

Ernest Rutherford Retirement Village Limited

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:

Legal entity:	Ernest Rutherford Retirement Village Limited	
Premises audited:	Ernest Rutherford Retirement Village	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 17 October 2016	End date: 18 October 2016
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	108	

Executive summary of the audit

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

Ernest Rutherford is part of the Ryman Group of retirement villages and aged care facilities. Ernest Rutherford provides rest home, dementia and hospital level care for up to 124 residents, including 30 serviced apartments certified to provide rest home level care. On the day of audit there were 108 residents including 16 rest home residents in the serviced apartments. The service is managed by an experienced non-clinical village manager, assistant manager and experienced clinical manager who is a registered nurse. The residents and relatives interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and the general practitioner.

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 documented. There are bi-monthly resident meetings and six monthly relative meetings held. Complaints are actioned and include documented response to complainants. A complaints register is maintained in VCare.

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.
---	--	--

Ernest Rutherford retirement village has implemented the 'TeamRyman' programme that provides the framework for quality and risk management and the provision of clinical care. Key components of the quality management system link to a number of facility and clinical meetings. Annual resident/relative satisfaction surveys have been completed. Quality and risk performance has been reported across the various facility meetings and to the organisation's management team. Ernest Rutherford provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training was supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

Continuum of service delivery

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.		Standards applicable to this service fully attained.
--	--	--

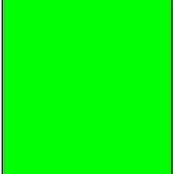
InterRAI assessments, risk assessments, care plans, interventions and evaluations are completed by the registered nurses. Care plans demonstrate service integration. Resident and family interviewed confirmed they were involved in the care plan process and review. Care plans were updated for changes in health status. The general practitioner completes an admission visit and reviews the residents at least three monthly.

The activity team provide an activities programme which is varied and interesting. The Engage programme meets the abilities and recreational needs of the group of residents. Residents are encouraged to maintain links with community groups.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews medications three monthly.

The menu is designed by a dietitian at an organisational level. All baking and meals are cooked on-site. Individual and special dietary needs are accommodated. Nutritious snacks are available 24-hours in the dementia care unit.

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 building has a current 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.
---	--	--

There are policies and procedures on safe restraint use and enablers. There was one resident voluntarily using an enabler and seven residents with restraint (two bedrails and five chair brief). The hospital coordinator/registered nurse is the restraint coordinator. Staff receive training around restraint and challenging behaviours.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
--	--	---

The infection prevention and control programme includes policies and procedures to guide staff. The infection prevention and control team holds integrated meetings with the health and safety team. A monthly infection control report is completed, trends identified and acted upon. Benchmarking occurs. A six-monthly comparative summary is completed. There have been no outbreaks.

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)
Standards	1	15	0	0	0	0	0
Criteria	2	37	0	0	0	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)
Standards	0	0	0	0	0
Criteria	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 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Full information is provided at entry to residents and family/representatives. Three residents (rest home) and three relatives (two hospital and one dementia) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. There is an incident reporting policy and reporting forms that guide staff to their responsibility to notify family of any resident accident/incident that occurs. The incident forms have a section to indicate if family have been informed (or not) of an accident/incident. A sample of incident forms reviewed for September 2016 identified that family were notified following a resident incident.</p> <p>Relatives interviewed confirmed they were notified of any changes in their family member's health status. Interpreter policy and contact details of interpreters is available. The information pack is available in large print and this can be read to residents. A specific introduction to the dementia unit booklet provides information for family, friends and visitors to the facility. There are bi-monthly resident meetings and six monthly relative meetings held.</p>
<p>Standard 1.1.13: Complaints Management</p>	<p>FA</p>	<p>The complaints policy and supporting documents are being implemented. The village manager has the overall responsibility for ensuring all complaints (verbal or written) are fully documented and thoroughly investigated. The number of complaints received each month is reported to staff via the various staff meetings. A complaints register has been maintained in</p>

