The Cascades Retirement Resort Limited

CURRENT STATUS: 19-Jul-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance 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

The Cascades Retirement Resort is one of three facilities owned by the Sanderson Group. It is a 39 bed rest home facility that is part of a Retirement Village Complex with 33 assisted living apartments. On the day of audit there were 38 rest home level care beds occupied. All rooms are single occupancy with full ensuite facilities. The building and grounds are very well maintained. Day to day management of the facility is overseen by a General Manager and a Clinical Nurse Leader who are both registered nurses. They are supported by an Administration Manager and a Team Leader who works three days a week and is responsible for the clinical education programme. There have been no changes made to the service since the last audit.

All but two of the improvements required from the previous audit in August 2010 have been addressed; these relate to the dating and labelling of food products in the freezer and medicines management. There are two new improvements identified as a result of this audit; incident and accident documentation does not always identify family/whanau are informed and not all changes in care are clearly documented in relation to unexpected events, such as, wound management.

AUDIT SUMMARY AS AT 19-JUL-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 19-Jul-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 19-Jul-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.		**Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity**

Continuum of Service Delivery	Day of Audit 19-Jul-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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Day of Audit 19-Jul-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.		**No short falls**

Restraint Minimisation and Safe Practice	Day of Audit 19-Jul-11	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Day of Audit 19-Jul-11	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		**No short falls**

The Cascades Retirement Resort Limited

Date of audit: 02-Aug-10

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

The Cascades Retirement Resort is a 39 bed rest home facility. On the day of audit there were 39 rest home level care beds occupied. It is privately owned as part of the Sanderson Group. There is a newly appointed general manager who is supported by a manager. The rest home is on the ground floor and there are 32 assisted living apartments on levels one and two. There have been no changes made to the service since the last audit and the corrective action from the previous audit has been appropriately followed up.

The audit methodology included interviews and discussions with staff, residents, family/whanau and management personnel, and documentation review.

SUMMARY

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
	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

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Indicator	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.		**A number of shortfalls that require specific action to address**

Organisational Management	Indicator	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.		**A number of shortfalls that require specific action to address**

Continuum of Service Delivery	Indicator	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.		**A number of shortfalls that require specific action to address**

Safe and Appropriate Environment	Indicator	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.		**A number of shortfalls that require specific action to address**

Restraint Minimisation and Safe Practice	Indicator	Assessment
Includes 3 standards with outcomes where: • Consumers receive and experience services in the least restrictive manner through restraint minimisation • Consumers requiring restraint receive services in a safe manner • Consumers requiring seclusion receive services in the least restrictive manner		**No short falls**

Infection Prevention and Control	Indicator	Assessment
Includes 6 standards which require: • There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service. • There are adequate human, physical and information		**A number of shortfalls that require specific action to address**

resources to implement the infection control programme and meet the needs of the organisation. • Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe and appropriate/suitable for the type of service provided. • The organisation provides relevant education on infection control to all service providers, support staff and consumers. • Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme. • Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.		

AUDIT RESULTS

Consumer Rights

The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and Maori at the entrance to the facility. Rights are explained to residents and their families as part of the admission process. This information is also provided to the resident and family in brochure format during the admission process. All residents' rooms are single rooms and personal privacy is maintained. Appropriate cultural policies are in place. On the day of audit there was one Maori resident living at the facility and this resident confirms her cultural needs are being met. Informed consent policies and procedures are documented and consent is addressed at the time of admission as part of the admission agreement. There is a corrective action required in relation to ensuring that advance directives are signed by the resident, as opposed to the resident's enduring power of attorney. Information relating to the Nationwide Health and Disability Advocacy Service is given to the resident and family during admission. An appropriate complaints policy is available with complaints forms located at the entrance to the facility. However, not all complaints received in 2010 have not been lodged in the complaints register and follow-up actions are not always fully documented. A corrective action is made accordingly.

