

# The Cascades Retirement Resort Limited - The Cascades Retirement Resort

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## Introduction

This report records the results of a Certification 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 Health and Disability Auditing New Zealand 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](#).

The specifics of this audit included:

<b>Legal entity:</b>	The Cascades Retirement Resort Limited
<b>Premises audited:</b>	The Cascades Retirement Resort
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 16 July 2018    End date: 17 July 2018
<b>Proposed changes to current services (if any):</b>	No
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	72

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# Executive summary of the audit

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## 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

Indicator	Description	Definition
	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 Cascades Retirement Resort is part of the Arvida aged care residential group. The service provides rest home and hospital level of care for up to 75 residents in the care facility and up to 32 rest home level of care in studio apartments. On the day of the audit there were 72 residents which included three residents at rest home level in studio apartments. The residents, relatives and nurse practitioner commented positively on the care and services provided at the Cascades.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with family, management, staff and the nurse practitioner.

There was an acting village manager (registered nurse) with an aged care background who was orientating the new village manager on the day of audit. She is supported by an experienced team leader/registered nurse.

This certification audit identified areas for improvement relating to interRAI training, human resources and care documentation.

## Consumer rights

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.
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Staff at the Cascades Retirement resort strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

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.
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The Cascades Retirement resort has a current business plan and quality assurance and risk management plan that outlines objectives for the year. The quality process being implemented includes regularly reviewed policies. Aspects of quality information are reported to the monthly quality and staff meetings. There is an annual internal audit calendar schedule. Residents and relatives are provided the opportunity to feedback on service delivery issues at six monthly resident meetings and via annual resident/relative satisfaction surveys. There is a reporting process being used to record and manage resident incidents. Incidents are collated monthly and reported to facility meetings. The service has an orientation programme in place that provides new staff

with relevant information for safe work practice. The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

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.		Some standards applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in electronic resident records demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies. The medicine charts reviewed met legislative prescribing requirements and were reviewed at least three monthly by the general practitioner.

The diversional therapists and activity coordinator provide and implement an interesting and varied activity programme. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and preferences for each resident group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## Safe and appropriate environment

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 are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. Resident bedrooms have ensuites. Rooms are personalised. 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. Documented systems are in place for essential, emergency and security services. There is a staff member on duty at all times with a current first aid certificate.

## Restraint minimisation and safe practice

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.

The Cascades Retirement resort has restraint minimisation and safe practice policies and procedures in place. At the time of the audit there were six residents with restraints and one resident using an enabler. Assessments and consents were fully completed in the resident files reviewed. The clinical team leader is the designated restraint coordinator. Staff receive training around restraint minimisation and the management of challenging behaviour.

## Infection prevention and control

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.
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Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is reviewed annually and meets the needs of the service. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. 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. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.



## 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	48	0	2	0	0	0
Criteria	0	98	1	2	0	0	0

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](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with 11 care staff (six caregivers, three registered nurses (RN), one diversional therapist and one activities coordinator) confirmed their familiarity with the Code. Interviews with nine residents (five rest home including one in the serviced apartments and four hospital) and three families (two rest home and one hospital) confirmed the services being provided are in line with the Code. The Code is discussed at resident, staff and quality meetings. Staff receive training on the Code, last occurring in May 2018.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes were discussed with residents and families on admission. Written general consents (permission granted) are included in the admission agreements sighted for eight long-term residents. Consent forms are signed for any specific procedures. One resident was admitted under the DHB PAC funding contract.  Caregivers interviewed confirmed consent is obtained when delivering cares. Advance directives also identified the resident resuscitation status and signed by the resident (if appropriate) and the general practitioner. The service acknowledges the resident is for resuscitation in the absence of a signed directive by the resident. Copies of enduring power of attorney (EPOA) were seen in the resident files

