

The Cascades Retirement Resort Limited

CURRENT STATUS: 01-Aug-12

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

These certification and verification audits have been undertaken to establish compliance with the Health and Disability Services Standards. The verification audit considered four additional rest home beds and the suitability of 32 serviced apartments for rest home level care.

There is a documented quality and risk management system in place, including an internal audit programme. There is evidence that quality improvement data is being analysed and reporting of quality improvement data occurs via scheduled monthly meetings. There is an adverse event reporting system in place and documentation reviewed indicates that family members are consistently contacted following adverse events involving the consumer.

Five areas requiring improvement have been identified during this audit. These relate to orientation for new staff, the currency and accuracy of consumer care plans and two aspects of medication management.

AUDIT SUMMARY AS AT 01-AUG-12

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 01-Aug-12	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 01-Aug-12	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 01-Aug-12	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 01-Aug-12	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 01-Aug-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 01-Aug-12	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.		No short falls

AUDIT RESULTS AS AT 01-AUG-12

Consumer Rights

Residents and family members interviewed report that services are provided in a manner that is respectful of residents' rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs. Residents and family members interviewed are very complimentary of the service provided and report that staff are providing appropriate care and treatment. Residents and family members also report that management and staff are very responsive to any feedback they provide and that all issues raised have been dealt with to their satisfaction. Visual inspection evidences the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) information is readily displayed, along with complaint forms.

Systems are in place to ensure residents are advised on entry to the facility of the complaint processes and the Code. Residents and family interviewed demonstrate an understanding of these processes. The service has appropriate systems in place to manage complaints and a complaints register is maintained. There have been no complaint investigations by the Health and Disability Commissioner, the Ministry of Health, District Health Board, Police, Accident Compensation Corporation (ACC) or Coroner since the previous audit at this facility.

The service has appropriate implemented policies around informed consent. Residents and their family are provided with information and supported to make informed choices. Choices are documented and acted upon and advance directives are implemented.

Organisational Management

The governing body has established systems which define the scope, direction and goals of the organisation and its facilities. There are monitoring and reporting processes against

these systems which are well maintained by the General Manager who oversees the two facilities and the retirement village owned by the group. The newly appointed facility manager is suitably qualified, is a NZ registered nurse and has recent previous experience managing age care facilities. There is also a clinical manager who is a registered nurse. Documented evidence sighted demonstrates the service provider complies with legislation and that care services are provided in a safe and efficient manner.

There is a documented quality and risk management system in place, including an internal audit programme. There is evidence that quality improvement data is being analysed and reporting of quality improvement data occurs via scheduled monthly meetings. There is an adverse event reporting system in place and staff complete an 'Accident Incident Form' following any adverse events. Documentation reviewed indicates that family members are consistently contacted following adverse events involving the consumer.

The human resources management system adheres to good employment practice. Education to all levels of staff is provided at least monthly. Staff records provide evidence that human resources processes are followed and individual training records are maintained for all staff. Annual practising certificates are current for all staff who require them. All new staff are required to participate and complete an orientation programme but five of the nine staff files reviewed do not show completion of the programme. This was confirmed by two staff and is an area for improvement.

There is a documented rationale for determining service provider levels and skill mixes. Care is provided by a ratio of one caregiver to ten residents. All care staff interviewed report there is adequate staff available and that they are able to get through their work. There is a registered nurse on site for most shifts and on call twenty four hours a day seven days a week.

The service has implemented policies around the management of consumer records and integrated files. All entries into the integrated file are legible, signed and dated.

Continuum of Service Delivery

The service has assessment processes and residents' needs are assessed prior to entry. There is a well-developed information pack available for residents/families/whānau at entry. Assessments, care plans and evaluations are completed by the registered nurses. Risk assessment tools and monitoring forms are available and implemented. Service delivery plans are individualised. Short term care plans are in use for changes in health status. Care plans are evaluated six monthly or more frequently when clinically indicated. Areas for improvement are identified around timeliness of initial assessments, initial care plans, development of long term care plans, initial GP reviews and ongoing GP reviews and including all relevant areas in care plans.

There is an activities co-ordinator and programmes running that are meaningful to residents and reflect ordinary patterns of life. There are also visits from community groups.

There are medication management policies that are comprehensive and direct staff in terms of their responsibilities in each stage of medication management. Medication profiles are legible, up-to-date and reviewed by the general practitioner three monthly or earlier if necessary. There are improvements required around dating of eye drops when opening,

administration practices, including administering all medications prescribed and signing when medications are administered, having all alternative remedies prescribed by a GP, documenting the date all medicines are commenced and dating three monthly GP medication reviews.

Food services policies and procedures are appropriate to the service setting with current review menus by a dietitian. Residents' individual dietary needs are identified, documented and reviewed on a regular basis. Visual inspection of the kitchen provides evidence of compliance with current legislation and guidelines. Residents and family members interviewed are complimentary of the food service provided and report their individual preferences are well catered for. Additional snacks are available if the kitchen is closed.

Safe and Appropriate Environment

There are documented processes for the management of waste and hazardous substances in place and incidents are reported on in a timely manner. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. The buildings comply with regulatory and legislative requirements. There are appropriate systems in place to ensure that the residents' physical environment and facilities are safe and well maintained.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff have completed appropriate training in chemical safety. Visual inspection evidences compliance regarding safe and hygienic storage areas of cleaning and laundry equipment and chemicals.

Documented systems are in place for essential, emergency and security services. Staff interviews and review of files provides evidence of current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

There are clearly described policies and procedures which provide guidance on the safe and appropriate management and minimisation of restraint and enabler usage. There are no residents requiring restraint or enablers. There is a restraint and enabler register. Restraint minimisation and managing challenging behaviour training is completed each year and staff complete restraint competencies regularly.

Infection Prevention and Control

There are documented infection prevention and control management systems in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme implemented meets the needs of the organisation and provides information and resources to inform the service providers on infection prevention and control.

Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access.

The service provider's documentation evidences that infection control education is provided to all staff as part of their initial orientation and as part of the ongoing in-service education programme. Infection control education is also provided to staff on a one-to-one basis.

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, indicators or outcomes. Results of surveillance are acted upon, evaluated, and reported in a timely manner.