

## Edmund Hillary Retirement Village Limited

**CURRENT STATUS: 18-Jul-12**

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

### GENERAL OVERVIEW

Edmund Hillary is one of Ryman healthcare retirement villages. The care centre is modern and spacious. The facility is built across three floors and is designed around a large atrium. The care centre provides hospital/medical, rest home and dementia level care for up to 176 residents (with a current occupancy of 174 residents). On the day of the audit there was 26 hospital residents and 17 rest home residents on the first floor; 41 hospital residents on the 2nd floor, 48 rest home plus two hospital residents on the third floor, and 20 residents in the secure dementia unit. There are also 20 rest home residents in the serviced apartments.

This audit also included verifying a further 20 serviced apartments as being appropriate to provide rest home level care should they be required. The location of the serviced apartments, staffing, equipment, communal areas has been assessed as suitable.

The service has continued to implement a comprehensive quality and risk management system since previous audit. The service provides regular training sessions and annual competencies are completed by staff.

The service has in place an experienced village manager who has been managing the facility for the past seven years. He is supported by a clinical services manager, hospital manager, rest home coordinator and special care coordinator (all experienced registered nurses).

The service has addressed the shortfalls from their previous audit around documenting cultural needs, aspects of medication management and enabler consent forms. This surveillance audit has identified further improvements required around freezer temperatures, aspects of care plan interventions, wound assessments and medication documentation.

### AUDIT SUMMARY AS AT 18-JUL-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

Indicator	Description	Definition
	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
	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 18-Jul-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 18-Jul-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>No short falls</b>

Continuum of Service Delivery	Day of Audit 18-Jul-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>

<b>Safe and Appropriate Environment</b>	Day of Audit 18-Jul-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 18-Jul-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 18-Jul-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>

### **Edmund Hillary Retirement Village Limited**

#### **DHB Issues-based audit: 1, 2 and 16 June 2011**

The following summary has been accepted by the service provider (Ryman Healthcare Limited) as being an accurate reflection of the issues-based audit conducted against the Aged Residential Care Contract it holds with Auckland District Health Board (DHB) on the dates specified.

Healthshare Limited undertook an issues-based audit of the care facilities (Rest Home and Private Hospital) at the Edmund Hillary Retirement Village over the days of 1, 2 and 16 June 2011 to verify that appropriate clinical and managerial processes were in place following a serious complaint that had been lodged with the DHB by the family of a resident who had subsequently died.

The areas of concern were around clinical governance; staffing levels and staffing mix; the availability of Primary Care services to residents within the facilities; the number and timeliness of resident transfers to acute hospital; the prevention and management of falls; the prevention and management of pressure injuries; prevention and management of

infection; complaints management and resolution; and the process to ensure appropriate charging of subsidised residents who chose to remain in Independent Living units within the wider retirement Village.

The audit found that, in all areas of concern, compliance was able to be measured against the requirements of the contract. Recommendations for improvements had been made in several of the areas including; the monitoring of clients; documentation of doctors' visits; complaint identification and recording of family concerns.

A survey of family members was also undertaken as part of the audit process. There was an average score of 4.2 out of 5 across satisfaction ratings by 35 family members surveyed.

Staffing changes have occurred since the audit, and there has been good liaison at a clinical level between the DHB and the facility management. In keeping with the recommendations of the audit, the DHB will continue to monitor Edmund Hillary Retirement Village for sustainable evidence of ongoing contract compliance.

### **Edmund Hillary Retirement Village Limited**

**Date of audit: 27-Oct-10**

**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**

Edmund Hillary is one of Ryman healthcare retirement villages. The care centre is modern and spacious. The facility is built across three floors and is designed around a large atrium. The care centre provides rest home and hospital level care for up to 135 residents (with full occupancy) and the attached 60 serviced apartments can provide rest home level care for up to 20 residents. On the day of the audit there were 22 hospital residents and 21 rest home residents on the first floor, 42 hospital residents on the 2nd floor, and 48 rest home plus two hospital residents on the third floor. There are currently eight rest home residents in the serviced apartments. (the 1st and 3rd floor are swing beds).

