

Ryman Healthcare Limited - Woodcote

Introduction

This report records the results of a Certification 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:	Ryman Healthcare Limited
Premises audited:	Woodcote Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 May 2019 End date: 21 May 2019
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:	51

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 Woodcote provides rest home care for up to 56 residents. On the day of the audit there were 51 residents including two in the serviced apartments. The service is managed by an experienced village manager who has been in the role seven and a half years. She is supported by a clinical manager who has been in the role four months. The management team is supported by the Ryman management team including a regional manager and operations and quality manager. The residents and relatives interviewed all spoke positively about the care and support provided.

This certification audit was conducted against 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, relatives, management, staff and the general practitioner.

There are systems, processes, policies and procedures that are structured to provide appropriate care for residents. Implementation is being supported through the organisation's quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

There were no areas for improvement identified at this audit.

The service is commended for achieving continuous improvement ratings around recognition of Māori values, good practice, communication, quality risk programme, staff education, food service and activities programme.

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.

All standards applicable to this service fully attained with some standards exceeded.

Policies and procedures that adhere with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) are in place. The welcome/information pack includes information about the Code. Residents and families are informed regarding the Code and staff receive ongoing training about the Code. The personal privacy and values of residents are respected. There is an established Māori health plan in place. Individual care plans reference the cultural needs of residents.

Discussions with residents and relatives confirmed that residents and where appropriate their families, are involved in care decisions. Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. Families and friends can visit residents at times that meet their needs.

There is an established system for the management of complaints.

Organisational management

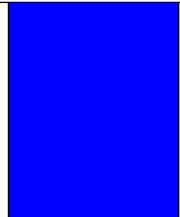
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

All standards applicable to this service fully attained with some standards exceeded.

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. Ryman Woodcote has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Woodcote provides clinical indicator data for the rest home services being provided.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction 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 is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

Continuum of service delivery

<p>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.</p>		<p>All standards applicable to this service fully attained with some standards exceeded.</p>
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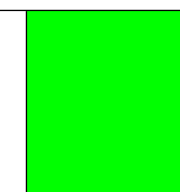
Ryman Woodcote has a comprehensive admission pack that includes information on all the levels of care and services provided. The registered nurse and clinical manager are responsible for all stages in the provision of care including interRAI assessments, risk assessments, development of care plans and evaluations using the myRyman system. Resident files demonstrate service integration. Residents and relatives interviewed confirmed they were involved in the care plan process and review and were informed of any changes in resident health status. The general practitioner completes an admission visit and reviews the residents at least three-monthly.

The activity team provides an activity programme which is varied and interesting. The programme meets the abilities and recreational needs of the different groups 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.

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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The building has a current warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. All but 11 bedrooms are single occupancy with ensuites. There are adequate numbers of communal toilets and showers. There is sufficient space to allow the movement of residents around the facility. The hallways and communal areas are spacious and accessible. The outdoor areas were safe and easily accessible. There is a person on duty at all times with first aid training. Housekeeping staff maintain a clean and tidy environment. All laundry services are managed on site.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency.

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.

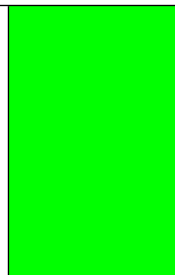


Standards applicable to this service fully attained.

Restraint minimisation is practiced and overseen by the registered nurse. There were no residents using enablers or restraints. Staff receive training around 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.



Standards applicable to this service fully attained.

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 and forwarded to head office for analysis and benchmarking. A six-monthly comparative summary is completed. The infection prevention and control programme includes policies and procedures to guide staff. Surveillance data identifies trends and areas for improvement. Organisational benchmarking occurs.

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	5	40	0	0	0	0	0
Criteria	7	86	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. Three managers (one village manager, one clinical manager and one operation quality manager) and eight care staff; one registered nurse (RN); five caregivers and two diversional therapists described how the Code is incorporated into their working environment. Staff receive training about the Code during their induction to the service. This training continues through the mandatory staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give</p>	FA	<p>Informed consent processes are discussed with residents and relatives on admission. Written general consents reviewed in eight resident files including one rest home resident in the serviced apartments were signed by the resident or their enduring power of attorney (EPOA). Copies of EPOA are kept on the resident's file where required. Caregivers and registered nurse (RN) interviewed, confirmed verbal consent is obtained when delivering care. Discussion with relatives stated that the service actively involves them in decisions that affect their relative's lives. Advanced directives are signed for separately.</p>