		<p>and activated as appropriate.</p> <p>Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives. Seven admission agreements were sighted for the long-term residents. The one resident under DHB PAC funding had signed a contract for convalescence care.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>A policy describes access to advocacy services. Staff receive training on advocacy, last occurring in December 2017. Information about accessing advocacy services information is available in the entrance foyer. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Interviews with staff and residents informed they are aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. Residents and relatives interviewed confirmed that relative/family visiting could occur at any time.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy and procedure in place and residents and their family/whānau are provided with information on the complaints process on admission via the information pack. Complaint forms are available at each entrance of the services. Staff are aware of the complaints process and to whom they should direct complaints. A complaints register is available. Thirty complaints have been received at The Cascades Retirement Resort since the last audit, 14 made in 2017 and 17 received in 2018 year to date. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded.</p> <p>One of the complaints made in 2018 was made through the Health &amp; Disability Commissioner (HDC) in June. The documentation for the HDC complaint reviewed showed investigation and actions taken. A response letter sent by The Cascades Retirement Resort in July 2018 had not received a response from HDC at the time of the audit. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>

<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters of the Code on display throughout the facility and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service the clinical manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies that align with the requirements of the Privacy Act and Health Information Privacy Code. Staff were observed respecting resident's privacy and could describe how they manage maintaining privacy and respect of personal property. There is a policy that describes spiritual care. Church services are conducted regularly. Residents interviewed indicated that resident's spiritual needs are being met when required.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service has established cultural policies to help meet the cultural needs of its residents. There is a Māori health plan. There was one resident that identified as Māori at the time of the audit. The file of the resident that identifies as Māori was reviewed and included a Māori health plan. The service has established links with Te Puna Oranga at the local district health board (DHB) who provides advice and guidance on cultural matters. Cultural and spiritual practice is supported and identified needs are incorporated into the care planning process. Staff interviewed confirmed they are aware of the need to respond appropriately to maintain cultural safety. Cultural safety training was last provided in June 2018.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. Residents interviewed reported that they were satisfied that their cultural and individual values were being met. Information gathered during assessment, including resident's cultural beliefs and values, is used to develop a care plan, which the resident (if appropriate) and/or their family/whānau are asked to consult on.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any</p>	FA	<p>The facility has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. The abuse and neglect processes cover harassment and exploitation. All residents interviewed reported that the staff respected them. Job descriptions include responsibilities</p>

discrimination, coercion, harassment, sexual, financial, or other exploitation.		of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes standards of conduct.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	<p>The service has policies to guide practice that align with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents and families interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team.</p> <p>Arvida is operationalising their vision 'to transform the ageing experience' within the care communities through the introduction of the household model. The household model focuses on the relationship between the care team and the resident as partners in the pursuit of a rich and meaningful life. The emphasis is on supporting each resident to live well and be actively engaged in their life the way they want it to be. Residents are encouraged and supported to create a comfortable living space suited to their particular needs and personal tastes.</p>
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents interviewed stated they were welcomed on entry and given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alerts staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Fifteen incident/accidents forms reviewed for June 2018 had documented evidence of family notification or noted if family did not wish to be informed. Relatives interviewed confirmed that they are notified of any changes in their family member's health status. Interpreter services are available as required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The Cascades Retirement Resort is owned and operated by the Arvida Group. The service provides rest home and hospital level care (medical and geriatric services) for up to 107 residents, with 75 dual-purpose beds in the care centre and up to 32 serviced apartments certified to provide rest home level care. On the day of audit there were 72 residents in total. There are 49 residents at rest home level (three were rest home residents in the serviced apartments) including one rest home resident on post-acute convalescent care (PAC) funded respite care and 23 residents at hospital level care, including one resident on a younger person with disabilities (YPD) contract. All other residents were under the aged residential related care (ARRC) agreement.</p> <p>A recently appointed village manager (first week in the role at the time of the audit) manages the service. The village manager has an extensive background in business management and wellness.</p>

		<p>The village manager is supported by a clinical manager, clinical team leader and a learning coordinator/EN. The village manager and clinical manager roles were previously vacant due to the managers leaving in May and April 2018 respectively. The vacant clinical manager role is currently going through the recruitment process. A relieving clinical manager (Arvida locum) has been managing the facility since April 2018 and she has over 30 years' experience in managing aged care facilities.</p> <p>The village manager reports to the general manager operations on a variety of operational issues and provides a monthly report. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. The Cascades Retirement Resort has a business plan for 1 April 2018 to 31 March 2019 and a quality and risk management plan in place.</p> <p>The relieving clinical manager has completed in excess of eight hours of professional development in the past 12 months. The village manager was due to go through a comprehensive orientation programme for the village manager role.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>In the absence of the village manager, the clinical manager is in charge. Support is provided by the clinical team leader, general manager operations, national quality manager and the care staff.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There is a business plan that includes quality goals and risk management plans for The Cascades Retirement Resort. Interviews with staff confirmed that there is discussion about quality data at various staff meetings. The village manager and clinical manager are responsible for providing oversight of the quality programme on-site, which is also monitored at an organisational level. The quality and risk management programme is designed to monitor contractual and standards compliance. Staff interviewed could describe the quality programme corrective action process.</p> <p>Restraint and enabler use is reviewed at the monthly quality meeting. Arvida has a group health and safety manager who works with all the village managers to ensure compliance with all health and safety requirements across the group. Health and safety goals are established and regularly reviewed at the village manager's monthly teleconference meeting. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored at the monthly health and safety committee meeting. The health and safety representative (learning coordinator/EN) was</p>