Ryman Healthcare have national annual quality objectives that include a number of identified objectives under the headings of a) provision of comprehensive resident services, b) being a good employer, and c) to manage quality, compliance and risk effectively. Each service also has their own specific RAP objectives and for Edmund Hillary in 2010 this includes; a) to provide holistic and individualised high level of care to our residents and their families in a friendly and homelike environment, b) create an environment whereby effective management communication, increase visual interface and pro-active behaviour decrease reactionary effect and stop the culture of 'putting out fires', c) all aspects of food procedure, production, preparation, storage, transportation and delivery comply with current legislation, regulations and guidelines, d) to create a stable, proactive and motivated environment for staff, with a goal to achieve excellence and foster ongoing commitment, e) structured recruitment to ensure full staff complement at Edmund Hillary and creating a positive

committed and loyal team, and f) to provide an efficient , good quality laundry service to the facility and our resident

The facility is managed by a suitably qualified manager whom is supported by four clinical and administrative managers.

The service completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital level care and non acute medical care. The staff and facilities are appropriate for providing these services and are meeting the needs of residents.

The service is commended for achieving three continual improvement (CI) ratings for; a) governance/quality goals and implementation, b) staff training programme, and c) activities programme/Triple A programme.

## SUMMARY

Standards have been assessed and summarised below:

### Key

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	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
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<b>Consumer Rights</b>	Indica tor	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>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b>

<b>Organisational Management</b>	Indica tor	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>Includes commendable elements above the required levels of performance</b>

<b>Continuum of Service Delivery</b>	Indic ator	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>

<b>Safe and Appropriate Environment</b>	Indic ator	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>	Indicator	Assessment
<p>Includes 3 standards with outcomes where:</p> <ul style="list-style-type: none"> <li>• Consumers receive and experience services in the least restrictive manner through restraint minimisation</li> <li>• Consumers requiring restraint receive services in a safe manner</li> <li>• Consumers requiring seclusion receive services in the least restrictive manner</li> </ul>		<p><b>Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity</b></p>

<b>Infection Prevention and Control</b>	Indicator	Assessment
<p>Includes 6 standards which require:</p> <ul style="list-style-type: none"> <li>• There is a managed environment, which minimises the risk of infection to consumers, service providers and visitors appropriate to the size and scope of the service.</li> <li>• There are adequate human, physical and information resources to implement the infection control programme and meet the needs of the organisation.</li> <li>• Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislation 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 service provided.</li> <li>• The organisation provides relevant education on infection control to all service providers, support staff and consumers.</li> <li>• Surveillance for infection is carried out in accordance with agreed objectives, priorities and methods that have been specified in the infection control programme.</li> <li>• Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.</li> </ul>		<p><b>No short falls</b></p>

## **AUDIT RESULTS**

### **Consumer Rights**

The service provides families and residents with information on entry to the service and this information contains details relating to the Code. Staff receive training for rights at induction and ongoing.

The facility provides for physical, visual, auditory and personal privacy. Values and beliefs information is gathered on admission with family involvement and is integrated with the residents care plans. Interpreter services are available. Spiritual needs are identified and church services made available on a regular basis. There is an implemented Abuse and Neglect policy and staff regularly receive training.

There is a Māori Health Plan and a range of supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. The service has a linkage to a local Maori advisor/contact. Ryman have a strong commitment to staff development by way of education and in-service training. Full information is provided at entry to residents and family/representatives. Family are involved in the initial care planning and ongoing. There are implemented policies/procedures for choices and informed consent. This includes procedures for advanced directives/resuscitation. Resident has access to advocacy. Information provided to residents at the time of entry to the service provides family/whanau with advocacy information. The service has visiting arrangements that are suitable to residents and family/whanau. They are supported to access services within the community wherever appropriate and/or requested. The service has in place complaint management policies and procedures that are aligned with Code 10 of the Code of Rights.

### **Organisational Management**

Comprehensive policy / procedures are well established, cross referenced and implementation is supported by way of a thorough and individualised Ryman Accreditation Programme (RAP). This programme includes using some indicators from the Standard on Safe Indicators in Aged Care and for rest homes / hospitals for falls rate and UTI targets. Notes are informative and integrated with evidence of specialist intervention and advice. There is strong commitment to staff development by way of education and in-service training.

Edmund Hillary has a well-established quality and risk system, known as the Ryman Accreditation programme (RAP) that includes analysis of incidents, infections and complaints, internal audits and feedback from the residents and family. There are implemented health and safety policies that include hazard identification. Ryman has achieved WSMP tertiary level with ACC.

There are job descriptions established and appropriate human resource policies/procedures in place for staff recruitment, training and support. Staff orientation programme is established and implemented. An annual training plan is implemented with staff training records maintained along with performance appraisals. Ryman provide further training opportunities.