Organisational Management

A Quality Improvement Plan and Maori Strategic Plan are documented for the period of 1 Jan 2010 - 31 Dec 2010. A comprehensive internal auditing programme is in place with evidence of monthly auditing activities. Where opportunities for improvement are identified, corrective actions are not being fully documented and there is a lack of evidence to verify that improvements are being made as a result of the corrective actions put into place. A corrective action is made in relation to this. There is also a need to document a policy on open disclosure. Appropriate processes ensure all legislative and regulatory requirements

are being met. Policies meet DHB Aged Residential Care contractual requirements. The health and safety programme includes the diversional therapist as the named health and safety officer and there is evidence of staff involvement with the programme.

The facility adheres to the DHB Aged Residential Care contract guidelines for calculating appropriate staff levels. The facility is involved with the ACE training programme for caregivers. The staff induction programme does not meet cultural training requirements as per the DHB Aged Residential Care contract and a corrective action request is made in relation to this.

Continuum of Service Delivery

All residents are appropriately assessed by the Needs Assessment and Service Coordination (NASC) service as being suitable for rest home level of care. Residents receive timely, competent and appropriate service delivery from staff who are educated according to their role. There is a registered nurse on duty Monday to Friday during the day. Residents' needs and requirements are identified and recorded on care plans, however, there are four corrective actions required in relation to assessment and care planning. All assessments need to be over seen by the registered nurse, appropriate assessment tools need to be used and findings form the assessment accurately and consistently utilised by all disciplines to inform care planning. Care plans are reviewed and evaluated six monthly, or sooner if required, and a multidisciplinary review meeting occurs annually. Clinical notes are resident focused with input from all providers involved in the resident's care. Activities are planned and undertaken by a trained diversional therapist. There is a corrective action required to ensure that attendance records are maintained and that the activities offered reflect residents' known skills and interests.

Medicine management systems implemented comply with current legislative requirements. Two corrective actions are made in relation to medicines management to ensure that all expired medicines are returned to the pharmacy for appropriate disposal, that medicines are not decanted and that they are only used for the person for whom they are prescribed. Eye drops need to be labelled when opened.

Residents' nutritional needs are overseen by a registered dietician. All food needs to be labelled and dated and that freezer and food temperatures recorded, and a corrective action is made accordingly.

Safe and Appropriate Environment

Staff induction and Aged Care Education training includes specific learning related to healthcare waste, emergency procedures and appropriate security measures to keep residents and visitors safe. Residents are provided with adequate, age appropriate facilities that are furnished to a high standard. All 39 residents' bedrooms have full ensuites, are individualised with residents' personal belongings and are spacious. Residents can access safe outdoor areas. Safe and hygienic cleaning and laundry services are provided for residents and the facility is clean, neat and tidy. All resident areas have adequate light and ventilation with at least one opening window. The home has adequate electric heating throughout. The service implements a smoke free policy. The facilities are fit for purpose and

meet the needs of residents. There are two corrective actions required around testing of electrical equipment and ensuring that all rostered shifts are covered by a staff member who holds a current first aid certificate.

Restraint Minimisation and Safe Practice

The facility's restraint minimisation programme defines the appropriate use of restraints. Restraint policies and procedures have recently been updated. On the days of audit, two residents were using 'cot sides' as a form of restraint. Restraint assessment, consent, and review forms are completed appropriately to validate the use of restraint and monitoring systems are in place. Alternatives to restraint are discussed to ensure restraint is used only as a last resort and when required for the resident's safety. Staff training on restraint begins at induction and continues as part of the ACE training programme and in-service education programme. Caregiver and RN staff confirm their understanding of restraint use and restraint minimisation. Policy states a consent form must be completed for the use of voluntary enablers. There were no enablers in use at the time of the audit.

Infection Prevention and Control

There is a managed environment, which minimises the risk of infection to residents, staff and visitors through the implementation of an appropriate infection prevention and control programme. Policy and procedures are relevant to the size and scope of the service. The facility is able to demonstrate implementation of infection prevention and control policy and procedures in a manner that incorporates these principles in care delivery. Infection prevention and control information, including policy and procedures, the infection prevention and control manual and benchmarking data, are readily accessible to all staff. The infection control co-ordinator has the responsibility to ensure the surveillance methods are adhered to and monthly infection surveillance data are recorded, collated, evaluated and reported to all staff. Any corrective actions are followed up in timely manner and infection rates have decreased significantly over the past three years. There are two corrective actions made related to infection prevention and control education requirements.