		<p>VCare that includes relevant information regarding the complaint. There were two documented complaints made in 2016 year to date and one complaint made in 2015. Follow-up letters, investigation and outcome was documented. Discussion with residents and relatives confirmed they were provided with information on the complaints process. Complaints information is provided on admission.</p>
Standard 1.2.1: Governance	FA	<p>Ernest Rutherford retirement village is a Ryman Healthcare facility, situated in Nelson. Ernest Rutherford provides rest home, dementia and hospital level care for up to 124 residents, including 30 serviced apartments certified to provide rest home level care. At the time of the audit, there were 49 rest home residents (including five rest home residents in the hospital and 16 rest home residents in the serviced apartments) and 36 hospital level residents. There was 23 (of 25 beds) dementia level residents in the special care unit which is on level two and is accessible by lift or stairs. There were two rest home residents on respite. There were no residents under a medical component or younger persons' contract. All other residents were under the ARCC.</p> <p>The village manager at Ernest Rutherford is non-clinical and has been in role for five years. He has a management background both in health and non-health services and is supported by an assistant manager who carries out administrative duties. A clinical manager (RN) oversees the clinical care in the care centre. The clinical manager has been in the position for three and a half years and has over ten years' previous experience in acute clinical settings. The management team is supported by the Ryman management team including a regional operations manager. The village manager attends the annual Ryman manager's conference.</p> <p>The village manager has maintained at least eight hours of professional development activities related to managing an aged care facility</p>
Standard 1.2.3: Quality And Risk Management Systems	FA	<p>Ernest Rutherford service continues to implement the TeamRyman Programme, which links key components of the quality management system to village operations. There are monthly TeamRyman committee meetings. Outcomes from the TeamRyman committee are then reported across the various meetings including the full facility, registered nurse (RN) and care assistants. Meeting minutes include discussion about the key components of the quality programme including policy reviews, internal audit, training, complaints, accidents/incidents, infection control and quality improvement plans (QIPs). Management meetings are held weekly. Clinical meeting minutes were sighted.</p> <p>Interviews with staff confirmed an understanding of the quality programme. The service has maintained a continuous improvement rating for reduction of urinary tract infections.</p>

		<p>Policy review is coordinated by Ryman head office. Policy documents have been developed in line with current best and/or evidenced-based practice. Facility staff are informed of changes/updates to policy at the various staff meetings. In addition, a number of core clinical practices have staff comprehension surveys that staff are required to complete to maintain competence. Care staff stated they are made aware of any new/reviewed policies and these are available in the staff room.</p> <p>Relative survey was last completed in March 2016, serviced apartment residents survey in June 2016 and care centre residents survey in February 2016. Results have been collated with annual comparisons for each service. Areas of concern were identified and quality improvement plans raised, (QIPs) completed and signed off. Results were fed back to participants through resident and relative meetings. TeamRyman prescribes the annual internal audit schedule that has been implemented at Ernest Rutherford. Audit summaries and QIPs are completed where a non-compliance is identified (<90%). Issues and outcomes are reported to the appropriate committee (eg, health and safety). Quality improvement plans reviewed were closed out once resolved. A continuous improvement rating has been maintained in this area.</p> <p>Monthly clinical indicator data is collated across the care centre (including rest home residents in the serviced apartments). There is trending of clinical data and development of QIPs when volumes exceed targets (eg, falls). Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The health and safety and infection control committee meet bi-monthly and incidents/accidents, falls and infections is discussed and documented. The health and safety officer interviewed described the role of the health and safety committee. There is a current hazard register.</p>
Standard 1.2.4: Adverse Event Reporting	FA	<p>Ernest Rutherford collects monthly incident and accident data and completes electronic recording of events on the VCare system. Monthly analysis of incidents by type is undertaken by the service and is reported to the various staff meetings. Data is linked to the organisation's benchmarking programme and used for comparative purposes. QIPs have been created when the number of incidents exceeded the benchmark. Fourteen accident/incident forms reviewed (one rest home, eight hospital and five dementia) identified timely RN assessment and post-falls assessments where required. Quality improvement plans were seen to have been actioned and closed out. Senior management were aware of the requirement to notify relevant authorities in relation to essential notifications. One section 31 incident notification form (sighted) was completed in the past 12 months. The notification related to a pressure injury in July 2016.</p>

