

Rita Angus Retirement Village Limited - Rita Angus Retirement Village

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:	Rita Angus Retirement Village Limited
Premises audited:	Rita Angus Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 January 2018 End date: 22 January 2018
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:	78

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

Ryman Rita Angus provides rest home and hospital level care for up to 89 residents including rest home level care across 20 serviced apartments. On the day of the audit there were 78 residents.

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 and staff.

The service is managed by a village manager. The village manager is supported by a full-time clinical manager/RN and a regional manager. The residents and relatives interviewed all spoke positively about the care and support provided.

The service has continued to maintain a comprehensive quality and risk management system. Areas of continuous improvement have been awarded around the reduction of the number of residents' falls and management of residents with urinary tract infections.

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.
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There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager and clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A comprehensive quality and risk management programme is in place. Corrective actions are implemented and evaluated where opportunities for improvement are identified. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is implemented for new staff. Ongoing education and training includes in-service education and competency assessments.

Registered nursing cover is provided seven days a week. Residents and families report that staffing levels are adequate to meet the needs of the residents.

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.
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Initial assessments and risk assessment tools are completed by the registered nurse on admission. Care plans and evaluations are completed by the registered nurses within the required timeframe. Monitoring forms are available. Care plans demonstrate service integration, are individualised and evaluated six-monthly. The resident/family/whānau interviewed confirmed they are involved in the care plan process and review. Short-term care plans are in use for changes in health status.

The activities staff are designated to provide an activities programme in each unit ensure the abilities and recreational needs of the residents is varied, interesting and involves the families and community.

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. There are three-monthly GP medication reviews.


Meals are prepared on-site. The menu is designed by a dietitian at organisational level. Food, fridge and freezer temperatures are recorded. Individual and special dietary needs are catered for. Residents responded favourably to the food that is provided.

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.
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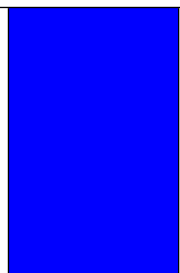
A current building warrant of fitness is posted in a visible location.

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.
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Staff receive training around restraint minimisation and the management of challenging behaviour. The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. There are 10 hospital levels residents using a restraint and three hospital level residents using enablers. Staff have received education and training in restraint minimisation.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		All standards applicable to this service fully attained with some standards exceeded.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer is responsible for coordinating/providing education and training for staff. The infection control officer has attended external training. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Ryman facilities. Staff receive ongoing training in infection control.

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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available throughout the facility. Information about complaints is provided on admission. Interviews with all eight residents (four rest home including one in a serviced apartment, and four hospital) and three family (hospital) confirmed their understanding of the complaints process.</p> <p>Interviews with two managers (village manager, clinical manager) and eight staff (four caregivers [one rest home, two hospital and one serviced apartment], two registered nurses (RNs), one chef, and one diversional therapist) confirmed their understanding of the complaints process.</p> <p>There is a complaints' register that includes written and verbal complaints, dates and actions taken. In 2017, three complaints were lodged in the serviced apartments and three complaints were lodged in the care centre. All lodged complaints were managed in an appropriate and timely manner and were signed off by the village manager as resolved. One complaint relating to medication error (rest home level in a serviced apartment) was lodged with HDC in 2016 and has been signed off as resolved with follow-up actions evidenced as implemented.</p> <p>The complaints process is linked to the quality and risk management system.</p>

<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>An open disclosure policy describes ways that information is provided to residents and families. The admission pack contains a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they have to pay for that are not covered by the agreement. The information pack is available in large print and in other languages. It is read to residents who are visually impaired. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Regular contact is maintained with family, including if an incident or care/health issues arises. Evidence of families being kept informed is documented on the electronic database and in the residents' progress notes. All three family members interviewed (hospital level) stated they were well-informed. Ten incident/accident reports reviewed (electronically) identified that next of kin were contacted following an adverse event. Regular resident and family meetings provide a forum for residents to discuss issues or concerns.</p> <p>Interpreter services are available if needed, for residents who are unable to speak or understand English. Family are used in the first instance.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Rita Angus is a Ryman healthcare retirement village located in Wellington. The care centre is certified to provide rest home and hospital care (geriatric and medical) for up to 89 residents (69 in the care centre and rest home level care across 20 serviced apartments). There are 40 dedicated dual-purpose beds. During the audit there were 66 residents in the care centre (22 rest home, 44 hospital) and 12 rest home level residents in the serviced apartments. Two hospital level residents were on respite and one hospital level resident was on the young person with a disability (YPD) contract. The clinical manager reported that no residents have been admitted to the care centre under the Ryman complimentary care service since the last audit.</p> <p>There is a documented service philosophy that guides quality improvement and risk management. Specific values have been determined for the facility. Organisational objectives are defined with evidence of regular reviews.</p> <p>The village manager has been employed at Rita Angus for three months. She trained as an RN but no longer holds a current practising certificate. She has one year of experience as a village manager at another Ryman facility and has 16 years of aged care management experience in total. She has attended a minimum of eight hours per annum of professional development activities related to managing an aged care facility. The village manager is supported by a full-time clinical manager/RN and</p>