Determining staffing levels and skills mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place.

### **Continuum of Service Delivery**

All residents requiring rest home or hospital level care have their needs assessed prior to entry to Edmund Hillary. There is an informative welcome pack that all residents receive prior to or on entry to the service. Residents have an initial assessment by the registered nurse within twenty four hours of admission. A comprehensive care plan identifying clinical care risks, nutritional and activities needs is developed over three weeks. There is a medical review by the medical practitioner that is reviewed three monthly or earlier as needed. There is use of short term care plans identifying acute episodes such as infections or wounds, these are linked with infection reports and wound management charts. Medications are safely stored and managed within legislative guidelines. There is an improvement identified concerning medication administration at lunchtime and storage of specimens in the serviced apartments.

There is a robust activities programme at Edmund Hillary with an enthusiastic team that includes a diversional therapist. The facility utilises the triple A programme with evidence of many activities throughout the facility. There is an Individual attendance record maintained, activities profile sheet, diversional therapy plan of care. There is a resident rest home and hospital survey that demonstrates good follow up to issues with associated quality improvements. The evaluation and extensive involvement of the staff and commitment by the organisation demonstrates a culture of continuous quality improvement.

The menu is designed and reviewed by a Registered Dietitian at an organisational level. There is a four week rolling menu. Residents have had a nutritional profile developed on admission. This is reviewed 6 monthly as part of the care plan review. Two monthly resident meetings are held and meals are discussed. Residents stated that the food was wonderful and they were well fed. Regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented.

### **Safe and Appropriate Environment**

The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is an incident reporting system that includes investigation of these types of incidents. Chemicals are labelled and there is appropriate protective equipment and clothing for staff.

Legislation and regulatory requirements appear to be met for local authorities and the MoH, as do applicable legislation codes, standards, and regulations. Building maintenance is carried out regularly and there is a maintenance programme. There is access to necessary and essential equipment. The building holds a current warrant of fitness. There are maintenance policies and procedures in place including annual electrical checks.

There are adequate numbers of toilets and showers with access to a hand basin and paper towels. The service is divided into four wings including the serviced Apartments wing. Hot water is monitored monthly as part of the internal audit programme and kept at an appropriate 43 to 45 degrees. Fixtures, fittings and floor and wall surfaces are of superior

standard. Resident rooms are of sufficient space to ensure care and support to rest home and hospital level residents and for the safe use of mobility aids. Services apartments are more spacious. The laundry has an entrance for dirty laundry and an exit for clean it is well equipped and staffed. Laundry and cleaning processes are monitored for effectiveness and compliance with the service policies and procedures. The service has implemented policies and procedures for civil defence and other emergencies. Regular fire drills are completed. There is an annual training plan includes emergency training. There is NZ Fire service approved the evacuation scheme. An Emergency Preparedness checklist is completed. The service has alternative cooking facilities, lighting available in the event of a power failure. External areas are vast and maintained to the highest level, rooms have natural light and ventilation and all areas are appropriately heated. The facility is non smoking.

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

There is a Restraint Minimisation Manual 2009 applicable to the type and size of the service. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. Staff competencies have been completed . There are 14 residents with enablers and four assessed as requiring restraint. One improvement was identified around consent s for enablers.

The Ryman organisation has a well structured approval group that includes key relevant people. The restraint coordinator could describe the responsibilities. Individual restraint interventions are reviewed 3 monthly through the care plan review and the overall approval group meets 6 monthly to review restraint practices.

Monitoring and observation process is included in the restraint minimisation policy. There are approved restraints documented in the policy, including personal restraint, physical restraint, environmental restraint and enablers. There is a specific restraint care plan that identifies interventions and care required. Falls risk and challenging behaviour assessments are completed. A restraint register is in place.

### **Infection Prevention and Control**

Ryman Infection Control policies are comprehensive and support the Infection Control Standard. The policies are reflective of and are appropriate to the service. The clinical manager is the infection control coordinator at Edmund Hillary. The Infection Control team is integrated as part of the facility monthly IC/H&S meeting, and is a standing agenda item in the monthly full facility meeting. Individual infection reports are analysed and added to the monthly infection register in each area. The monthly collation reports are forwarded to Ryman Head office for analysis and benchmarking. Surveillance activities including auditing and analysis of infections direct the infection control coordinator to provide educational opportunities to improve practise. The infection control programme and resources are appropriate for the size and complexity of the service.