



General Overview: -

Kauri Coast Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 52 residents. On the day of audit, there were 51 residents.

This certification audit was conducted against the relevant 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, management and general practitioner.

The care home manager has been in the role since 2017. The clinical manager has been in the role since 2017. The managers are supported by the operations manager.

There are quality systems and processes documented that are structured to provide appropriate quality care for people who use the service. Quality initiatives are being implemented, which provide evidence of improved services for residents. There is an orientation and in-service training programme documented that provides staff with appropriate knowledge and skills to deliver care and support.

Two areas for improvement have been identified around; timeframes for assessments and self-medicating residents.

The service has achieved a continuous improvement around maintaining a restraint-free environment.

Health and Disability Sector Standards

Consumer Rights - Residents receive services in line with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). The systems protect their physical privacy and promote their independence. There is a documented Māori health plan in place which acknowledges the principles of the Treaty of Waitangi. Individual care plans include reference to residents' values and beliefs.

Residents and relatives are kept up-to-date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained.

Consents are documented by residents or family and there are advance directives documented if the resident is incompetent to complete.

Organisational Management - There is a strategic plan and annual quality, and risk management plans are in place. These define the scope, direction and objectives of the service and the monitoring and reporting processes.

The care home manager and the clinical manager provide leadership, and both are registered nurses with a current practising certificate.

There is a documented quality and risk management system in place. There are a range of policies, procedures, and forms in use to guide practice. Quality outcomes data is collected and tabled at relevant meetings. An internal audit schedule is in place with audits completed as per schedule. Adverse events are documented.

The human resource management system is documented in policy with recruitment completed as per policy. There is an annual training plan that is implemented. Staff have annual performance appraisals.

There is a clearly documented rationale for determining staff levels and staff mix to provide safe service delivery in the rest home and hospital. An appropriate number of skilled and experienced staff are allocated to each shift.

Resident information can be stored securely when not in use.

Continuum of Service Delivery - There is an admission package provided to relatives and residents prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses, plans and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and senior caregivers responsible for administration of medicines complete education and medication competencies. The medicine charts reviewed met legislative prescribing requirements.

There is a comprehensive activity programme that includes activities for younger people. The programme includes community visitors, outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for the residents.

All meals and baking are done on-site. Residents' food preferences and dietary requirements are identified at admission and accommodated. The menu is reviewed by the dietitian. Residents commented positively on the meals provided.

Safe and Appropriate Environment - Kauri Coast has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored securely, and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been 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. There are sufficient communal areas within the facility including lounge and dining areas, and small seating areas. There is a designated laundry and cleaner's room. The service has implemented policies and procedures for civil defence and other emergencies and six-monthly fire drills are conducted. External garden areas are available with suitable pathways, seating and shade provided.

Restraint Minimisation and Safe Practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort with the focus being on maintaining a restraint free environment. Staff receive regular education and training on restraint minimisation and around management of challenging behaviour. During the audit there were no residents using restraints and six residents using an enabler (bedrail).

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	1	90	2	0	8

Continuous Improvement (CI) - Criterion are fully attained, with the service demonstrating continued review and improvement in this area.

Fully Attained (FA) - The service can clearly demonstrate the implementation of processes, systems and structures that meet the criterion.

Partially Attained (PA) - There is evidence of processes and systems without required supporting documentation or evidence of a documented process but the care home is unable to demonstrate full implementation

Unattained (UA) - The service is unable to demonstrate appropriate processes, systems or structures to meet the criterion.

Not Audited or Not Applicable (NA)