		a regional manager.
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Rita Angus has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Discussions with the management team and staff, and review of management and staff meeting minutes reflect their involvement in quality and risk activities.</p> <p>Family meetings are held six monthly and residents' meetings are held every two months. Minutes are maintained. Annual resident and relative surveys are implemented and benchmarked against other Ryman facilities. Evidence was sighted to confirm that suggestions and concerns are addressed.</p> <p>The service has policies, procedures, and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed at a national level and are forwarded through to a service level. They are held in an electronic format and are communicated to staff as evidenced in staff meeting minutes.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance, and the quality of service delivery. There are clear guidelines and templates for reporting. The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. Results are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Corrective actions are implemented and signed off where internal audit results reflect less than 95% compliance. In addition, quality improvement projects (QIPs) are implemented where opportunities for improvement are identified with several examples provided. QIPs are signed off by the village manager when completed. A previous rating of continuous improvement around the management of residents' falls remains.</p> <p>Health and safety policies are implemented and monitored via the two-monthly health and safety meetings. A health and safety officer is appointed who has completed external stage one and stage two health and safety training. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The data is tabled at staff and management meetings. Ryman has achieved tertiary level</p>

		ACC workplace safety management practice (expiry 31 March 2018). The hazard register indicates that identified hazards are regularly reviewed.
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Individual incident reports are completed electronically for each incident/accident with immediate action noted and any follow-up action required.</p> <p>Ten incident/accident assessments related to falls identified that all are fully completed and include follow-up by a registered nurse. The clinical manager is involved in the adverse event process, with links to the applicable meetings (e.g., TeamRyman, RN, care staff, health and safety and infection control). This provides the opportunity to review any incidents as they occur. Data is collated, trended and linked to the quality and risk management programme.</p> <p>The village manager and clinical manager were able to identify situations that would be reported to statutory authorities with examples provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (four caregivers, two registered nurses, one clinical manager) provided evidence of the employment process including interviewing, police vetting and reference checks. Also sighted in all seven files were signed employment contracts, job descriptions, evidence of completed orientation programmes and annual performance appraisals.</p> <p>A register of RN and EN practising certificates are maintained within the facility. Practising certificates for other health practitioners are retained to provide evidence of registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. A register of staff indicates that a small percentage of completed orientation programmes are outstanding with efforts underway to ensure staff submit completed paperwork. There is an implemented annual education plan. The training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training.</p> <p>RNs are supported to maintain their professional competency. Three of fourteen RNs have completed their interRAI training. Staff training records are maintained. There are implemented competencies for RNs, ENs and caregivers related to</p>

		specialised procedures or treatments including medication competencies and insulin competencies.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale.</p> <p>In addition to a full time clinical manager/RN and village manager, there is a serviced apartment unit coordinator (enrolled nurse) and a hospital coordinator (RN).</p> <p>Hospital wing (21 hospital level residents, 7 rest home level residents): A staff RN is scheduled for the hospital AM shift, two RNs are rostered for the PM shift and one RN covers the care centre during the night shift. RNs are supported by eight caregivers in the hospital for the AM shift (four long-shift and four short-shift), and six caregivers on the PM shift (four short-shift and two long-shift).</p> <p>Rest home wing (28 rest home level residents, 22 hospital level residents): The rest home in the care centre is staffed with one RN on the AM shift who is supported by two caregivers (one long and one short). Two caregivers are staffed on the PM shift (one long and one short).</p> <p>A total of five caregivers assist the RN on the night shift (three hospital and two rest home).</p> <p>The serviced apartment is staffed with a unit coordinator/EN (five days a week) and a senior carer, two days a week. Three carers are on the AM shift (one long and two short-shifts) and three caregivers are on the PM shift (all short-shifts up to 9.00 pm). After 9.00 pm, the caregivers in the care centre are responsible for the serviced apartments with systems in place for communication via mobile phones.</p> <p>Activities are provided seven days a week for all hospital level residents in the care centre and five days a week for the rest home level residents. A registered physiotherapist is available sixteen hours per week. There are separate laundry and cleaning staff. A fluid assistant is rostered from 9:30 am to 1:00 pm seven days a week, a lounge carer is rostered from 4.00 pm to 8.00 pm seven days a week and a physiotherapy assistant is rostered from 9.00 am to 12.00 pm five days a week.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall the staffing levels are satisfactory and that the management team provide good support. Residents and family members interviewed reported there are</p>

