

# Molly Ryan Lifecare (2007) Limited

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## Introduction

This report records the results of a Surveillance 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>	Molly Ryan Lifecare (2007) Limited
<b>Premises audited:</b>	Molly Ryan Lifecare and Retirement Village
<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: 18 January 2016      End date: 19 January 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	36

# 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

Molly Ryan Lifecare is part of the Arvida Group. The service is certified to provide rest home and hospital level care for up to 61 residents across the rest home and serviced apartments. On the day of the audit there were 36 residents. There is a village manager who reports to the Arvida group board of directors.

The service has a clinical nurse leader who is an experienced registered nurse. Family and residents interviewed all spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a subset of the health and disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, family members, general practitioner, staff and management.

There were no findings identified at the previous certification audit. This surveillance audit identified that improvements are required around aspects of medication management and wound care plans.

## 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.

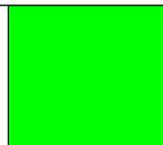


Standards applicable to this service fully attained.

Communication with residents and families is appropriately managed and recorded. Complaints are actioned and include documented response to complainants should the need arise. There is a complaints register.

## 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.



Standards applicable to this service fully attained.

There is an implemented quality and risk programme that involves the resident on admission to the service. A business plan, quality assurance and risk management plan is being implemented for 2016. Policies and procedures have been reviewed to reflect the activities of the service and align with current guidelines and legislation. Quality activities are conducted and this generates improvements in practice and service delivery. Corrective actions are identified, implemented and followed through following internal audits and feedback from residents and staff. Feedback is sought from residents and families. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are appropriately managed with reporting to staff evident in meeting minutes reviewed. There is a comprehensive orientation programme that provides new staff with relevant information for safe work practice. Human resource policies are in place to determine staffing levels and skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support.

## Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed prior to entry to the service and a baseline assessment is completed upon admission. The registered nurses are responsible for assessment, care planning and evaluation of care, with input from residents and family. The interRAI assessment tool is being utilised. Residents and family interviewed confirmed that they were happy with the care provided and the communication.

Planned activities are appropriate to the resident's assessed needs and abilities and residents advised satisfaction with the activities programme.

There is a secure medication system at the facility. Staff responsible for medication administration are trained and annual competencies are completed.

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.

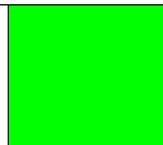


Standards applicable to this service fully attained.

The facility displays a current building warrant of fitness.

## 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.

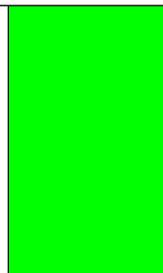


Standards applicable to this service fully attained.

Documentation of policies and procedures and staff training demonstrate residents are experiencing services that are the least restrictive. There were no residents requiring restraint or enablers.

## 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.

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. No outbreaks have been reported since the previous audit.

## 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)
<b>Standards</b>	0	14	0	1	1	0	0
<b>Criteria</b>	0	37	0	1	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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
<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/whanau 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. Four complaints have been received in the past year at Molly Ryan. The complaints reviewed have been managed appropriately with acknowledgement, investigations and responses recorded. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Seven residents (six rest home and one hospital) and two rest home family members interviewed stated they are informed of changes in health status and incidents/accidents. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Communication with family members is recorded on the sample of incident and accident report forms reviewed and in the resident daily progress notes. Residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Interpreter services are provided if residents or family/whanau have difficulty with written or</p>

