

## Bob Owens Retirement Village Limited

**CURRENT STATUS: 07-Feb-13**

**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

Bob Owens Retirement Village is a modern facility that is part of Ryman Healthcare. The service can provide care for up to 150 residents requiring rest home, hospital and dementia level care. Occupancy during the audit was 77 residents - 36 at rest home level care, 20 at hospital level care and 21 at dementia level care. Additionally there are 30 serviced apartments certified to provide rest home level care. There are currently no rest home residents in the serviced apartments.

Bob Owens opened April 2012 and is managed by a facility manager (with previous management experience) and clinical manager.

Ryman Healthcare has an organisational total quality management plan and key operations quality initiatives that are have become well-established at Bob Owens since opening. All residents and relatives spoke positively about the care and support provided by staff and management.

There are improvements required around initial general practitioner reviews, behaviour assessments and plans, aspects of medication management, restraint monitoring and job descriptions.

### AUDIT SUMMARY AS AT 07-FEB-13

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 fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained

Indicator	Description	Definition
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit	Assessment
	07-Feb-13	
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>Standards applicable to this service fully attained</b>

Organisational Management	Day of Audit	Assessment
	07-Feb-13	
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 standards applicable to this service partially attained and of low risk</b>

Continuum of Service Delivery	Day of Audit	Assessment
	07-Feb-13	
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>Some standards applicable to this service partially attained and of low risk</b>

Safe and Appropriate Environment	Day of Audit	Assessment
	07-Feb-13	
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>Standards applicable to this service fully attained</b>

<b>Restraint Minimisation and Safe Practice</b>	Day of Audit 07-Feb-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		<b>Standards applicable to this service fully attained</b>

<b>Infection Prevention and Control</b>	Day of Audit 07-Feb-13	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>Standards applicable to this service fully attained</b>

## **AUDIT RESULTS AS AT 07-FEB-13**

### **Consumer Rights**

Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and services provided, is fully available to residents and family. There are policies to support rights such as : culture, abuse / neglect, advocacy, privacy, dignity, informed consent, complaints and values and beliefs. Staff training takes place on an annual basis, reinforcing delivery of care based on the rights of the residents and their family/whanau and their freedom of choice. Care plans reflect these core values. Interviews with residents and family/whanau were positive about the service understanding and implementing their values and beliefs.

There is a Maori health plan and supporting policies that acknowledge the Treaty of Waitangi. The plan identifies culturally safe practices for Maori and recognition of Maori values and beliefs. The Maori Health Plan identifies the importance of whanau.

On-going staff development through education and in-service training is strongly supported. Training and the delivery of service, supports evidenced-based practice. The complaints processes are implemented and complaints and concerns are actively managed.

### **Organisational Management**

Ryman has a comprehensive quality and risk management system that supports the provision of clinical care and support. This has been well established at Bob Owens since opening. Policies and procedures are reviewed regularly and are updated to reflect best practice, legislation and standards. Key components of the quality management system link

to the facility's monthly Ryman accreditation programme committee meetings. There are regular resident meetings.

Quality and risk performance is reported across the facility meetings and monitored by the organisation's management team. Six monthly benchmarking reports are produced that include incidents/accidents, infections and complaints. These are used to provide comparisons with other facilities. Quality improvement plans are utilised to document actions to improve or enhance a current process/system/actions to improve outcomes or efficiencies in the facility. There is a health and safety committee. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation/induction programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support that meets requirements. There is a nurse journal club directed by head office. There is an improvement required around ensuring staff job descriptions are on staff files.

There is a policy for determining staffing and skill mix for safe service delivery. Staff identified that staffing levels are adequate and interviews with residents and relatives demonstrated that they have adequate access to staff. All caregivers in the dementia unit are supported to complete the required dementia standards.

### **Continuum of Service Delivery**

There is a needs assessment completed prior to entry to Bob Owens Retirement Village. Service delivery plans demonstrate service integration. Assessments and support plans are computerised and identify whom is responsible for the actions. Nursing care plans reviewed were individualised, accurate and up to date. Care plans are goal oriented and reviewed at least six monthly. There are improvements required around initial general practitioner assessments and behaviour management.

There is a comprehensive activities programme at Bob Owens. Activities are varied, age appropriate and include inclusion at local community and entertainment events. The service is commended for the implementation of the overall activity programme including the 'Triple A' exercise programme. Referral to other health and disability services is evident in a sample group of resident files.

The medication management system is appropriate and safely implemented. Staff responsible for medication administration are trained and monitored. Individual resident's medication charts were sighted. There are improvements required around three monthly general practitioner reviews of medication checks and controlled drug weekly checks in the rest home.

The menu is designed and reviewed by a registered dietitian at an organisational level. Residents have had a nutritional profile developed on admission This is reviewed six monthly as part of the care plan review. Relative and resident meetings are held and meals are discussed. All residents interviewed stated that the food was excellent and included choice.

## **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.

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 to minimise the use of restraint/enablers. Assessments are undertaken by suitably qualified and skilled staff in discussion with the family/whanau. There are currently two residents using restraint and five using enablers. Training has been provided to staff around restraint and challenging behaviours.

## **Infection Prevention and Control**

Infection control is integrated as part of the management/health and safety/restraint/infection control meeting. Monthly collation tables from the facility are forwarded to Ryman head office for analysis and benchmarking. The infection control coordinator implements the surveillance, organises training and implements and reviews internal audits. The infection control policies are comprehensive and reflect best practice. Infection control training is provided to staff annually. 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.