		<p>interviewed about the health and safety programme. Hazard identification forms and an up-to date hazard register (last reviewed 4 May 2018) are in place.</p> <p>Resident/family meetings occur monthly and the residents and family members interviewed confirmed this. Residents/relatives are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families. The overall service result for the resident/relative satisfaction survey completed in March 2018 was at 82%. Corrective actions have been established in areas where improvements were identified (ie, food service and activities). Corrective actions were being completed and signed off at the time of the audit. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accidents and incidents reporting policy. The clinical manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff meetings including actions to minimise recurrence. A registered nurse (RN) conducts clinical follow-up of residents. Fifteen incident forms reviewed demonstrated that appropriate clinical follow-up and investigation occurred following incidents. However neurological observation forms were not completed as per protocol for four of seven unwitnessed falls with potential head injury (link 1.3.6.1). Discussions with the management team confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed since the last audit for one stage four pressure injury in November 2017 and one stage three pressure injury in June 2017. An outbreak of norovirus was notified to public health in June 2017.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are human resource management policies in place. Eleven staff files reviewed (one clinical team leader, two RNs, four caregivers, one learning coordinator, one diversional therapist, one household manager and one head chef) included evidence of the recruitment process including police vetting, signed employment contracts, job descriptions and orientation checklists. Missing was evidence of completed annual performance appraisals and reference checks. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation is on files and staff described the orientation programme.</p> <p>The in-service education programme for 2017 has been completed and the plan for 2018 is being implemented. Discussion with the learning coordinator/RN and records reviewed confirmed that an in-service training programme has been provided. The acting clinical manager, clinical team leader and</p>

		<p>RNs are able to attend external training, including sessions provided by the local district health board (DHB). Discussions with the caregivers and the RNs confirmed that ongoing training is encouraged and supported by the service. Eight hours of staff development or in-service education has been provided annually. There are fourteen RNs and two have completed interRAI training with an additional three RNs currently in progress of completing. Not all interRAI assessments reviewed had been completed within the required timeframes due to the difficulty accessing trained interRAI assessors.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Human resources policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 104 staff in various roles. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager and acting clinical manager work 40 hours per week from Monday to Friday and are available on call after hours. The RN on each shift is aware that extra staff can be called on for increased resident requirements. Interviews with residents and family members confirmed there are sufficient staff to meet the needs of residents. The caregivers interviewed stated that they have sufficient staffing levels. The care centre is split into two areas called stage one and stage two.</p> <p>Staffing is as follows; in stage one wing there are 29 rest home residents and 10 hospital residents. There are two RNs on duty on the morning shift and one RN on the afternoon and night shifts. They are supported by six caregivers on the morning shift, four caregivers on the afternoon shift and two caregivers on the night shift.</p> <p>In stage two wing there are 17 rest home residents and 13 hospital residents. There is a clinical team leader and RN on duty on the morning shift and one RN on the afternoon and night shifts. They are supported by six caregivers on the morning shift, four caregivers on the afternoon shift and two caregivers on the night shift.</p> <p>In the serviced apartments there were three rest home level residents. There is an RN on duty on the morning shift who is supported by a caregiver on the morning and afternoon shifts. The RN from stage one wing covers the serviced apartments on the afternoon and night shifts.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded,</p>	FA	<p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are electronically stored in the resident management system, and are password protected. Other residents or members of the public cannot view sensitive resident information.</p>