informed consent.		All eight resident files reviewed have signed admission agreements.
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	Residents interviewed confirmed they are aware of their right to access independent advocacy services. Discussions with relatives confirmed the service provided opportunities for the family/enduring power of attorney (EPOA) to be involved in decisions. The residents' files include information on the resident's family/whānau and chosen social networks.
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. Activities programmes included opportunities to attend events outside of the facility including activities of daily living. Interviews with staff, residents and relatives confirmed residents are supported and encouraged to remain involved in the community and external groups. Relatives and friends are encouraged to be involved with the service and care.
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	The service has a complaints policy that describes the management of the complaints process. Complaints forms are readily available. Information about complaints is provided on admission. Interviews with residents and family confirmed their understanding of the complaints process. Staff interviewed could describe the process around reporting complaints. There is a complaint's register that includes written and verbal complaints, dates and actions taken and demonstrates that complaints are being managed in a timely manner. There were three complaints made in 2018 and none received in 2019 year to date. All complaints reviewed were documented as resolved. Corrective actions have been implemented and any changes required were made because of the complaint.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There is a welcome pack that includes information about the Code. There is also the opportunity to discuss aspects of the Code during the admission process. Five relatives and eight residents stated they were provided with information on admission which included the Code. Large print posters of the Code and advocacy information are displayed throughout the facility. The village manager reported having an open-door policy and described discussing the information pack with residents/relatives on admission. Relatives and residents are informed of the scope of services and any liability for payment for items not included in the scope.

<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>Ryman has policies that support resident privacy and confidentiality. A tour of the facility confirmed there are areas that support personal privacy for residents. During the audit, staff were observed being respectful of residents' privacy by knocking on doors prior to entering resident rooms and ensuring doors were closed while cares were being done. The service has a philosophy that promotes quality of life and involves residents in decisions about their care. Residents' preferences are identified during the admission and care planning process with family involvement. Instructions are provided to residents on entry regarding responsibilities of personal belongings in their admission agreement. Caregivers interviewed described how choice is incorporated into resident cares. Staff attend education and training on abuse and neglect, last occurring in June 2018.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	CI	<p>Ryman has a Māori health plan that includes a description of how they achieve the requirements set out in the contract. There are supporting policies that provide recognition of Māori values and beliefs and identify culturally safe practices for Māori. Family/whānau involvement is encouraged in assessment and care planning and visiting is encouraged. Cultural needs are addressed in the care plan. There were two residents who identified as Māori at the time of the audit. Ryman Woodcote has established links with local iwi (Te Puawaitangi ki Otautahi Trust Hornby and Taumutu Marae Ngai Tahu) and other community representative groups as requested by the resident/family.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>An initial care planning meeting is carried out where the resident and/or family/whānau as appropriate are invited to be involved. Individual beliefs and values are discussed and incorporated into the care plan. Six-monthly multidisciplinary team meetings occur to assess if needs are being met. Family are invited and encouraged to attend. Discussions with relatives confirmed that residents' values and beliefs are considered. Residents interviewed confirmed that staff consider their values and beliefs.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Staff job descriptions include responsibilities. The full facility meetings occur monthly and include discussions on professional boundaries and concerns as they arise. Management provide guidelines and mentoring for specific situations. Interviews with staff confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p>	CI	<p>All Ryman facilities have a master copy of policies, which have been developed in line with current accepted best practice and these are reviewed regularly or at least three-yearly. The content of policy</p>

