk management programme. Quality initiatives are implemented which provide evidence of improved services for residents.

The residents and relative interviewed all spoke positively about the home, staff and the care provided.

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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The service has an open disclosure policy stating residents and/or their representatives have a right to full and frank information and open disclosure from service providers. Family members are informed in a timely manner when their family members health status changes. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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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Services are planned, coordinated and are appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme are embedded into practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training plan are implemented and includes in-service education and competency assessments.

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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Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed and reviewed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and relatives advised satisfaction with the activities programme. The service uses an electronic medication management system. 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.
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Kauri Lodge has a current building warrant of fitness. Preventative and reactive maintenance occurs. The facility has large and small communal areas for residents and relatives to enjoy. All communal areas are accessible for residents using mobility aids.

External areas provide seating and shade and the gardens are well maintained.

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.

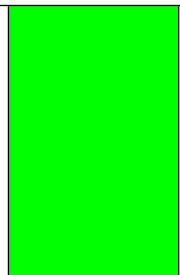


Standards applicable to this service fully attained.

There is a restraint policy that includes comprehensive restraint procedures. 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.

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 meetings.

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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>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 written complaint since their last audit. The complaints folder included appropriate follow-up with the complainant including a meeting and evidence of resolution.</p> <p>A complaints procedure is provided to residents and relatives within the information pack at entry. Interviews with residents and one relative confirmed understanding of the complaints process and that they felt confident that their concerns and issues would be dealt with appropriately by staff and management. However, they stated that the manager and staff address any concerns immediately and they had no reason to complain.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>There is an open disclosure policy in place. Residents are provided with a range of information on admission regarding the scope of service and any items they have to pay for that is not covered by the agreement. Communication with family members is recorded on the incident report forms and in the resident daily progress notes. Ten incident forms (October/November 2019) reviewed identified that family were notified following a resident incident. One family member interviewed stated they were well informed and involved when needed in resident's care. Quarterly resident meetings include discussion around the</p>

effective communication.		<p>services provided. Nine residents interviewed described open communication with management.</p> <p>The information pack is available in large print and can be read to residents who are visually impaired. An interpreter is available as required.</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>	FA	<p>Kauri Lodge Rest Home provides rest home level care for up to 59 residents. On day of audit there were 55 residents including two married couples. All residents are under the ARCC contract. Two studio apartments were verified at this audit as suitable to be utilised as a double room for married couples.</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 over 10 years.</p> <p>There is a strategic plan 2018-2022 which includes four objectives. There are five objectives identified in the Quality Improvement 2019 plan. Progress to meeting these objectives is discussed through the QI/management meeting as evidenced in meeting minutes. There is a Business Operation Plan 2019-2020 which includes eight objectives. The service has made a number of improvements to the facility since previous audit and as part of Business objectives identified including (but not limited to); resealing the driveway, heat pumps in resident rooms, introducing gas hot water and implementing an electronic medication system.</p> <p>There is a documented risk management schedule which is regularly reviewed through meetings and was last reviewed April and October 2019. The 2018 quality and risk objectives were reviewed early in 2019 and meeting minutes identified seven of eight objectives were met.</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 continues to implement a comprehensive quality and risk management system with ongoing improvements identified on a QI register. Interviews with the manager's and staff reflected their understanding of the quality and risk management systems. There is a contracted quality manager that works 8-12 hours weekly and completes internal audits and data analysis, trends and reports.</p> <p>The policies and procedures and associated implementation systems provide an appropriate 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 as evidenced through meeting minutes. New policies or changes to policy are communicated to staff.</p>

		<p>Resident meetings occur three monthly. Meeting minutes reviewed included follow-up and actions where residents have suggested areas for improvement. A resident/relative survey is completed annually. Last completed November 2018 with positive outcomes. The surveys were collated and reported to residents/relative and staff. There were no areas in the survey that required corrective actions.</p> <p>There is a monthly monitoring, collation and evaluation of quality and risk data. An annual internal audit schedule continues to be implemented, with evidence of internal audits occurring as per the audit schedule. Quality and risk data, including trends in data are discussed in two monthly quality and risk meetings, quarterly management/RN meetings and 3x yearly staff meetings. Corrective actions are implemented when service shortfalls are identified and signed off when completed (as sighted on QI register).</p> <p>The service continues to identify quality improvements. For example, in 2019 a quality initiative was introduced around daily acuity meetings.</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. A six-monthly hazard review is completed and discussed at the quality meeting.</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>Incident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Ten accident/incident forms were reviewed (from October/November 2019). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. The service follows CDHB head injury guidelines where the resident hits their head in a fall. Five incident forms reviewed where the resident hit their head included follow-up assessment and observations to identify any changes in the resident.</p> <p>Incidents are benchmarked across the last three years. Incident/accident data is linked to the facility quality and risk management programme and is used for comparative purposes 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 reportable events since the 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</p>	<p>FA</p>	<p>Five staff files were reviewed (RN, three caregivers, and cook). Five reviewed identified implemented processes around recruitment, selection, orientation and staff training and development. There were job descriptions available for all relevant positions and all staff had employment contracts. All staff had relevant qualifications related to rest home care. There are 15 caregivers at Kauri Lodge. One hundred percent (100%) of the caregivers have a Careerforce qualification (either level 2 or 3). There is access to a Careerforce assessor at their sister facility. The clinical nurse manager is interRAI trained. A record of</p>