current, confidential, and accessible when required.		
<p><b>Standard 1.3.1: Entry To Services</b></p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services and rest home and hospital care are provided for families and residents prior to admission or on entry to the service. All admission agreements reviewed (for long-term residents) align with all contractual requirements. Exclusions from the service are included in the admission agreement.
<p><b>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</b></p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exit or discharges to and from the service.
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Staff who administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. All medication (robotic rolls) is checked on delivery against the electronic medication chart. All medications are stored safely. The medication fridge is checked weekly and is maintained within the acceptable temperature range. All eye drops were dated on opening. Standing orders are not used. There is a bulk supply order for hospital level residents. There were two rest home residents self-medicating on the day of audit. Self-medication competencies had been completed.</p> <p>Eighteen medication charts reviewed met legislative requirements. The medication charts had been reviewed three monthly.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	All meals are prepared and cooked on-site by qualified chefs, cooks and kitchenhands. Food services staff have attended food safety training and chemical safety. The food control plan has been verified and expires 28 March 2019. The four-weekly seasonal menu has been developed by the chef manager and reviewed by the company dietitian. The main meal provides two options including a vegetarian option. Food is delivered in pots in hot boxes to the kitchenettes of each dining room and served from bain maries. The chefs serve meals in the dining rooms. Dislikes, food allergies, pureed and gluten free meals are provided. The chef manager is notified of any residents with weight loss.

		<p>Smoothies and fortified foods are provided.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End cooked food temperatures and serving temperatures are recorded daily. Perishable foods sighted in the fridges were dated. Dry goods are dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A maintenance and cleaning schedule is maintained.</p> <p>Resident meetings along with direct input from residents, provide resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>There is an admission information policy. The reasons for declining entry would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The RN completes an interim care plan on admission including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments were completed within the required timeframes for five of eight long-term residents (link 1.2.7.5). An interim assessment and care plan had been completed for the one resident under DHB PAC/convalence funding. The outcomes of assessments are reflected in the needs and supports documented in the care plans. Other available information such as discharge summaries, medical notes and in consultation with significant others are included in the long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Resident care plans reviewed on the resident electronic system were resident focused and individualised. Support needs as assessed were included in the long-term care plans reviewed. Care plans are updated with short-term needs. Long-term care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Relatives interviewed confirmed they were involved in the care planning process. Resident files demonstrate service integration</p> <p>There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, dietitian, nurse specialist, community mental health services and assessment and rehabilitation service.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>PA Low</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required, GP, nurse specialist consultation. There is documented evidence on the family/whānau contact in the resident progress notes on the electronic system that shows family were notified of any changes to their relative's health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Discussions with families confirmed they are notified promptly of any changes to their relative's health.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Electronic wound assessments and treatment forms and ongoing evaluations were in place for 14 residents with wounds including skin tears and lesions. There were two rest home and one hospital level resident with pressure injuries (one resident had a stage two and stage one pressure injury, one resident with a community acquired stage two and one resident with a healing facility acquired stage three pressure injury). There is evidence of a wound nurse specialist involvement in wound management.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements and assessments are completed on admission identifying resident nutritional status and preferences. The high percentage of residents triggering an interRAI L2 CAP for undernutrition was identified due to the BMI not being entered into the data base. All residents with a low BMI and L2 CAP trigger are on prescribed supplements. Monitoring charts are completed on the electronic system such as pain, observations, weight, food and fluids and re-positioning. Work logs for the caregivers and RNs record cares and monitoring, however these were not always documented as completed as outlined in the care plans.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service employs two diversional therapists (DT) who cover the Monday to Saturday integrated activity programme. There is an activity coordinator for the studio apartments. Rest home residents in studio apartments may choose to join the studio apartment or rest home/hospital activity programme. Activities are held in the dining rooms or lounges in either the stage one or stage two part of the facility. Residents are assisted to attend the activities.</p> <p>The activity team provides individual and group activities that meets the abilities and preferences of the residents. Activities include (but not limited to); exercise groups, current events, bowls, reminiscing, baking, music, crafts, board games, men's shed, high teas, walks and movies. There are weekly entertainers and community visitors including churches, stroke club visitors, preschool children</p>