<p>Consumers receive services of an appropriate standard.</p>		<p>and procedures are sufficiently detailed to allow effective implementation by staff. A number of core clinical practices also have education packages for staff, which are based on their policies. A range of clinical indicator data are collected against each service level and reported through to Ryman Christchurch (formerly known as head office) for collating, monitoring and benchmarking between facilities. Indicators include resident incidents by type, resident infections by type, staff incidents or injuries by type and resident and relative satisfaction.</p> <p>Feedback is provided to staff via the various meetings as determined by the Ryman programme (previously known as Ryman Accreditation Programme RAP). Quality improvement plans (QIP) are developed where results do not meet expectations. An electronic resident care system is used by all sites to report relevant data through to Ryman Christchurch. The system of data analysis and trend reporting is designed to inform staff at the facility level. Management at facility level are then able to implement changes to practice based on the evidence provided.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>CI</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 issue arises. Evidence of families being kept informed is documented on the electronic database and in the residents' progress notes. Five family interviewed stated they were well-informed. Twelve incident forms and corresponding residents' files were reviewed, and all identified that the next of kin were contacted. Regular resident and family meetings provide a forum for residents to discuss issues or concerns. Access to interpreter services is available if needed for residents who are unable to speak or understand English.</p>
<p>Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Woodcote is a Ryman retirement village located in Christchurch. The service provides care for up to 56 residents at rest home level care including seven beds in the serviced apartments. On the day of audit there were 51 residents in total (including two rest home level of care in the serviced apartments). All residents were under the ARCC agreement.</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and initiatives are set annually. The organisation-wide objectives are translated at each Ryman service. Ryman Healthcare also has operations team</p>

		<p>objectives that include a number of interventions/actions. Each service also has their own specific village objectives 2019 and progress towards objectives is updated as part of the TeamRyman schedule. The organisation completes annual planning and has a suite of policies/procedures to provide rest home care, hospital care and dementia care.</p> <p>The village manager at Woodcote is clinical and has been in the role for seven and a half years. She is supported by a clinical manager/registered nurse (RN) who has been in the role for four months and has worked in practise and district nursing roles. She is also supported by a regional manager and an operations quality manager and an administration receptionist. The regional manager and operations and quality managers were present at times during the audit.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager is responsible during the temporary absence of the village manager, with support from the regional manager and Ryman management team.</p>
<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>Woodcote 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 (village manager and clinical manager) and staff, and review of management and staff meeting minutes demonstrated their involvement in quality and risk activities. Family meetings are held six monthly and residents' meetings are held every two months. Meeting minutes are maintained. Annual resident and relative surveys are completed. The 2018 resident satisfaction survey was completed with a 67% response rate and Woodcote scoring 13th overall against all Ryman facilities. In 2019 there was a 93% response rate and the village ranked 11th out of 31 facilities. Comments were very positive about most aspects of care, activities, food services staff and housekeeping services. Quality improvement plans are completed with evidence that suggestions are addressed (link 1.2.7.5).</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 available to all staff through the online myRyman library. Policies are reviewed at a national level and are forwarded</p>

		<p>through to a service level in accordance with the monthly team Ryman quality programme. These are communicated to staff, as evidenced in staff meeting minutes and sighted on the staff noticeboards.</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. Management systems, policies and procedures are developed, implemented and regularly reviewed. Objectives are set annually and progress towards goals are reviewed at staff meetings. 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. Falls prevention strategies are in place that include, intentional rounding, hi/lo beds, ongoing falls assessment, sensor mats, fall prevention pamphlets and appropriate footwear.</p> <p>Health and safety policies are implemented and monitored by the two-monthly health and safety meetings. Two health and safety representatives (senior caregivers) were interviewed. Risk management, hazard control and emergency policies and procedures are in place. Ryman Woodcote has introduced the Ryman Stop and Think health and safety initiatives, increasing staff awareness and reporting of potential hazards. 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. A review of the hazard register and the maintenance register indicates that there is resolution of issues identified.</p>
<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. Twelve incident/accident forms from across all areas of the service, identified that all are fully completed and include follow-up by a RN. The clinical manager is involved in the adverse event process, with links to the applicable meetings (teamRyman, RN, staff, health and safety/infection control). This provides the opportunity to review any incidents as they occur. The village manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. A section 31 form was sighted for the reporting of a non-facility acquired grade 4 pressure injury, a facility acquired grade 3 pressure injury, a viral outbreak and an intruder event. The intruder event was well managed and involved staff support and increased security arrangements.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management</p>	CI	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (one clinical manager, one RN, three caregivers, one chef and one activities coordinator) provided evidence of signed contracts, job</p>

