# The Cascades Retirement Resort Limited

## Introduction

This report records the results of a Partial Provisional 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 The DAA Group 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** The Cascades Retirement Resort Limited

**Premises audited:** The Cascades Retirement Resort

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 21 August 2015 End date: 21 August 2015

**Proposed changes to current services (if any):** To use the 36 rest home level of care rooms for dual purpose beds (either rest home or hospital level of care). This will make all the 74 beds at the service dual purpose beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 73

# 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 |
|  | 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 |

## General overview of the audit

The Cascade Retirement Resort currently provides rest home and hospital level of care for up to 74 residents. This partial provisional audit was undertaken to establish the level of preparedness of the provider to reconfigure the remaining 36 rest home level of care beds to dual purpose use (either rest home of hospital level of care). The current rest home level of care rooms observed are of a suitable size to accommodate the resident, equipment and staff of a resident that would require hospital level of care. The service has processes to ensure staffing will the increase as resident level of care is increased.

The audit process included observation of the environment, interviews with managers and staff and review of documented processes to ensure there are appropriate systems in place for the reconfiguration of bed use and potential increase in the level of care.

There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

There were no areas related to care delivery that were required to be followed up from their last audit. There are no areas requiring improvement identified in order to use the rest home level of care rooms as dual purpose rooms.

## Consumer rights

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| 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. |

Not applicable to this audit.

## Organisational management

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| 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. |

Systems are documented which define the scope, direction and objectives of the service and the monitoring and reporting processes. This includes the service’s plan to transition the current rest home level of care beds to dual purpose use.

The general manager has overall responsibly for the running of the service. They are also supported by a clinical manager and clinical team leaders. The manager is suitably qualified and experienced to run the service.

The service has adequate staffing numbers to provide hospital level of care to the rest home wing. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed for the orientation, induction and ongoing education programme.

## Continuum of service delivery

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| 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. |

There will be no changes required to the medication management and food services. The service already has adequate processes in place for safe and appropriate medication management. All staff who assist in medication management are assessed as competent to do so.

Residents’ nutritional and hydration needs are met by the service. The menu has been approved as being suitable for residents living in a long term care environment and is currently being reviewed. There are no changes required to the kitchen layout and staffing level with the potential increase in the number of residents at hospital level of care. The service already provides special and texture modified diets.

## Safe and appropriate environment

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| 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. |

There is a current building warrant of fitness displayed. No changes are required to the building warrant of fitness and approved evacuation scheme. All building equipment and furnishings are maintained to meet the needs of rest home or hospital level of care residents. Resident areas are of an adequate size and provide a safe and appropriate environment.

All rooms are single occupancy and ensure physical privacy is maintained. All rooms have disability access ensuite facilities. There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. Laundry services are conducted onsite. There are processes in place to provide safe and hygienic cleaning and waste management services.

Documented systems are in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan.

The facility has an appropriate call system installed. There is access to external gardens and internal courtyards.

## Restraint minimisation and safe practice

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| 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. |

Not applicable to this audit.

## Infection prevention and control

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| 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. |

There are no changes required to the infection control programme. The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled and safe environment. Policy identified external advice and support will be sought when required.