		<p>and pet therapy.</p> <p>One-on-one activities such as individual walks, newspaper reading, and hand massage occur for residents who choose not to be involved in group activities. Themes and events are celebrated. There are regular outings/scenic drives for all residents. The service has two vans (one wheelchair access). There are visits to the stroke club and church movie days monthly.</p> <p>A resident leisure profile is completed on admission. Individual activity plans were seen in long-term resident files. The DT is involved in the six-monthly review with the RN. The service receives feedback and suggestions for the programme through resident meetings and survey. The residents interviewed were happy with the activities provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All interim care plans for long-term residents were evaluated by the RN within three weeks of admission. Long-term care plans have been evaluated by the RN six monthly or earlier for any health changes for the long-term resident files reviewed. Two rest home residents had not been at the service six months. One resident was admitted for short-term care under a DHB PAC/convalence contract. Written evaluations reviewed identified if the resident goals had been met or unmet. Family are invited to attend the care plan review and informed of any changes if unable to attend. The GP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files.</p> <p>There are documented policies and procedures in relation to exit, transfer or transition of residents. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety data sheets for chemicals are readily accessible for staff. Chemicals are stored in locked areas throughout the facility. Personal protective clothing is available for staff and seen to be worn by staff when carrying out their duties on the day of</p>

as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.		audit. Staff have completed chemical safety training.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 24 May 2019. The service employs a full-time maintenance person who has responsibility for the facility and village maintenance. There are maintenance request books in each unit that are checked and signed off as requests are completed. There is an annual maintenance plan which includes testing and tagging of electrical equipment and servicing and calibrations for medical equipment. Essential contractors are available 24 hours. Hot water temperatures in resident areas are monitored monthly. Corrective actions were evidenced for temperature recordings above 45 degrees Celsius.</p> <p>The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. There is safe access to the outdoor areas. Seating and shade is provided.</p> <p>The caregivers and registered nurses stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>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.</p>	FA	<p>All resident rooms have ensuites. The serviced apartments certified for rest home level of care all have a full ensuite. The toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are communal toilets near lounges. There is a large communal shower room (and shower trolley) available for use. Residents interviewed confirmed care staff respect the resident's privacy when attending to their personal cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are single. There is adequate room to safely manoeuvre using mobility aids or a hoist for transfers if required. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms including the residents own furnishing and adornments.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The stage one and stage two areas of the building each have a large communal dining room and large lounge with gas fire. The doors from the dining area open out onto a courtyard with seating and shade. There are seating alcoves appropriately placed within the facility.</p> <p>All communal areas are accessible to residents. Care staff assist to transfer residents to communal areas for dining and activities as required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry and cleaners on duty seven days a week. The laundry and cleaning staff have completed chemical safety training and laundry processes. The household supervisor (interviewed) could describe the clean/dirty flow of the laundry. There is appropriate personal protective wear readily available. The laundry is delivered in laundry bags through a chute from the care centre.</p> <p>The cleaner's trolley is stored in a locked area when not in use. Internal audits and the chemical provider monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There is an emergency and disaster management plan in place to ensure health, civil defence and other emergencies are included. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 17 July 2014. Six monthly fire evacuation practice documentation was sighted, with the last fire evacuation drill occurring on 13 February 2018. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility.</p> <p>There is sufficient water stored in two water tanks. There is adequate food supply, gas cooking (BBQ and gas hobs in the kitchen) and civil defence equipment available in the event of an emergency. The provider has an arrangement to hire a generator if required. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light,</p>	FA	<p>Residents were provided with adequate natural light and safe ventilation. Underfloor heating provides</p>

<p>Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>an environment that is maintained at a safe and comfortable temperature. Resident rooms have heat pumps that can be individually controlled. The residents and family interviewed confirmed temperatures were comfortable.</p>
<p>Standard 3.1: Infection control management</p> <p>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.</p>	FA	<p>The team leader/RN is the infection control coordinator with responsibility of overseeing infection control management for the facility. The infection control coordinator reports to the monthly quality meeting. The infection control programme is reviewed annually last in January 2018.</p> <p>Visitors are asked not to visit if they are unwell. Hand sanitisers were appropriately placed throughout the facility. Residents are offered the annual influenza vaccine.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control coordinator has attended infection control education at the DHB. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The infection control coordinator has good support from the Arvida Group head office, the infection control nurse specialist at the DHB, laboratory technician, GPs, infection control NZ and public health.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative 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</p>	FA	<p>There are infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes responsibilities of the infection control team and training and education of staff. The policies have been reviewed by the Arvida Group at head office.</p>