<p>processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>descriptions relevant to the role the staff member is in, induction, application form and reference checks. A register of RN 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. There is an implemented annual education plan. The annual 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>The clinical manager and registered nurse are supported to maintain their professional competency. The Village manager has attended a Ryman leadership programme. Both the village manager and clinical manager have attended in excess of eight hours management related training in the last year. Staff training records are maintained. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments, including medication competencies and insulin competencies. Health practitioners and competencies policy outlines the requirements for validating professional competencies. There are currently two RNs (including the clinical manager) working at Woodcote and both are interRAI trained.</p> <p>A monthly staff appreciation award is presented to individual staff based on nominations from their peers.</p>
<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>	<p>FA</p>	<p>Ryman organisational policy outlines on call requirements, skill mix, staffing ratios and rostering for facilities. The village manager works full time Monday to Friday and the clinical manager works Sunday to Thursday and share the on call on a week about basis. There is at least one first aid trained member of staff on every shift. Interviews with caregivers informed that the village manager, clinical manager and RN are supportive and approachable. In addition, they reported there are sufficient staff on duty at all times. Interviews with residents and relatives indicated there are generally sufficient staff to meet resident needs.</p> <p>Staffing at Woodcote for 51 residents is as follows: The clinical manager works Sunday to Thursday and the RN works Thursday as a documentation day and Friday and Saturday. On the AM shift: there are five caregivers (two long and three short), PM shift: four caregivers (two long and two short) and night shift two caregivers. A qualified diversional therapist provides a Monday to Friday programme 9.30 am to 4.30 pm.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal</p>

<p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>resident information is kept confidential and cannot be viewed by other residents or members of the public. This includes electronic records. Resident files are protected from unauthorised access. Entries are legible, dated and signed by the relevant care assistant or registered nurse including designation. Individual resident files demonstrate service integration.</p>
<p>Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including a comprehensive admission policy. Information gathered on admission is retained in residents' records. The relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry.</p> <p>The admission agreements reviewed aligns with the service's contracts for long-term and short-term care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. The facility uses the yellow envelope system for hospital admissions/transfers.</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<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 four weekly blister packs is completed by one RN and one senior caregiver and any errors fed back to the pharmacy. Registered nurses, and senior care assistants who administer medications have been assessed for competency. The service uses an electronic medication system. Care staff interviewed could 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 and creams in medication trolleys were dated on opening.</p> <p>There are eight self-medicating residents in the rest home and no self-medicating rest home residents in the serviced apartments. The medications are kept in a locked drawer in the resident rooms. The RNs assess competency three-monthly which is signed off by the GP. The competency is kept on file in the residents' paper file and in the treatment room.</p> <p>Sixteen medication charts were reviewed on the electronic medication system. All medication charts had photographs and allergies documented, and had been reviewed at least three-monthly by the GP.</p>

		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>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 is prepared and cooked on site. There are two qualified chefs supported by kitchen assistants. The dining room is adjacent to the kitchen, all meals are served through the servery, and the chef maintains regular contact with the residents when serving meals. Meals for the serviced apartments are delivered in hot boxes. All 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 company chef and the dietitian at organisational level.</p> <p>The chef receives a resident dietary profile for all new admissions and is notified of any dietary changes such as resident with weight loss/weight gain or swallowing difficulties. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Special diets such pureed/soft, diabetic desserts, vegetarian and gluten free are provided. A food control plan is in place and due to be reviewed in June 2019.</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.</p> <p>Feedback on the service is received from daily resident contact, resident meetings, surveys and audits.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service records the reason for declining service entry to residents should this occur and communicates this to residents/relatives/whānau. Anyone declined entry is referred back to the needs assessment service or referring agency for appropriate placement and advice. Reasons for declining entry would be if there were no beds available or the service could not meet the assessed level of care.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a</p>	FA	<p>InterRAI and risk assessments have been completed on admission and reviewed six-monthly as part of the evaluation process. The outcomes of interRAI assessments and risk assessments that were triggered were reflected in the myRyman care plans reviewed. There is an extensive suite of additional assessment blocks that assess resident needs holistically, including but not limited to: cultural, diabetes, falls, hearing, vision, food and fluid. These were completed according to need and generate</p>