## 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 | 15 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 35 | 0 | 0 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Services are planned to meet the needs of the residents. There were 73 residents at the time of audit, 32 hospital level of care and 41 rest home level of care. The service is planning to use all rooms for dual purposes (ie, both rest home and hospital level care). This would mean using the remaining 36 rest home level of care rooms’ for dual purpose beds allowing the service to provide the ‘ageing in place’ philosophy, whereby residents at rest home level of care can stay in their own room if their needs increase and they require hospital level of care.  The organisation has a clearly defined scope, direction and goals documented in business, quality and risk plans. These have been reviewed at least annually. The plan identifies the organisational plan to reconfigure the remaining rest home level of care rooms to dual purpose rooms. The general manager provides regular verbal and written reports to the directors on all aspects of service delivery and quality initiatives.  The general manager is a registered nurse with suitable experience and qualifications for the management of the service. The general manager has been in the role for over five years, oversees the day to day operations of service delivery for the organisation’s two facilities and three retirement villages. The general manager maintains their nursing portfolio by attending ongoing clinical education, leadership and management. The general manager is supported by a clinical team at The Cascades, which includes a clinical nurse manager, quality coordinator and clinical team leaders. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | The clinical nurse manager is the designated second in charge who fills in for the general manager during temporary absences. The clinical nurse manager is a registered nurse with extensive experience in senior roles in the health sector. The general manager reports confidence in the clinical nurse manager to undertake the management roles. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | As the service already operates rest home and hospital level of care beds there is already adequate education and training provided. All care staff are required to complete the first four essential unit standards as part of the national qualifications level three certificate training. The nursing staff maintain their clinical skill and knowledge through ongoing education and leadership programmes. The education plan and attendance records evidence that education is provided to meet contractual requirements. There is additional training offered on any additional or special needs to ensure staff can meet the ongoing and changing needs of residents.  Human resources policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. The staff receive orientation and induction to the service and their specific roles. This includes competency assessments. Professional qualifications are validated, including evidence of registration and scope of practice for service providers. All staff who require practising certificates have them validated annually. Practising certificates were sighted for the employed staff who require them. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Staffing levels and skill mix are clearly described in policy. The service already has adequate registered nurse numbers in the current rest home section that comply with the requirements for hospital level of care. The rosters confirmed that there are three RNs on morning and afternoon shift and two on night shift. The service maintains care staff/resident ratios of at least a one to five for hospital level of care and a one to eight for rest home level of care. The layout of the current rest home section has staff offices in close proximity with two other staffing offices; one that has the clinical nurse manager, and the second office area for the care and quality staff. In addition to the rostered nursing and health care assistants there is a general manager and clinical nurse manager Monday to Friday. The clinical staff interviewed reported that the service is responsive to providing additional staff if the needs of residents increase.  There are adequate activities, housekeeping, kitchen, administration and maintenance staff to meet the needs of the residents and service provision. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | There are no planned changes to the medication management system with the change of the rest home to dual purpose beds. All medications were stored securely. The controlled drug storage will remain in the central link nurse’s dispensary area. The medications and medicine sheets are checked for accuracy by the RN when they are delivered. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed.  All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. All of the medicine charts were reviewed by the GP in the past three months. The service is in the process of transitioning to a ‘cloud based’ medication management system.  Medication competencies were sighted for all staff that assist with medicine management; this included the RNs and some senior health care assistants.  The service has appropriate processes in place for residents who are assessed as being able to self-administer their medications. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The menu is currently under review by a dietitian. The last dietitian review in 2014 records the menu as suitable for the older person living in long term care. There are no required changes to the menu to suit the needs of the potential increase in hospital level of care residents. Informal discussion with residents in the dining room reported satisfaction with the meals and drinks provided.  Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The kitchen already caters for residents who require modified diets, special equipment or texture modified diets.  All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings are undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. All kitchen staff have completed safe food handling certificates and ongoing education. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | The housekeeping staff who participate in the laundry and cleaning report that they follow a documented process for the safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation. Chemicals are securely stored in the sluice room, laundry and cleaning areas. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. Staff have had training in the handling of waste or hazardous substances, which is conducted by an external chemical provider and as part of the ongoing in-service education programme. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | There is a building warrant of fitness (BWOF) displayed. There are no changes required to the BWOF or approved evacuation plan as no changes are required to the layout of the building.  Equipment is maintained to ensure safety. Electrical testing and tagging and medical equipment calibration was conducted within the last year. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. The maintenance log notes the area of work required and is signed off when the work is completed.  The fittings and furniture installed are maintained to ensure safety and the needs of the residents. The furniture cleaning is part of the planned maintenance and cleaning programme. The residents’ rooms are personalised with the resident’s possessions.  There is access to external gardens and internal courtyards. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | Each room has disability access and a full ensuite, with shower, toilet and hand basin. There are additional facilities for staff and visitors. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Each of the rooms that are currently used for rest home level of care are of a suitable size for hospital level of care. There is adequate space in the room for the resident, any mobility equipment and staff to provide care. The manager confirmed that as hospital level of care is increased, additional equipment for the rooms will also be purchased, such as hospital beds, mobility equipment and more manual handling and moving equipment to ensure the needs of the residents are met. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The current rest home section has separate lounge and dining areas. There are additional lounge, dining and entertainment facilities throughout the service to enable appropriate access. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | There will be no changes required to the laundry and cleaning services. The laundry is in the process of being fitted with additional washing machines and dryers. The cleaning is part of the caregiver’s role. The laundry has a dirty to clean flow. The external chemical supplier conducts monthly surveillance of the cleaning and laundry processes. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | The service has adequate emergency supplies in the event of an emergency or infectious outbreak. The service has stores of food and drinking and non-drinking water for emergency use. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has access to emergency lighting and gas cylinders supply heating and cooking.  All residents’ rooms, bathrooms and lounge areas have a call bell system installed. The call bell system has an audible alert and the room number displays on panels in the corridors.  There is an approved evacuation scheme. There have been no changes to the layout of the service that have required changes to the approved evacuation scheme.  The service identifies and implements appropriate security arrangements relevant to the residents in the rest home and hospital level of care. The afternoon staff are required to close and lock the external windows and doors before it gets dark and a security gate in the front driveway has automated access. The service has external security lighting. There are internal security cameras in the corridors and entrances of the service. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Areas used by residents and staff are ventilated and heated appropriately. The service is centrally heated to provide heating in resident areas. All resident-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light and ventilation. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. There are no changes required to the implementation of the infection control programme with the reconfiguration of the bed usage.  There is a defined process for gaining advice and support as required. The clinical nurse manager is the infection control coordinator. The infection control coordinator reports to the staff and manager on all aspects of the infection control programme and surveillance data at monthly staff and management meetings.  The service has processes and outbreak management procedures to reduce the spreading of infections. The service has notices at the door to ask visitors not to enter if they are unwell. There is sanitising hand gel and hand washing facilities throughout the service for staff, residents and visitors to use. Observation and interviews with care and housekeeping staff demonstrated good infection prevention and control techniques and awareness of standard and transmission base precautions. |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.