<p>Standard 1.2.7: Human Resource Management</p>	<p>FA</p>	<p>There are organisational policies to guide recruitment practices and documented job descriptions for all positions. Appropriate recruitment documentation was seen in the eight staff files (one clinical manager, one hospital coordinator/RN, one RN, two caregivers, one education coordinator, one administrator/health and safety officer and one activities coordinator) reviewed. Performance appraisals are current in all files reviewed. Interviews with caregivers inform that management are supportive and responsive. All newly appointed staff complete general induction and role specific orientation. Health practitioners and competencies policy outlines the requirements for validating professional competencies. A register of practising certificates is maintained.</p> <p>There is an annual training plan aligned with the TeamRyman programme that is being implemented. Staff 'catch up' folders contain education content for staff to read and sign if they were unable to attend training. There is an aged care education coordinator/RN to support staff working towards the national standards. Ryman ensures RNs are supported to maintain their professional competency including attending the journal club meetings and external education. Six of seventeen RNs (including the clinical manager) have completed their InterRAI training.</p> <p>Seventeen out of twenty care assistants who are employed in the dementia care unit have completed their dementia specific unit standards. Three care assistants are in progress to complete their dementia training and have commenced work within the last 12 months. Completion of induction programme and required dementia standards are required to be monitored and reported monthly to head office as part of the TeamRyman programme.</p>
<p>Standard 1.2.8: Service Provider Availability</p>	<p>FA</p>	<p>There is a Ryman policy which supports the requirements of skill mix, staffing ratios and rostering. There is at least one RN and first aid trained member of staff on every shift. Caregiver's advised that RNs (including coordinators) are supportive and approachable and stated that there are sufficient staff on duty at all times. Interviews with residents and relatives indicated there are sufficient staff to meet resident needs. There is access to both casual staff and part-time staff to cover unexpected absence. The caregivers cover a mix of long and short shifts. The serviced apartments are currently managed by an enrolled nurse with oversight from the clinical coordinator based in the dementia care unit. If the number of rest home residents exceeds 20 in the serviced apartments a dedicated caregiver will be positioned in that area overnight.</p>
<p>Standard 1.3.3: Service Provision Requirements</p>	<p>FA</p>	<p>Pressure injury (PI) information (please do not change the text in red) Ω No. of PI on day of audit: [3]</p>

	<p>Ω Facility acquired PI: [3]</p> <p>Ω Non-facility acquired PI: [0]</p> <p>Ω No. Stage 1 PI: [2]</p> <p>Ω No. Stage 2 PI: [1]</p> <p>Ω No. Stage 3 PI: [0]</p> <p>Ω No. Stage 4 PI: [0]</p> <p>Ω No. Stage 5 (Unstageable (depth unknown)) PI: [0]</p> <p>Ω No. Stage 6 (Suspected deep tissue injury) PI: [0]</p> <p>Ω Assessed level of care: Hospital: [3]</p> <p>Ω Assessed level of care: Rest Home: [0]</p> <p>Ω Assessed level of care: Dementia: [0]</p> <p>Ω Assessed level of care: Psychogeriatric: [0]</p> <p>Ω Assessed level of care: Young person: [0]</p> <p>Component (Yes/No and Comment)</p> <p>Ω PI being treated at the time of the audit: [Yes] Comment [Initial wound assessments and ongoing assessments are completed on the VCare system and consider factors that delay healing, pain and nutritional status.]</p> <p>Ω Policy/guideline: [Yes] Comment [Pressure injury and skin management last reviewed November 2015]</p> <p>Ω Internal audit programme: [Yes] Comment [Wound care audits which include pressure injury documentation are completed as per the internal audit schedule last in March 2016 with 98% result]</p> <p>Ω Meeting minutes: [Yes] Comment [discussed and minuted in team Ryman, clinical meetings and full facility meetings.]</p> <p>Ω adverse event reporting: [Yes] Comment [PIs are required to be reported through the quality risk system on VCare]</p> <p>Ω Annual training programme: [Yes] Comment [wound care management training was attended by 12 of 17 RNs. Care assistants attended skin care and wound care which</p>
--	---