timely manner.		interventions and narrative completed by the RN that were transferred to the care plan. Assessment blocks are completed when there is a change of health status or incident and as part of completing the six-month care plan review. When assessments are due to be completed these are automatically scheduled in the RNs electronic daily calendar. All assessments and interventions updated are included in progress notes.
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed were comprehensive, individualised and demonstrated service integration and input from allied health. The long-term care plan outlines objectives of nursing care, setting goals, and details of implementation required to ensure the resident's individual needs are met. The myRyman programme identified interventions that cover a comprehensive set of goals including medical needs. Key symbols on the resident's electronic home page identify current needs such as (but not limited to); current infections, falls or wounds. There was documented evidence of resident/relative/whānau involvement in the care planning process in the long-term files reviewed. Residents and relatives interviewed confirmed they were involved in the care planning process.</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>	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 reflect the required health monitoring interventions for individual residents. The myRyman system triggers alerts to staff when monitoring interventions are required. These are automatically generated on the electronic daily schedule for the caregiver to complete. Individual surface devices in each resident room provide caregivers the opportunity to sign the task has been completed, (eg, intentional rounding, fluids given). 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, completes the short-term care plan.</p> <p>Wound assessments, treatment and evaluations were in place for six residents with wounds. These included one resolving stage three pressure injury, three skin tears, and two residents with chronic cancer lesions. All wound assessments and management plans and evaluations are completed on myRyman. When wounds are due to be dressed a task is automated on the RN daily schedule. The registered nurse interviewed could describe access to the Nurse Maude wound specialist nurses, continence nurse and the dietitian if required. The GP reviews wounds three monthly or earlier if there are signs of infection or non-healing.</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</p>

		management.
<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>	CI	<p>There is a team of two diversional therapists (DTs) to deliver the Engage programme across the rest home serviced apartments and town houses. Both 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. Rest home residents in the serviced apartments attend either the serviced apartment programme or the rest home. There are adequate resources available. Residents receive programmes in their rooms. Daily contact is made with residents who choose not to be involved in the activity programme. There is a men's group who enjoy trips to the local pub, play pool and enjoy a beer. The DT team seek suggestions from residents for the activities plan.</p> <p>Regular interdenominational church services are held on site.</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 and relatives 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.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans had been evaluated by registered nurses at least six monthly and when there are changes in resident condition. The care plan icon changes colour to yellow when changes and updates have occurred. Evaluations for residents describe the resident's progress against the residents identified goals and any changes are updated on the long-term care plan. There is at least a three-monthly review by the medical practitioner. The family are notified of the outcome of the review if unable to attend. The family members interviewed confirmed they had been invited to attend the care plan reviews and GP visits.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or</p>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the clinical manager and the RN identified that the service has access to a wide range of support either through the GP, Ryman specialists, Nurse Maude specialists and contracted allied professionals.</p>

<p>provided to meet consumer choice/needs.</p>		
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are implemented policies to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Chemicals were labelled correctly in original containers and stored safely throughout the facility. Safety data sheets and product use information was readily available. Staff have attended chemical safety training.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 30 May 2019.</p> <p>The facility corridors are wide and provide space for residents to mobilise using mobility aids. Residents are able to access the outdoor gardens and courtyards safely with mobility aids. Seating and shade is provided. There is a designated smoking area. The caregivers and registered nurses interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plan.</p> <p>The maintenance person works one day a week and is available for two days if required, and a full-time gardener addresses daily maintenance requests. There is a 12-monthly planned maintenance schedule in place that includes the calibration of medical equipment and functional testing of weigh scales electric beds and hoists. Hot water temperatures in resident areas are monitored and stable. Contractors are available 24/7 for essential services.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Forty-three of forty-nine resident rooms have full ensuite facilities. Eleven resident rooms have ensuite with toilet and basin only. There are three communal showers for residents. Communal toilets are located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident rooms are single and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in toilets and ensembles. Residents are encouraged to personalise their bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The facility has a centrally located large dining area next to the entrance. In the Springmead wing there is the piano lounge close to the entrance of Woodcote and the Springmead lounge. In the Woodlands end there is the Woodlands lounge and the library.</p> <p>The lounges can be utilised for functions, activities, family room or quiet private time for visitors. The communal areas were easily and safely accessible for residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The external chemical provider monitors the effectiveness of chemicals in the cleaning and laundry service. Manuals are provided on usage of chemicals and data sheets are visible. The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Laundry and cleaning audits were completed as per the Ryman programme. The laundry has entry and exit doors. There are dedicated cleaning and laundry staff on duty each day. All linen and personal clothing is laundered on site. Residents interviewed stated they were happy with the cleanliness of their bedrooms and communal areas. Residents also confirmed their clothing was treated with care and returned to them in a timely manner.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Orientation includes emergency preparedness. There are staff employed across the facility 24/7 with a current first aid certificate. Battery operated emergency lighting is in place, which runs for at least two hours. The facility has an on-site generator to run essential services. There is a civil defence kit located in a central area which is checked regularly. Supplies of stored drinkable water are stored in an unused townhouse garage. There is sufficient water stored to ensure three litres per day for three days per resident.</p> <p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred on 24 April 2019. Smoke alarms, sprinkler system and exit signs are in place. There are alternative cooking facilities available with a gas barbeque and spare gas cylinders. Gas</p>