		adequate staff numbers.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with current medication guidelines. Medication reconciliation of monthly blister packs is completed by the RN and any errors fed back to the pharmacy. Registered nurses, enrolled nurses and senior care assistants who administer medications have been assessed for competency. All medications were stored safely. The service uses an electronic medication system. Care staff and RNs interviewed could describe their role in regard to medicine administration. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Medication fridges are monitored. All eye drops, creams and nasal sprays in medication trolleys were dated on opening. There was one rest home level resident self-medicating and competencies are current. The resident had secure storage and staff check the medications have been taken. There were no standing orders.</p> <p>Twelve medication charts (six rest home and six hospital) were reviewed on the electronic medication system. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is entered into the electronic medication system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food and baking are prepared and cooked on-site. The qualified head chef is supported by cooks and a team of kitchen assistants. Staff have been trained in food safety and chemical safety. The Wellington city council food hygiene certificate expires in 2018. Project "delicious" was commenced one and a half years ago and offers menu choices, including a choice of three main dishes for the midday and two choices for evening meal including a vegetarian option. Gluten free diet is accommodated within the menu plan. The menus are a four-week cycle and have been designed in consultation with the dietitian at an organisational level. Resident dislikes are accommodated. Diabetic desserts, modified diets and village choice are accommodated. Meals are delivered in hot boxes and served from bain maries in the kitchenettes. The cook serves in the hospital dining room.</p> <p>The cook receives a resident dietary profile for all new admissions and is notified of any dietary changes. Alternative foods are offered. Cultural, religious and food allergies are accommodated.</p> <p>Freezer and chiller temperatures and end-cooked temperatures are taken and</p>

		<p>recorded twice daily. The chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods sighted were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents can provide feedback on the meals through resident meetings, surveys and direct contact with the food services staff. Each dining room has a food comments book, which is checked twice daily by the head chef. Residents and relatives interviewed spoke positively about the choices and meals provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<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 reflect the required health monitoring interventions for individual residents. The myRyman electronic system triggers alerts to staff when monitoring interventions are required. These are automatically generated on the electronic daily schedule for the caregiver or RN to complete. Monitoring charts are well utilised. Short-term care plans are generated through completing an updated assessment on myRyman, and interventions are automatically updated into the care plan. Evaluations of the assessment when resolved closes out the short-term care plan.</p> <p>Wound assessments, treatment and evaluations were in place for eight residents with wounds that were reviewed (six hospital, two rest home). Wound assessments and management plans are completed on myRyman. When wounds are due to be dressed a task is automated on the RN daily schedule.</p> <p>Registered nurses interviewed could describe access to wound specialist nurses if required. The GP reviews wounds regularly. New wounds were recorded in the VCare and myRyman systems. Interventions are generated in the electronic care plan following completion of assessments. Chronic wounds are linked to the long-term care plan. There were four hospital residents with acquired facility pressure injuries (three stage one and one stage two). The hospital coordinator is the facility wound champion and has attended wound care training. Photos demonstrate the healing progress. There is access to district nurses and wound nurse specialist at the DHB if required.</p> <p>Continence products are available and resident files included 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</p>