service provided.		
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred annually and includes hand hygiene. There was good staff attendance at infection control education April 2018 and outbreak management July 2018. Infection prevention and control competency (questionnaire and hand hygiene audit) is part of the staff orientation process.</p> <p>Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arvida group infection control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. There has been one outbreak in June 2017 of confirmed norovirus. Documentation demonstrated the outbreak was well managed. The relevant authorities were notified.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. At the time of the audit there were six residents with restraints (five bed rails and one lapbelt) and one resident with an enabler (bedrail). Enabler use is voluntary. All necessary assessments and evaluations had been completed in relation to the restraints. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Restraint has been discussed as part of quality meetings. Staff receive training around restraint minimisation and the management of challenging behaviour.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing</p>	FA	<p>The clinical team leader is the designated restraint coordinator. Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident/or representative and medical practitioner.</p>



education on restraint use and this process is made known to service providers and others.		
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>Assessment and approval process for restraint use included the restraint coordinator, registered nurses, resident/or representative and medical practitioner.</p> <p>The service completes assessments for residents who require restraint or enabler interventions. These were undertaken by suitably qualified and skilled staff in partnership with the family/whānau. The restraint coordinator, the resident and/or their representative and a medical practitioner were involved in the assessment and consent process. In the three resident files (with restraints) reviewed, assessments and consents were fully completed.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The restraint minimisation manual identifies that restraint is only put in place where it is clinically indicated and justified and approval processes. An assessment form/process is completed for all restraints and enablers. The three resident files reviewed had a completed assessment form and a care plan that reflected risk. Monitoring forms included regular two hourly monitoring. The service has a restraint and enablers register, which was up to date.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations are completed by the restraint coordinator at least three monthly or earlier if required. A review of three resident files identified that evaluations are up to date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Individual approved restraint is reviewed at least three monthly as part of the medical review with the resident/family/whānau as appropriate. Restraint usage is monitored regularly by the restraint coordinator. Corrective actions are monitored. Restraint is discussed at the quality meetings. Individual restraint use is monitored and recorded by staff.</p>

## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Recruitment policy and procedures describes the appointment process. Eleven staff files reviewed (one clinical team leader, two RNs, four caregivers, one learning coordinator/EN, one diversional therapist, one household manager and one head chef) included evidence of the recruitment process including police vetting, signed employment contracts, job descriptions and orientation checklists. Missing was evidence of completed annual performance appraisals and reference checks.	Eleven staff files were reviewed, five of eleven files did not have documented evidence of an up-to-date annual performance appraisal and reference checks completed.	Ensure that all staff files include completed annual performance appraisals and reference checks.  90 days
Criterion 1.2.7.5	PA Negligible	There are fourteen RNs and two have completed interRAI training. The service has experienced the loss of interRAI trained RNs. This has resulted in the service having only two interRAI trained	The service has experienced a high turnover of RNs. The service has also experienced difficulty in	Ensure the trainers provide

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.		RNs to complete the assessments timely manner. There has been active recruitment of RNs, however they have been unable to access interRAI training to date. There are currently three RNs in progress of completing interRAI training. The provider has taken steps to access training for RNs, but the scheduling of training for the new staff, is beyond the control of the provider, which has led to a delay in the carrying out of interRAI assessments.	securing training places for newly employed RNs. There are only two RNs who are interRAI trained with three RNs booked for training in July/August 2018. As a result, the service has been unable to meet the required timeframes for interRAI assessments.	interRAI training for RNs to enable the service to meet its contractual requirements.  90 days
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	Changes to residents' health are monitored and identified through ongoing daily assessments and progress notes/worklogs on the electronic system. Changes to health are reported to the RN who informs the GP or other allied health specialists. Not all daily care logs identified monitoring requirements described in the care plans. However, caregivers interviewed described current cares including pressure injury prevention strategies. Neurological observations had not been completed for the required time frame for all unwitnessed falls.	(i) Pressure injury prevention care/monitoring to be completed by caregivers during their daily cares were not documented as completed in the daily care logs for two hospital residents at high risk of pressure injury. (ii) Neurological observations had not been completed for the required time frame as per protocol for four of seven unwitnessed falls reviewed.	(i) Ensure interventions are documented as implemented where required. (ii) Ensure neurological observations are completed as per protocol.  90 days

# Specific results for criterion where a continuous improvement has been recorded

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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.

No data to display
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End of the report.