

Cantabria Home and Hospital Limited

CURRENT STATUS: 20-Jun-13

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

Cantabria Home and Hospital is one of four facilities owned and operated by the Cantabria Group. Cantabria Home and Hospital offers care for up to 176 residents with a mix of hospital, rest home and secure dementia care. On the day of audit 124 beds are occupied, made up of 71 rest home, 42 hospital and 11 secure dementia care. These numbers are inclusive of eight residents who are under the age of 65 years. There have been no changes to service streams since the previous audit.

The day-to-day operation of the facility is undertaken by a nurse manager who is a registered nurse. She is supported by members of the management team which includes the owner/director, the group manager and the human resources manager. She is supported by a team of registered nurses who include a clinical manager and three clinical nurse leaders. Members of the management team are suitably qualified for the roles they are employed to undertake.

Four areas identified for improvement from the previous audit have all been addressed by the service. There is one new area identified for improvement as a result of this audit related to documentation of corrective action planning. A particular strength of the service is ensuring residents' independence.

The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 20-JUN-13

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

Indicator	Description	Definition
	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
	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	Day of Audit 20-Jun-13	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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 20-Jun-13	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 standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 20-Jun-13	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.		Standards applicable to this service fully attained

Safe and Appropriate Environment	Day of Audit 20-Jun-13	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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 20-Jun-13	Assessment
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

Infection Prevention and Control	Day of Audit 20-Jun-13	Assessment
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

AUDIT RESULTS AS AT 20-JUN-13

Consumer Rights

Interviews with residents and family/whanau members confirm that their rights are respected in everyday service delivery. The Health and Disability Services Consumers' Rights (the Code) is displayed and explained to residents and family/whanau as part of the admission process. Services are provided in manner that respects the residents' independence and choices. During staff, resident and family/whanau interviews no concerns have been expressed regarding abuse, neglect or discrimination. All residents' files reviewed, identify that the services are provided in a manner that maximises residents' independence. This is a particular strength of the service.

At the time of audit there is one resident in the secure dementia care unit who identifies as Maori. Care planning and interventions identify the resident's cultural requirements. The service implements policies and procedures to provide services that are respectful of Maori beliefs and values.

Staff interviews and documentation sighted confirms a knowledge and understanding of providing care and services that meet all residents' individual cultural beliefs and values.

Service delivery is reflective of current accepted good practice. There is regular in-service education and access to external education that is focused on aged care and best practice.

Residents and family/whanau confirm that communication with them is well managed. Information is provided in a full and frank manner which is reflective of open disclosure principles. Informed consent is embedded into everyday practice. Advance directives made by the resident are acted upon where valid. Residents are encouraged and supported to

maintain links with family/whanau and the community. The younger residents are encouraged to access aged appropriate community resources and activities.

The complaints policy and procedure addresses Right 10 of the Code. Residents are informed about the complaints process and complaints forms are available at reception. A complaints officer is appointed. All complaints are recorded in a register.

Organisational Management

The management group (the owner/director, the group manager and the nurse manager) meet quarterly. Monthly quality and risk management reports monitor progress against the business and quality plans. The philosophy of the organisation is shared with staff and residents. The Cantabria Home and Hospital in Rotorua is managed by a nurse manager who is a registered nurse with a current practising certificate. She has previous management experience in the sector.

Three other Cantabria Group facilities benchmark performance with Cantabria Home and Hospital. Quality improvement processes include policies and procedures that reflect best practice, risk management planning and review, internal audits, residents' feedback, adverse event reporting, infection control and health and safety management. Monthly reviews of quality processes are discussed at staff meetings. Corrective actions are identified and follow up documented, however, identified gaps are not consistently recorded as a corrective action and not all corrective actions are evaluated. This is identified as an area requiring improvement.

Policies and procedures are followed for recruitment of staff, including police and referee checks. Performance appraisals are completed annually. Orientation of new staff is comprehensive and addresses all key policy areas. Regular in-service staff training is provided with a range of sessions offered to accommodate staff working on each shift. Staff are supported to complete the Aged Care Education (ACE) core, advanced and dementia competencies. Staffing levels meet contractual requirements.

Resident information is securely stored and not able to be accessed by the public. It is uniquely identifiable, up to date and easily accessible to staff.

Continuum of Service Delivery

There are clear processes in place to manage entry to the service and a standardised form is available to identify the reason a resident is declined entry.

Resident and family/whanau interviews confirm their satisfaction with services provided. Residents have an initial nursing assessment and care plan developed by a registered nurse on admission to the service. The service meets contractual times frames for the development, review and evaluation of care plans and ongoing evaluation of care. Residents are reviewed by a general practitioner on admission to the service and as required, with a maximum three monthly timeframe depending on the resident's assessed needs. A multidisciplinary team approach to care is undertaken to ensure all residents' needs are met.

A registered diversional therapist plans activities to meet the recreational needs of all residents regardless of age and abilities. Both onsite and community activities are undertaken and residents confirm this meets all their required social needs. The service has

introduced a new activity programme into the dementia care unit to ensure the needs of these residents are met.

A safe and timely medicine management system, that complies with legislation and guidelines, is observed at the time of audit. Only staff who are deemed competent may administer medicines.

The services menu has been approved by a registered dietitian as being appropriate for the residents in Cantabria Home and Hospital. All residents interviewed confirm the food is of a high standard. Residents who require special diets or who have additional nutritional requirements have their needs catered for by the service.

Safe and Appropriate Environment

The buildings are well presented and maintained. All areas are clean and hygienic. Each resident has a spacious room with an ensuite; residents in the Garland wing (part of the hospital) share an ensuite bathroom with the resident in the neighbouring room. The range of communal areas allow for group activity and quiet discussion. External seating is provided in easily accessible verandas and gardens. The interior of the buildings is heated by thermal wall heaters. Ceiling fans are placed in communal areas.

A fire evacuation plan has been approved by the fire service and regular fire evacuation practices occur. Back up supplies include water, utilities and supplies for use in an emergency. The interior and exterior of the buildings, laundry and cleaning processes are regularly monitored. A recent upgrade of the thermal water system has been completed.

Restraint Minimisation and Safe Practice

Restraint type is defined in policy and implemented procedures reflect best practice. Each restraint is assessed, approved, regularly monitored and recorded in the restraint register. The resident and their family is informed about the restraint process. A restraint committee reviews all restraint every three months. The facility minimises the use of restraint - both enablers and restraint are in use following an assessment of the safety requirements of the resident.

Infection Prevention and Control

The service implements an appropriate infection prevention and control management system to reduce the risk of infection to staff, residents and visitors. The infection control programme is reviewed annually to ensure it is meeting the service's needs. The organisation's infection prevention and control policies and procedures reflect current accepted good practice. Relevant education is provided for both staff and residents.

There is a monthly surveillance programme, where infections are recorded, analysed, and trended. Actions are implemented to reduce infections as appropriate. The infection surveillance results are reported to the management and staff in a timely manner. The service can demonstrate good outbreak management systems.