	<p>included pressure injury prevention in March 2016]</p> <p>Ω Equipment: [Yes] Comment [all hospital beds have posture temp PI rated mattresses. Air-alternating and overlay mattresses are available and in use. Care assistants and RNs interviewed state they have adequate pressure injury resources including pressure cushions]</p> <p>Ω Staff interview: [Yes] Comment. [Care assistants and RNs were knowledgeable in the prevention, treatment and management of pressure injuries]</p> <p>Six resident files were reviewed (two rest home including one resident in the serviced apartments and one respite resident, two hospital level of care and two residents at dementia level of care). The registered nurses (RNs) are responsible for undertaking all aspects of assessments and care plan development. Initial nursing assessments and care plans had been developed on admission for all residents including the respite care resident. Long-term care plans and the InterRAI assessment had been completed within 21 days for five long-term residents under the ARCC. The respite care resident was not required to have a long-term care plan or InterRAI assessment. Routine InterRAI assessments and long-term care plans had been evaluated in two of five long-term resident files. Three residents had not been at the service six months (one rest home, one hospital and one dementia care resident).</p> <p>Residents retain their own general practitioner (GP) from the local medical centre of five GPs. Each GP visits weekly to complete three monthly reviews, admissions and see any residents of concern. The resident files identified the GP had seen the resident within two working days of admission and had examined the residents at least three monthly or more frequently dependent on the resident's health status. The GP interviewed is satisfied with the RN clinical assessments and communication between the RNs and the practice. There is a duty GP available to visit as required. The GP stated there is good communication and liaison with the geriatricians and mental health team.</p> <p>There was documented evidence of allied health professional involvement in the resident's care and interventions were integrated into long-term care plans. A physiotherapist is contracted to the service for two visits weekly. The physiotherapist completes initial physiotherapy assessments on all hospital residents and post falls by referral for all residents. The physiotherapist is supported by a physiotherapy assistant (employed) who carries out exercise programmes and walks as instructed.</p> <p>The service contracts a podiatrist and dietitian who visit regularly (and by referral).</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained.</p>
--	--

	<p>Tracer methodology for rest home resident in serviced apartment:</p> <p>The resident has a high falls risk and had a fall.</p> <p>The InterRAI assessment, long-term care plan, falls protocol and progress notes were reviewed. The serviced apartment coordinator, care assistant and resident were interviewed.</p> <p>The InterRAI assessment had been completed within 21 days of assessment to rest home level of care and identified the resident at high risk of falls. Falls prevention interventions were documented in the long-term care plan. The resident had a fall resulting in a laceration to the head. Neurological recordings were completed as sighted on the falls protocol (sighted) prior to the resident being transferred to the DHB for medical assessment. The progress notes recorded the fall and notification of the next of kin. The resident interviewed states the staff have been wonderful, caring, and helpful and assist them with cares and check on them regularly. The serviced apartment coordinator and care assistant interviewed were able to describe the resident's current health status and supports required.</p> <p>Tracer methodology for hospital resident:</p> <p>The resident developed a stage two pressure injury of the heel following an admission to hospital for repair of fractured neck of femur post fall.</p> <p>The InterRAI re-assessment, nutritional assessment, pressure injury risk assessment, wound assessment, long-term care plan and medical notes were reviewed. The hospital coordinator, care assistants and cook were interviewed. The resident was not able to be interviewed.</p> <p>An InterRAI assessment was completed on transfer back to the facility due to a change in the level of care. The pressure ulcer risk was triggered as high risk and pressure injury preventions and resources were documented and in place as observed on the day of audit. The resident had experienced weight loss and the nutritional assessment identified the resident at risk. The GP was notified and the resident prescribed a dietary supplement. The cook confirmed high protein drinks and snacks were made available. The hospital coordinator and care assistants could describe pressure injury prevention and management of pressure injuries. The wound assessment/incident notification and ongoing wound assessments were reviewed on the VCare electronic resident care system.</p> <p>Tracer methodology for dementia care resident:</p> <p>The resident has diagnosed Alzheimer's and exhibits of challenging behaviours.</p> <p>The resident first InterRAI assessment, behaviour management plan, activity plan, behaviour chart and pain management plan was reviewed. The dementia care coordinator, care</p>
--	---

