

Diana Isaac Retirement Village Limited

CURRENT STATUS: 06-Jun-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

Diana Isaac Retirement Village is a modern facility that opened in 2012 and is part of Ryman Healthcare. Diana Isaac provides rest home, hospital and dementia level care for up to 160 residents including rest home level care in 40 certified serviced apartments. Occupancy is 40 rest home residents, 40 hospital residents, 40 dementia unit residents and nine rest home residents in the serviced apartments.

Diana Isaac is managed by an experienced aged care manager and supported by an experienced clinical manager and staff.

Ryman Healthcare has an organisational total quality management plan and key operations quality initiatives that are implemented at Diana Isaac. All residents and relatives spoke very highly about the care and support provided by staff and management. There are improvements required around internal audits and short term care plans.

AUDIT SUMMARY AS AT 06-JUN-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
	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

Indicator	Description	Definition
	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 06-Jun-13	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.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 06-Jun-13	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.		Some standards applicable to this service partially attained and of low risk

Continuum of Service Delivery	Day of Audit 06-Jun-13	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.		Some standards applicable to this service partially attained and of low risk

Safe and Appropriate Environment	Day of Audit 06-Jun-13	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.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 06-Jun-13	Assessment
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

Infection Prevention and Control	Day of Audit 06-Jun-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.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 06-JUN-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 robust quality and risk management system that supports the provision of clinical care and support. The quality system has been established and implemented at Diana Isaac. 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. An annual resident and relative satisfaction survey is completed and resident meetings have recently been commenced.

Quality and risk performance is reported across the facility meetings and also to 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 at Diana Isaac to document actions to improve or enhance a current process or system or actions to improve outcomes or efficiencies in the facility. There is an active 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 registered nurse/enrolled nurse journal club directed by head office whereby articles, research and questions are discussed.

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

A service information pack is made available prior to entry or on admission to the resident and family/whanau. Residents/relatives confirmed the admission process and that the admission agreement is discussed with them. The registered nurse is responsible for each stage of service provision. The assessments, initial and long term nursing care plans are developed in consultation with the resident/family/whanau and implemented within the required timeframes to ensure there is safe, timely and appropriate delivery of care.

The sample of residents' records reviewed identified implemented systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified in the long term nursing care plans and these are reviewed at least six monthly or earlier if there is a change to health status. There is resident and/or family/whanau and multidisciplinary team are involved in the review of nursing care plans and activity plans. There is an improvement required around the use of short term care plans for acute episodes or short term needs. Resident files are integrated and include notes by the GP and allied health professionals.

The activity programme is developed to promote resident independence, involvement, emotional well-being and social interaction appropriate to the level of physical and cognitive abilities of the resident group. Spiritual and cultural preferences and needs are being met.

Education and medicines competencies are completed by all staff responsible for administration of medicines. All medication is reconciled on delivery and stored safely. The medicines records reviewed include photo identification, documentation of allergies and sensitivities and special instructions for administration.

Food services and all meals are provided on site. Residents' individual food preferences, dislikes and dietary requirements are met. There is dietitian review and audit of the menus. All staff are trained in food safety and hygiene.

Safe and Appropriate Environment

Diana Isaac Retirement Village is a modern, purpose built, three level facility. The building has a current building warrant of fitness and fire service evacuation approval. All rooms are single, personalised and spacious with an ensuite. The environment is warm and comfortable. There is adequate room for residents to move freely using mobility aids. The

hospital rooms all have electric beds and are large enough to safely manoeuvre hoist and other equipment required for resident transfer. Communal areas are spacious and well utilised for group and individual activity. Each unit has its own dining room and lounge areas. The dining and lounge seating placement encourages group social interaction as well as quieter areas to meet individual needs. There is a large central atrium with seating areas, gardens and natural light. The dementia unit has a safe outdoor patio area and raised garden beds. Essential emergency policies and equipment are available. The indoor/outdoor flow allows for freedom of movement, fresh air, and natural light and outdoor activities. There is adequate equipment for the safe delivery of care. All equipment is well maintained and on a planned schedule. The laundry operates throughout the day. The cleaning service maintains a tidy, clean environment.

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 two residents assessed as requiring enablers in the form of bed rails and one chair support restraint in the hospital. Restraint/enabler competencies are completed by staff annually and the induction training includes specific training. The restraint minimisation manual includes comprehensive procedures to meet the restraint standards if and when a restraint event occurs. These procedures include assessment of the least restrictive option, consent, monitoring and evaluation. There is also a restraint approval group at Diana Isaac that meets six monthly to oversee restraint minimisation practices.

Infection Prevention and Control

There are comprehensive infection control policies and an infection control manual. There is an infection control register in which all infections are documented monthly. Monthly collation tables from the facility are forwarded to Ryman head office for analysis and benchmarking. Infection control is integrated as part of the management/health and safety/restraint/infection control meeting. The facility employs a fluids assistant for three hours every day to promote residents fluid intake and chart fluid input when required. This initiative was commenced as an aid to the prevention of urinary tract infections as well as to ensure adequate hydration. The infection control coordinator implements the surveillance, organises training and implements and reviews internal audits. Infection control training is provided to staff annually.