		as needed and this could be described by the two RNs interviewed.
<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	FA	<p>The team of activities staff (one diversional therapist in the hospital, two activities - one rest home and one serviced apartments and weekend activity assistant) coordinate and implement the engage activities programme across the rest home, hospital and serviced apartments. Rest home residents in serviced apartments can choose which programme they would prefer to attend. The programme is Monday to Friday in the rest home and serviced apartments and seven days week in the hospital wing. There is a lounge carer in the hospital wing from 4.00 – 7.00 pm. There are plenty of activity resources available for staff to use after-hours. 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 A exercises, themed events and celebrations, baking, sensory activities including SPCA pet visits, happy hours, outings and drives. A wheelchair van is hired for twice weekly outings. Volunteers from the village are involved in the activity programme and spend one-on-one time with residents. On two afternoons a week there are two activity persons on duty giving residents a choice of activity to attend and this time also allows the DT to spend time with residents who are unable to participate in group activities.</p> <p>There are separate programmes for each wing and the serviced apartments. Residents are encouraged to attend integrated activities and events happening in the village and serviced apartments. Community involvement includes entertainers, speakers, volunteers and church services.</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 can feedback on the programme through the resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Files reviewed identified that long-term care plans had been evaluated by registered nurses regularly and at least six-monthly. Written evaluations for long-term residents describe the resident's progress against the residents identified goals and any changes are updated on the long-term care plan, which is linked to the care guide on myRyman. A number of assessments (including interRAI) are completed in preparation for the six-monthly care plan review.</p> <p>There is also a multidisciplinary (MDT) review completed that includes people involved in the resident's care. Records of the MDT review were evident in the</p>

		paper-based resident files reviewed. 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.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is posted in a visible location (expiry 12 September 2018).
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	CI	The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the complexity of service provided. Individual infection report forms are completed on the VCare for all infections and are kept as part of the resident files. Infections are included on an electronic register and the infection coordinator (RN) completes a monthly report. Monthly data is reported to the combined infection prevention and control/health and safety meetings and full facility meetings. The infection prevention and control programme links with the quality programme. The service has maintained low numbers of UTIs in the rest home since July 2017. 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. A flu-like illness outbreak in July 2017 and a gastroenteritis outbreak in October 2017 were reported to the DHB and Section 31 notifications were sighted. The outbreaks were well managed with a comprehensive outbreak investigation log and outbreak management report.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. Policies and procedures for restraint minimisation include definitions and processes for the use of restraints and enablers. On the day of audit, there were ten hospital level residents with restraint (bedrails and chair briefs) and three hospital level residents voluntarily using enablers (bedrails). An appropriate assessment and written consent was evidenced for one of the residents using an enabler. The restraint coordinator is an RN. Staff training is regularly provided around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours.

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>CI</p>	<p>Systems are in place for the collection, analyses, and evaluation of quality data. Data analysis identifies normal variation, patterns and trends. Data is benchmarked against other Ryman facilities. Communication of results occurs across a range of meetings. Templates for meetings document actions required, timeframes, and the status of the actions. Actions taken to address residents who are at risk of falling have maintained positive results.</p>	<p>Strategies are implemented to reduce the number of falls include providing falls prevention training for staff, encouraging resident participation in the activities programme, and reviewing of clinical indicator data. A lounge carer is assigned to the pm shifts when activities are not being implemented. Other falls initiatives implemented include routine checks of all residents specific to each resident’s needs (intentional rounding), the use of sensor mats, perimeter mats, night lights, proactive and early GP involvement, and increased staff awareness of residents who are at risk of falling. Caregivers interviewed were knowledgeable in regard to preventing falls and those residents who were at risk. The falls management strategy is regularly reviewed and discussed at staff meetings. The number of falls in the rest home and hospital</p>

			remain below the Ryman benchmark with strategies implemented immediately if there is a spike in the number of falls. This previous area of continuous improvement remains.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Rita Angus implements a comprehensive infection control programme that links to the Ryman quality and risk management programme. Infections are documented on a monthly summary report that includes clinical summary, interventions and evaluations. There is evidence of trending of data collected and QIPs being developed when volumes exceed targets.</p>	<p>The service has maintained low UTI infection rates in the rest home because of continuing to implement a variety of initiatives including providing fluids in a number of forms such as ice-cubes, jellies and flavoured drinks. Hydration and infection prevention of UTIs was discussed at all facility meetings. Good practice has continued with increasing fluid rounds, regular toileting and good hand hygiene (as evidenced in audits). The service has focused on ensuring fluids are available and accessible to residents in lounges and rooms and offering regular fluids throughout the 24-hour period. Throughout the particularly hot months the service has continued to reduce UTIs in the rest home to one, from May 2017 to year-to-date and have remained below the organisational target.</p>

End of the report.