		<p>assistants and activity coordinator were interviewed. The family did not visit on the day of audit.</p> <p>The first InterRAI assessment triggered mood/cognition and behaviours. The long-term care plan described the resident behaviour and interventions for de-escalation of behaviours including activities and pain management. Behaviours were documented on the behaviour chart and identified if intervention/activities were successful or not. The progress notes documented discussion with the family and GP. The dementia care coordinator and care assistants confirmed de-escalation included activities and medication was used as a last resort. The activity coordinator described meaningful activities that the resident responded to.</p>
Standard 1.3.6: Service Delivery/Interventions	FA	<p>Residents interviewed reported their needs were being met. The family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit or nurse specialist consultant. Care plans are updated to reflect the changes in resident needs/supports. Short-term care plans are developed for infections.</p> <p>Wound assessments, treatment and evaluations were in place (on the VCare system) for 24 residents with wounds (skin tears, lesions and chronic ulcers). There were three facility acquired pressure injuries on the day of audit (one stage one and two stage two). Adequate dressing supplies were sighted in the treatment rooms. The RNs could describe access to the DHB wound nurse or district nurses as required. The GP reviews wounds three monthly or earlier if there are signs of infection or non-healing. Chronic wounds and pressure injuries are linked to the long-term care plans.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed.</p> <p>Monitoring forms in place include (but not limited to) monthly weight, blood pressure and pulse, neurological observations post unwitnessed falls or identified head injuries, food and fluid charts, restraint monitoring, pain monitoring, blood sugar levels and behaviour charts. Progress notes document changes in health and significant events.</p>
Standard 1.3.7: Planned Activities	FA	<p>There is a team of seven activities staff members (with four progressing through the diversional therapy level 4 training), who coordinate and implement the Engage programme across the four areas; rest home, serviced apartments, hospital and dementia care unit. Activity staff attend on-site and organisational in-service relevant to their roles. All staff have current first aid certificates.</p>

		<p>The Engage programme has set activities with the flexibility for each service level to add activities that are meaningful and relevant for the resident group including Triple AAA exercises, themes events and celebrations, indoor bowls, baking in the kitchenettes, outings and drives. A mobility van is hired for hospital residents. Residents in the dementia care unit are taken for daily walks (observed) around the gardens and grounds as weather permits. Rest home residents in the serviced apartments attend the serviced apartment programme and have a rest home outing weekly to cafes, shopping, beach and other places of interest. Daily contact is made with residents who choose not to be involved in the activity programme. Community involvement includes entertainers, RSA speakers and church services.</p> <p>The survey has been successful in engaging residents and relatives in the Engage programme.</p> <p>Activity assessments are completed for residents on admission. The activity plan in the files reviewed had been evaluated at least six monthly with the care plan review. The resident/family/whānau as appropriate, are involved in the development of the activity plan. Residents/relatives have the opportunity to feedback on the programme through the resident meetings and satisfaction surveys. The service has maintained a continuous improvement rating for the activities programme.</p>
Standard 1.3.8: Evaluation	FA	<p>Long-term care plans had been evaluated by registered nurses for long term residents who had been at the service six months. One rest home resident was on respite care. Written evaluations for long term residents describe the resident's progress against the resident's identified goals and any changes are updated on the long-term care plan. The multidisciplinary review involves the RN, clinical manager, GP, care assistant, activities staff and other allied health professionals involved in the care of the resident. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they had been invited to attend the multidisciplinary care plan reviews and GP visits.</p>
Standard 1.3.12: Medicine Management	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with Ministry of Health medication requirements. Medication reconciliation of monthly blister packs is completed by RNs and any errors fed back to pharmacy. Registered nurses, enrolled nurses and senior care assistants who administer medications have been assessed for competency on an annual basis. Care staff interviewed were able to describe their role in regard to medicine administration. Education around safe medication administration has been provided. Medications were stored safely. Medication fridges were monitored weekly. All eye drops</p>