		heaters are available if required. The call bell system is evident in resident's rooms, lounge areas and toilets/bathrooms. Serviced apartments have a call bell system, which is linked to staff pagers. Staff advised that they conduct security checks at night, in addition to an external contractor.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	General living areas and resident rooms are appropriately heated and ventilated. There are panel fan heaters on the walls throughout the building and in the resident's rooms which can be controlled individually. All rooms have external windows with plenty of natural sunlight.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The infection prevention and control committee is combined with the health and safety committee, which meets bi-monthly. The facility meetings also include a discussion of infection prevention and control matters. The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually, and a six-month analysis is completed by the infection control and prevention office/clinical manager which is reported to Ryman Christchurch.</p> <p>Visitors are asked not to visit if they are unwell. Residents and staff are offered the annual influenza vaccine. There are adequate hand sanitisers and signage throughout the facility.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The infection prevention and control committee (combined with the health and safety committee), is made up of a cross section of staff from areas of the service. The infection control officer (clinical manager) has completed Bug Control online infection control education. The infection control indicators, prevention and analysis/trends of infections is reported monthly at the clinical meeting, the Team Ryman quality meeting and the full facility meeting. The facility also has access to an infection prevention and control nurse specialist from the DHB, public health, GPs, local laboratory and expertise from within the organisation.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and</p>	FA	There were comprehensive infection prevention and control policies that were current and reflected the Infection Prevention and Control Standard SNZ HB 8134:2008, legislation and good practice. These policies are generic to Ryman and the policies have been developed by an external agency. The infection prevention and control policies link to other documentation and cross reference where

procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		appropriate.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control officer is responsible for coordinating/providing education and training to staff. The orientation/induction package includes specific training around hand hygiene and standard precautions and training is provided both at orientation and as part of the annual training schedule. All staff complete hand hygiene audits. Infection control is an agenda item on the full facility and clinical meeting agenda. Resident education occurs as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs.
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.	FA	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 for all infections and are kept as part of the resident files. Infections are included on an electronic register and the infection prevention officer completes a monthly report. Monthly data is reported to the combined infection prevention and control/health and safety meetings. Staff are informed through the variety of clinical meetings held at the facility. The infection prevention and control programme links with the quality programme. 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. There has been one viral respiratory outbreak in September 2018. The outbreak was reported and appropriately managed.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint practices would only be used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The policies and procedures are comprehensive and include definitions, processes and use of restraints and enablers. Restraint has not been used at Woodcote for over six years.

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
Criterion 1.1.4.2 Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.	CI	Ryman Woodcote increased resident and staff knowledge of Māori Tikanga and te reo Māori. Staff were also upskilled on Te Tiriti o Waitangi and Māori models of health.	As a result of feedback from a resident, Woodcote management identified an opportunity to increase staff and resident knowledge and understanding of Māori culture. An action plan was documented and included te reo Māori language with a word of the day and day of the week written in Māori on the activity’s noticeboard. Staff and residents learnt a waiata and it was introduced at the beginning of meetings, weekly choir and special events. In-service for staff provided knowledge of Te Tiriti o Waitangi, Māori culture and Te Whare Tapa Whā by an ARA tutor. Further education on the concepts of Tapu and Noa was provided in March 2019. The door labels are printed in te reo Māori on kitchen, library, toilet and bathroom doors. Activities have included flax weaving for the residents by local kaumātua. The facility has also developed strong relationships with the DHB older persons health kaumātua and a local Māori provider Te Puawaitanga ki Otautahi trust. On the day of audit, staff were observed using te reo Māori in everyday