<p>meet the requirements of legislation.</p>		<p>practising certificates is maintained for all health professionals.</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.</p> <p>The service completes performance appraisals annually for all staff against the relevant job description. A 2018 and 2019 education programme has been implemented which exceeds eight hours annually.</p> <p>Staff files reviewed were evident of individual training attended and documented competencies including competencies around one chart electronic medication system.</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>	<p>FA</p>	<p>The service has a documented staff rationale that outlines the requirements for staffing of the service. The service has a total of 39 staff in various roles. There are currently 55 rest home residents. Staffing rosters were 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 RNs on call after-hours. The clinical nurse manager works 40 hours (Monday – Friday) and another RN works 32 hours (Friday – Monday).</p> <p>There are four caregivers rostered in the morning and, two on the afternoon shift plus one on short shift and two on a night shift. Three care staff, registered nurse, clinical nurse manager and residents interviewed stated that 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>	<p>FA</p>	<p>Kauri Lodge have implemented an electronic medication management system. The service uses four weekly blister packs for regular and as required medications. Medications were checked by a registered nurse and senior caregiver on arrival from the pharmacy.</p> <p>Registered nurses and senior caregivers are assessed as medication competent to administer medication. Standing orders were available but hardly used since the electronic system has been implemented. The medication fridge temperatures have been monitored daily and temperatures were within the acceptable range. Monitoring of the temperature of the medication room has commenced and remains below 25 degrees.</p> <p>Ten electronic medication files were reviewed. Medication reviews were completed by the GP three monthly. PRN medications were prescribed correctly with indications for use. Medications are stored securely in the locked nurses' station. There were no self-medicating residents.</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>There is a functional centrally located kitchen and all food is cooked on site. Meals and baking for morning and afternoon tea are served from the main kitchen to the dining area adjacent to it. A current food control plan is in place expiring 21 May 2020. Recording of the kitchen fridge, freezer and food temperatures were undertaken and documented. All food is stored appropriately. Cleaning schedules are maintained. There is special equipment available for residents if required.</p> <p>Special diets are being catered for. The four-week summer and winter menu has been reviewed by a registered dietitian. Residents have had a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review or sooner if required. The cook, interviewed, was aware of changes in residents' nutritional needs and was knowledgeable around the current nutritional requirements of residents. Residents can choose whether to dine in the dining room or their own rooms.</p> <p>Residents and relatives interviewed reported overall satisfaction with meals. Meals are discussed at the resident meetings and feedback is given to kitchen staff.</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>	<p>FA</p>	<p>When a resident's condition alters, the clinical manager or registered nurse initiates a review and if required by the GP or nurse specialist consultation. The caregivers follow the plan and report progress against the plan each shift. There is documented evidence on the family contact form in each resident file that indicates relatives were notified of any changes to their relative's health, GP reviews and care plan updates. Discussions with one relative confirmed they are notified promptly of any changes to their relative's health. Short-term care plans are used for short term/acute changes in care. These were in place for wounds and infections in the resident files reviewed.</p> <p>There were four wounds on the day of the audit. There were no residents with a pressure injury. All wounds had individual wound assessments, plans and evaluations which indicated progression or deterioration of the wounds. Adequate dressing supplies were sighted in treatment rooms. The GP is aware of wounds and the wound care specialist was involved with a chronic wound.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Monitoring forms are used for weight and vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts.</p>
<p>Standard 1.3.7: Planned</p>	<p>FA</p>	<p>There is one activities coordinator who works 40 hours a week across Monday to Friday. The activities</p>

<p>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>		<p>coordinator has a current first aid certificate. Activities assessments were completed on admission. Care plans and evaluations were completed six monthly with a progress note containing a general overview. Activities attendance records are maintained. There is a large activity room available.</p> <p>The monthly programme includes group games, exercises, walking group (led by volunteers), pet therapy, crafts, movies, happy hours, dancing, Tai Chi and outings. Age Concern visit the facility and run an exercise programme with residents from the community followed by morning tea. Residents of Kauri Lodge are active within the community attending debating groups, bridge clubs, book clubs, they arrange friends or family to provide transport or the bus stop is nearby. School groups visit the facility and play games with residents. Activity information is displayed on the noticeboard and is discussed at resident meetings.</p> <p>Van outings occur twice weekly, residents choose the destination. Residents interviewed expressed satisfaction with the current activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by the clinical manager or registered nurse within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by the clinical manager or registered nurse six monthly, using the interRAI tool or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. The short-term care plans have been reviewed and evaluated in a timely manner or added to the long-term care plan.</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>	<p>FA</p>	<p>Kauri Lodge holds a current building warrant of fitness expiring on 1 June 2020. Preventative and reactive maintenance occurs, and records are maintained. Hot water temperatures are checked randomly and were within ranges. Tradesmen are available if required. Equipment has been tagged and tested.</p> <p>Two studio apartments were verified at this audit as suitable to be used as double rooms for married couples. Both rooms had call bells available for each resident.</p> <p>The facility is over two levels with lift access between the levels. More active residents reside in the two upstairs wings. There is a large communal lounge and smaller seating areas in the library and conservatory at the front entrance for residents and relatives to enjoy.</p> <p>All areas are accessible for residents using mobility aids. Outdoor areas and gardens are well maintained and accessible to residents. The gardens have relaxed seating and shade areas. There is a designated smoking area for residents.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and</p>

		pressure injury equipment to safely deliver the cares as outlined in the residents' care plans.
<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 (clinical manager) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Systems continue to be in place that 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 meeting, the management committee and staff meeting. All infections are graphed, discussed and any trends identified with subsequent educational opportunities for improvement in practises if needs are identified. There have been no outbreaks since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There are policies and procedures on restraint minimisation and safe practice. The clinical nurse manager is the restraint coordinator and confirmed that the service continues to maintain a restraint-free environment. There are no residents utilising enablers. Training around restraint minimisation and challenging behaviour has been provided at least annually.</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.