

## Kiri Te Kanawa Retirement Village Limited

**CURRENT STATUS: 17-Sep-12**

**The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.**

### GENERAL OVERVIEW

Ryman Kiri Te Kanawa is a modern facility that is part of a wider village. The service provides rest home, hospital-medical and dementia level care for up to 99 residents. This includes 30 serviced apartments approved to provide rest home level care. Occupancy is 26 rest home residents, nine hospital residents and three rest home residents in the serviced apartments. The dementia unit is due to open 1 October 2012.

Kiri Te Kanawa is managed by an experienced aged care manager who has been with the service since the village opened in 2011. She is supported by a clinical manager (registered nurse) and regional manager.

Ryman Healthcare has an organisational total quality management plan and key operations quality initiatives that have been established at Kiri Te Kanawa since opening in 2011.

There are improvements required around incident reporting documentation, notifying family of incidents, progress report timeframes, wound documentation, nutrition assessments and regular controlled drug checks.

### AUDIT SUMMARY AS AT 17-SEP-12

Standards have been assessed and summarised below:

#### Key

| Indicator | Description   | Definition  |
|-----------|---|---|
|           | Includes commendable elements above the required levels of performance  | All standards applicable to this service attained with some criteria exceeded   |
|           | No short falls  | Standards applicable to this service attained with all criteria achieved  |
|           | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk |

| Indicator | Description  | Definition   |
|-----------|--|--|
|           | A number of shortfalls that require specific action to address                               | Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained |
|           | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained   |

| Consumer Rights  | Day of Audit<br>17-Sep-12 | Assessment            |
|--|---------------------------|-----------------------|
| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |                           | <b>No short falls</b> |

| Organisational Management   | Day of Audit<br>17-Sep-12 | Assessment   |
|---|---------------------------|--|
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |                           | <b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b> |

| Continuum of Service Delivery  | Day of Audit<br>17-Sep-12 | Assessment  |
|--|---------------------------|---|
| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |                           | <b>A number of shortfalls that require specific action to address</b> |

| Safe and Appropriate Environment   | Day of Audit<br>17-Sep-12 | Assessment            |
|--|---------------------------|-----------------------|
| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |                           | <b>No short falls</b> |

| <b>Restraint Minimisation and Safe Practice</b>   | Day of Audit<br>17-Sep-12 | Assessment            |
|---|---------------------------|-----------------------|
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |                           | <b>No short falls</b> |

| <b>Infection Prevention and Control</b>   | Day of Audit<br>17-Sep-12 | Assessment            |
|---|---------------------------|-----------------------|
| Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme. |                           | <b>No short falls</b> |

## **AUDIT RESULTS AS AT 17-SEP-12**

### **Consumer Rights**

Kiri Te Kanawa provides care that focuses on the individual and maintains their privacy and choices. Overall residents and relatives spoke positively about care provided. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is easily accessible to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents. Complaints processes are implemented.

### **Organisational Management**

Ryman has an organisational quality and risk management system to support the provision of clinical care, this is being implemented at Kiri Te Kanawa. Policies and procedures are updated to reflect best practice. Quality is managed through the monthly Ryman Accreditation Programme Committee meetings and reported through to the organisation's management team. Six monthly benchmarking reports are produced that include incidents, accidents, infections and complaints. Quality improvement plans are utilised at Kiri Te Kanawa to improve and monitor a system to improve resident outcomes. Incidents are reported on the prescribed form. There are two required improvements in the incident reporting process: all resident incidents are to be recorded in accordance with policy and family notification is to be recorded following a change in resident health status. There are human resources policies to guide the recruitment process. The service has an orientation programme and annual in-service training schedule that is being implemented. There is a policy for determining staffing and skill mix for safe service delivery.

## **Continuum of Service Delivery**

The service has a comprehensive admission policy. Comprehensive pre-admission information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them.

Care plans are comprehensive, well written and reviewed six monthly, or when there are changes in health status. There is documented input to care by the GP and allied health professionals. There are improvements required around progress notes, care plan interventions and wound management.

During the tour of facility it was noted that all staff treated residents with respect and dignity and residents and families were able to confirm this observation.

There is an activities programme provided by staff dedicated to this task and a separate activities programme for those living in serviced apartments. Resident files reviewed identified that the individual activity plan. The current activities assessment is comprehensive and personalised.

There is a nutrition management and food control plan. Diets are modified as required. There is a choice of foods and the kitchen can cater to specific requests if needed. A nutritional assessment completed on admission and resident nutritional needs are recorded in the kitchen. Residents spoke positively about the food provided. There is an improvement around nutrition assessments.

The medication management system is appropriate and safely implemented. Staff responsible for medication administration are trained and monitored. Resident medications are reviewed by the residents' general practitioner at least three monthly. Individual resident's medication charts were sighted. There are improvements required around weekly stocktakes of controlled drugs.

## **Safe and Appropriate Environment**

The facility is purpose built. All building and plant have been built to comply to legislation. There is a maintenance person and preventative maintenance programme including equipment and electrical checks. There are adequate numbers of toilets and showers across the facility with access to a hand basin and paper towels. All rooms have en-suites. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment.

Residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites. The lounge areas are spacious in all units and quiet lounges are also available.

Activities can occur in any of the lounges. Furniture is arranged to ensure residents are able to move freely and safely in all areas.

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times.

Regular fire drills are completed. Emergencies, and first aid are included in the training programme. There is a civil defence kit for the whole facility. Call bells are evident across the facility in resident's rooms, lounge areas, and toilets/bathrooms.

### **Restraint Minimisation and Safe Practice**

There is a restraint minimisation manual that is applicable to the type and size of the service. The service completes assessments at admission and risks are included in the care plan interventions. Assessments are undertaken by suitably qualified and skilled staff in discussion with the family/whanau. On the day of the audit, there were four residents assessed as requiring enablers in the form of bedrails no restraint in use. Restraint/enabler competencies are completed by staff annually and the induction training includes specific training as well.

### **Infection Prevention and Control**

The Infection Control team at Kiri Te Kanawa is integrated as part of the two monthly infection control/health & safety meeting. Monthly collation tables are forwarded to Ryman head office for analysis and benchmarking. The infection control nurse implements the surveillance, organises training and implements and reviews internal audits. The infection control policies are comprehensive and reflect best practice. Infection control (IC) training is provided at least annually to staff. There is an infection control register in which all infections are documented monthly. A monthly infection control report is completed. A six monthly comparative summary is completed.