			<p>conversation with Māori residents and family. On interview caregivers were positive and very knowledgeable on all aspects of Māori culture. The files of the Māori residents evidenced Māori culture was integrated throughout the care plan. Verbal feedback from the two Māori residents and their whānau was very positive. Verbal feedback from DHB representatives identified Woodcote as being a Māori friendly village.</p>
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Woodcote identified an increase in the occurrence of challenging behaviours as a result of incident analysis. Management implemented an action plan which contributed to a significant decrease in incidents.</p>	<p>In September 2018, key performance indicators identified an increase in challenging behaviour events. As a result, an action plan was implemented which included additional training de-escalation and dementia training. Staff also completed online dementia friend training. Seven staff have attended external training on “my name is not dementia”. Activities staff attended specific training on activities for residents with dementia and commenced Move and Groove music therapy. The service has also introduced Nature Therapy. Education on nature therapy has been provided by an external trainer and implementation includes a large television screen for the music lounge where nature scenes and music are continuously rotated providing a peaceful and relaxing environment. As a result of the above, challenging behaviours have not been evidenced since November 2018. Staff reported they are more proactive in engaging with the residents and finding meaningful and enjoyable activities and have developed positive ways to communicate and interact with the residents.</p>
<p>Criterion 1.1.9.1</p> <p>Consumers have a right to full and frank information and open disclosure from</p>	CI	<p>Communication between foreign staff and residents, relatives, GPs, health professionals and work colleagues has improved over the past 18 months to two years as a result of staff education</p>	<p>Feedback from residents and relatives identified difficulties in understanding conversation from foreign staff. Some of the foreign staff also reported they found communication with residents, relatives, medical staff and work colleagues difficult particularly in emergency and complex situations. Woodcote introduced three initiatives with a goal of</p>

<p>service providers.</p>			<p>improving communication between residents, relatives, staff professionals and health.</p> <p>English for Employees was scheduled to run over ten weeks in mid-2017. An ESOL teacher from Hornby high school provided this, resulting in an improved understanding of English and in particular kiwi sayings.</p> <p>Getting to know you, a Ryman-wide initiative was commenced with the intention of breaking down barriers and building understanding between residents and staff and different cultures. Staff and residents shared photos and talked about their childhood at shared morning teas in September 2018. Shared resident and staff afternoon tea was held. Staff held a shared potluck tea. Staff and residents worked together to produce a Woodcote recipe book with photos of the person who contributed the recipe. The book will be published and made available for sale with the proceeds going towards Alzheimer's NZ. Specific resident likes and dislikes have been added to myRyman. Residents grandchildren have been invited to join in triple A exercise programmes during the school holidays. A number of combined resident and staff activities have been and continue to be scheduled such as "Sari Day" and sharing of childhood photos.</p> <p>The Ryman buddies' programme, a Ryman-wide initiative is implemented to welcome foreign staff to the village and the area. A monthly newsletter "Care Connection" is distributed to residents and relatives via emails. The newsletter includes updates from the village manager and activities and lifestyle coordinators and provides an opportunity for residents and family to vote for the employee of the month in each village.</p> <p>The 2019 annual resident survey shows increased satisfaction, and staff and residents reported improved communication and appreciation of the Care Connection newsletter.</p>
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<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>There is a comprehensive quality and risk management process in place. A range of clinical indicator data are collected against each service level and reported through to Ryman Christchurch (formerly known as head office) for collating, monitoring and benchmarking between facilities. Indicators include resident incidents by type, resident infections by type, staff incidents or injuries by type and resident and relative satisfaction. All meetings include feedback on quality data where opportunities for improvement are identified.</p> <p>Woodcote is proactive in developing and implementing quality initiatives. Quality improvement plans (QIP) are developed where results do not meet expectations. There is a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. An electronic resident care system is used by all sites to report relevant data through to Ryman Christchurch. The system of data analysis and trend reporting is designed to inform staff at the facility level. Management at facility level are then able to implement changes to practice, based on the evidence provided.</p>	<p>Woodcote is active in analysing data collected monthly, around accidents and incidents, infection control, restraint etc. As a result of quality data, the village manager and clinical manager discuss the data at the monthly staff meetings and any identified trends or issues. Any identified common themes around incidents/infections etc, results in further education. Woodcote implemented a falls prevention and management QIP in November 2017 which focused on identifying strategies for the reduction of resident falls.</p> <p>Strategies included; residents experiencing frequent falls had a traffic light identification system, intentional rounding, decluttering of resident rooms and that call bells are within reach, continued falls prevention education for all staff and falls data analysis discussed weekly and available for all staff to view. Staff made a poster for staff illustrating falls prevention strategies. Attendance at triple A exercise programmes were actively promoted. Documentation reviewed identified that strategies were regularly evaluated. The outcome achieved was that the falls rate decreased from over 20 per 1000 bed nights in November 2017 to 4.07 per 1000 bed nights in March 2019. The monthly graph demonstrates a continued and sustained downward trend apart from two spikes which could be explained by individual resident ill health or delays in reassessment.</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective</p>	<p>CI</p>	<p>Both the village manager and clinical manager have attended in excess of eight hours management related training in the last year. Staff training records are maintained. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments, including medication competencies and insulin competencies. Health practitioners and competencies policy outlines the requirements for validating professional competencies. There are currently two RNs (including the clinical manager)</p>	<p>Ryman Woodcote identified from a resident satisfaction survey in February 2018 that improvements in care satisfaction could be made. A project to lift the abilities of caregivers (but not the scope) was implemented in July 2018. Ryman Woodcote is rest home level of care only and as such, caregivers are often in charge. Additional training was planned and provided for care staff around wound care, resident neurological observations, dementia physiology, pressure injury prevention and identification, Māori concepts of tapu and noa and the Māori model of health. Weekly</p>