		spoken English.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Molly Ryan Lifecare is one of 21 aged care services now part of the Arvida Group. Each facility in the group operates under its own strategic plan and quality programme. The previous owner is now the village manager (registered nurse) and the service also employs a fully time clinical nurse leader.</p> <p>Molly Ryan is certified to provide rest home and hospital (geriatric and medical) for up to 61 residents across the rest home area and serviced apartments. There are 33 care home beds which are all dual purpose. There are 28 apartments. Twenty two apartments are certified for rest home or retirement village residents, and five are certified for either rest home or hospital residents. Occupancy on the day of audit was 36 assessed residents - 26 rest home and 5 hospital residents in the care home (Upstairs and ground floor) and four rest home in ORA apartment and one hospital resident in the upstairs studio apartment area. There were no residents under the medical component and two rest home respite residents.</p> <p>There is an Arvida corporate governance programme in place and a business plan and quality programme for Molly Ryan for 2016. The quality plan for 2015 has been implemented and evaluated. The quality and risk management system has associated policies and procedures. The Arvida Group is in the process of developing policies and procedures for all facilities. The service currently uses policies, procedures and documentation associated with the previous ownership. The quality plan includes objectives, policies and procedures, implementation, monitoring, quality risk, and corrective action plans.</p> <p>The village manager (registered nurse) and the clinical nurse leader have maintained at least eight hours of professional development each in the past 12 months.</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>The service has an established quality and risk system that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents. Molly Ryan Lifecare monitors progress with the quality and risk management plan through quality meetings and staff meetings. Meeting minutes reviewed evidence discussion and reporting on all quality activities.</p> <p>There is an annual internal audit schedule which has been completed for 2015. Areas of non-compliance identified through quality activities are documented as corrective actions, implemented and reviewed for effectiveness. Benchmarking has been commenced within the group, with collation of clinical indicators relating to falls, skin tears, infections and wounds. The service has a health and safety</p>

		<p>management system. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</p> <p>The service has comprehensive policies/ procedures to support service delivery which have been reviewed. Policies and procedures align with the resident care plans and have been updated to include reference to the InterRAI assessment tool and pressure injury prevention. There is a document control policy that outlines the system implemented whereby all policies and procedures are reviewed regularly. Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention. The service collects information on resident incidents and accidents as well as staff incidents/accidents and provides follow up where required. Residents are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff and families.</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>Incident and accident data is collected and analysed and reported to staff. A sample of resident related incident reports for November and December 2015, summaries, collation data and related resident files were reviewed and evidence that all adverse events were documented to manage risk. Appropriate care and support has been provided by care staff and registered nurses post incident and this is well recorded in the corresponding resident files. Reports were completed and family notified as appropriate. Incidents and accident data is communicated to staff, as evidenced in meeting minutes reviewed and staff interviews. The village manager is aware of the responsibility to notify appropriate authorities when required.</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>	FA	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates are kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed and included one cook, one registered nurse, two caregivers and the clinical nurse leader. All staff files reviewed included all appropriate documentation.</p> <p>The service has an orientation programme that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and stated that they believed new staff were adequately orientated to the service. Annual appraisals have been conducted for all staff.</p>

		There is a completed in-service programme for 2015 which exceeded eight hours annually and a plan under way for 2016. The clinical nurse leader and registered nurses have attended external training.
<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>Molly Ryan Lifecare has a roster in place which ensures that there sufficient staff rostered on to meet the needs of the residents. A registered nurse is rostered on duty at all times. The village manager and the clinical nurse leader work full time and are supported by a village coordinator, an enrolled nurse in the role of clinical support person, registered nurses and caregivers. Caregivers and residents interviewed advised that sufficient staff are rostered on for each shift. All registered nurses are trained in first aid. Residents and families interviewed advised that there is sufficient staff on duty to provide the care and support required for all residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>There are policies and procedures in place for all aspects of medication management, including self-administration. There were no residents assessed as competent to self-administer medication on the days of audit. All medications were securely and appropriately stored.</p> <p>Registered nurses administer medications. Registered nurses have completed annual medication competencies. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and reported to the supplying pharmacy. Medication errors are reported as part of the quality meeting. Progress notes include the reasons for or the effectiveness of as required medications. Not all medications have been administered as prescribed and not all documentation has been fully completed.</p> <p>Medication profiles reviewed were legible and up to date. Eleven of 12 medication charts (one respite) reviewed have been reviewed three monthly, by the GP. The medication fridge has temperatures are checked daily and recorded weekly.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is prepared and served from a central kitchen. The service employs two cooks. Both have completed food safety certificates. The week day cook (kitchen manager) interviewed explained the procurement of the food and management of the kitchen, for which she is responsible. There is a well-equipped kitchen and all meals are cooked onsite. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, food, freezer and dishwasher temperatures were monitored and documented daily and were within</p>