		<p>and cream were dated on opening.</p> <p>Three self-medicating rest home residents had been assessed and reviewed by the GP and RN as competent to self-administer.</p> <p>Twelve medication charts (four hospital, four rest home and four dementia care) were reviewed on the electronic medication system. The effectiveness of 'as required' medications is entered into the electronic medication system.</p>
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	FA	<p>All food and baking is prepared and cooked on-site. The qualified head chef is supported by a weekend chef and kitchen assistants. Staff have been trained in food safety and chemical safety. There is an organisational four weekly seasonal menu that had been designed in consultation with the dietitian at organisational level. Meals are delivered in hot boxes and served from bain-maries in the kitchenettes. Residents have a choice of two meal options for the evening meal.</p> <p>The cook receives a resident dietary profile for all new admissions and is notified of any dietary changes. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Special diets such pureed/soft diets are provided. Nutritious snacks are available 24 hours in the dementia unit.</p> <p>Freezer and chiller temperatures and end cooked temperatures are taken and recorded twice daily. Chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents have the opportunity to provide feedback on the meals through resident meetings, survey and direct contact with the chefs.</p>
Standard 2.1.1: Restraint minimisation	FA	<p>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there was one resident voluntarily using an enabler and seven residents with restraints (two bedrails and five chair brief). Restraint and challenging behaviour education is included in the training programme.</p>
Standard 3.5: Surveillance	FA	<p>The surveillance policy described the purpose and methodology for the surveillance of infections. Definitions of infections in place are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections, and are kept as part of the resident files. Infections are included on an electronic register and the infection prevention and control officer (registered nurse) completes a monthly report. Monthly data is</p>

		<p>reported to the combined infection prevention and control, and the health and safety meetings. Staff are informed through the variety of clinical meetings held at the facility. Meeting minutes include identifying trends, corrective actions and evaluations are available on the staff noticeboard. The infection prevention and control programme links with the quality programme (link CI 1.2.3.6). There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility.</p> <p>There have been no outbreaks.</p>
--	--	---

Specific results for criterion where a continuous improvement has been recorded

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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>CI</p>	<p>Data collated is used to identify any areas that require improvement. The quality programme for 2016 includes objectives for improving outcomes for residents. Clinical indicator data has individual reference ranges for acceptable limits and levels of incidents and infections. Data is collected around (but not limited to) falls, skin tears, pressure injuries and infections. The service developed a quality improvement plan to reduce the number of infections and UTIs in the hospital area. The action plan included: (i) The introduction of a “bug team” including a care assistant from each area. The “bug team” role is to increase infection control and awareness for all staff and monitor infection control practice. The team and the infection control and prevention officer attended education delivered by a microbiologist. (ii) Reminders and refreshers for staff regarding the use of personal protective wear. (iii) Reminders, refreshers and education for staff at in-service and handovers; (iv) More frequent fluid rounds and providing assistance where needed, and (v) Early identification of suspected UTIs. Urinary tract infections for the hospital level residents have been monitored for the past 18 months. Between February 2016 and September 2016 UTIs had been below the Ryman benchmark of 1.5/1000 bed days. The service has been successful in reducing the incidence of UTIs in hospital level residents.</p>

Standard 1.3.7: Planned Activities	CI	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.
Criterion 1.3.7.1 : Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.	CI	The activity team are supported by management to develop new initiatives, share skills and ideas between the areas and encourage participation of all residents in village activities. Examples of combined activities include on-site concerts, Wizard of Oz performance and visiting Tamariki during Māori language week. The care centre has residents from all areas including dementia care unit (as appropriate) involved in a skiffle band which also performs at other rest homes. Some residents have made their own instruments. The dementia care unit has started a choir which has been well received especially during festive times such as Christmas. El fresco dining has been popular and provides an opportunity for families to join their relative for dinner. The Engage village friends continue to be active throughout the village visiting the care centre and regularly assisting with sing-a-longs, skiffle band and other activities. The activity team have commenced developing memory diaries with resident and family involvement. A mobile sensory garden has been developed and is transported to each area for all residents to benefit from the sensory garden. Attendance at Triple AAA continues to be well attended, especially in the special care unit which averages 70% participation rate ranking them in the top bracket for Ryman facilities.

End of the report.