		safe limits. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Nutritional profiles were evident in a folder for kitchen staff to access. Special diets were noted on the kitchen noticeboard. The menu is a four-week seasonal menu. Residents and families interviewed, expressed satisfaction with the food service and can provide feedback through a food survey and at resident and relative meetings. Resident weights are monitored monthly or more frequently if required. Dietary supplements are available.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Care plan documentation was comprehensive and specific to each individual resident. Family members interviewed expressed satisfaction with the clinical care and that they are involved in the care planning of their family member. Caregivers and the RNs interviewed stated there is adequate equipment provided including continence and wound care supplies. Wound assessment forms and an ongoing assessment and treatment forms were completed for all wounds except skin tears. Monitoring occurs for weight, vital signs and blood glucose.
Standard 1.3.7: Planned Activities 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.	FA	The diversional therapist provides activities from Monday to Friday. On the days of audit, residents were observed being actively involved in activities. Residents and family interviewed were satisfied with the activities provided. The activities programme is designed to cater to individual needs including physical and cognitive abilities. The programme is developed weekly and displayed in large print. Residents have an assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career, and family. Resident files reviewed identified that the individual activity plan was reviewed at least six monthly.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans are evaluated by the registered nurses six monthly or when changes to care occurs. Short-term care plans for short-term needs were evaluated and either resolved or added to the care plan as an ongoing problem. The family are notified of GP visits and three monthly reviews. There is at least a three monthly medical review by the medical practitioner. The family members interviewed confirmed they are invited to attend care plan reviews. Progress notes are updated daily or as health changes. Registered nurse input and review after significant events and health changes were evident in the progress notes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate,	FA	The service displays a current building warrant of fitness which expires on 8 February 2016.

accessible physical environment and facilities that are fit for their purpose.		
<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 and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. The clinical nurse leader is the designated infection control nurse. An individual resident infection report and summary is completed which includes signs and symptoms of infection, treatment, follow up, review and resolution. Surveillance of all infections are entered on to a monthly facility infection summary and staff are informed. This data is monitored and evaluated monthly and annually. Infection control education has been provided in 2015. No outbreaks have been reported since the previous audit. Benchmarking of data has commenced within the Arvida Group.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Documented systems are in place to ensure the use of restraint is actively minimized. The facility was not utilising restraint or enablers on the days of audit. Policies and procedures include the definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Enablers are voluntary. Restraint use is reviewed at quality and registered nurse meetings and education and audits have been completed.</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)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>Medication policies align with accepted guidelines. The medication management system is documented. Eye drops are dated on opening and discarded as required. The service uses individualised medication packs which are checked in on delivery to the facility. Photographs and allergies were recorded on the sample of medication files reviewed.</p>	<p>i) One respite resident did not have a medication chart. The service was utilising a copy of the current medicine prescription (only one medicine) and was administering from the residents own supply. However, as evidenced on the medication signing sheet, staff had been administering the incorrect dose of the medication for the past two weeks; ii) two residents on warfarin did not have a signed medication order. The medical practice sends a copy of the INR and the current warfarin dose to be administered. This is not signed by the GP.</p>	<p>(1) Ensure that all residents are administered medications as prescribed; and ii) ensure that all medications given have a corresponding signed medication order.</p> <p>30 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are</p>	<p>PA Low</p>	<p>Wound care plans included assessment, plan and review for nine of 12 wound care plans reviewed. Skin tears are recorded</p>	<p>Skin tear management plans do not include an assessment, description and ongoing treatment plan including time frames for evaluating/redressing of skin</p>	<p>Ensure that all wound care treatment documentation includes assessment,</p>

consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.		on a separate document and included the initial treatment only.	tears, as evidenced in three skin tear plans reviewed.	description, treatment plan and review dates 90 days
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## 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, there 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.