<p>services to consumers.</p>		<p>working at Woodcote and both are interRAI trained. Quality initiatives have been developed around training.</p>	<p>toolbox talks were provided on a variety of subjects such as the physiology of heart failure and the relevance of daily weighs. Training on alcohol dependency was provided by Odyssey House and myRyman was introduced. Wallet cards have been provided for quick neurological observation references.</p> <p>Following the introduction of the additional training for caregivers, staff reported increased confidence and resident survey results from February 2018 to February 2019 demonstrate improved resident satisfaction with cares (increase of seven points). Since the training, there has been a reduction in facility acquired pressure injuries.</p>
<p>Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.</p>	<p>CI</p>	<p>The residents survey in 2018 identified a low satisfaction with food services. Woodcote made a village objective for 2019 around improving the dining experience for residents. Outdoor areas were upgraded, and new furniture was purchased to encourage residents to eat meals outside in nice weather.</p>	<p>The menu was reviewed as a continuation of the Ryman 'project delicious' and included upgraded menu choices and printed menus for resident rooms. Two options for the teatime meal were introduced, the fruit platters included the selection of five fresh fruits, and extra smoothies were added to the evening meals. Changes were made to the evening meal routine to create a calm environment.</p> <p>A coffee machine was purchased to provide percolated coffee at morning and afternoon teatimes, and there is a selection of flavoured teas available. Feedback forms were provided for residents to write comments about the meals, and the village manager walks around at the mid-day meal to discuss meals with the residents. Activities staff are welcoming residents to the dining room, and towelling protectors have been replaced with linen napkins.</p> <p>The 2019 resident survey showed an improvement in food satisfaction from 3.96 in 2018 to 4.05 in 2019. The residents interviewed as part of the audit were complimentary of the meals and dining experience overall.</p>

<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The 2018 resident survey showed a decline in the satisfaction with the activities programme. The aim was to improve the attendance at activities and their satisfaction to improve resident happiness and well-being. Both activities staff completed DT training, (one is on the registration board of DT and provides support to newly qualified DTs in other facilities). Both DTs completed “my name is not dementia” training in 2018 and attended conference. The activities programme was reviewed and now includes men’s trips to a farm, a beer brewery, sports events (eg, cricket). There has been joint trips with residents from townhouses and serviced apartments to Kaikoura, with another trip planned to Arthurs Pass. There are rock ‘n’ roll and line dancing classes as well as the triple A exercises. Residents use their own devices and are supported to use the SKYPE programme to contact friends and family. Volunteers are utilised for one-on-one activities such as playing cards and reading with residents. There are three home cats, and one resident with their own dog who resides in Woodcote. There are more activities provided outdoors in the summertime. One resident has their own garden bed and produces seasonal vegetables. Art classes have been implemented as a resident expressed an interest in art, and Mr Whippy ice cream rounds have been started.</p>	<p>Residents verbalised how much they enjoyed specific activities such as the trip to Kaikoura, the Mr Whippy ice creams, and dance classes. Several residents clearly get emotional pleasure from spending time with the cats (sighted on audit). The resident satisfaction in the 2019 resident survey went from 3.86 in 2018 to 4.03 in 2019. There is an improved attendance of activities. Verbal feedback from residents has been received around the one-on-one activities and the programme overall, as recorded at resident meetings and verbal feedback has been received from relatives. The relatives and residents interviewed as part of the audit were very complimentary of the activities programme on offer.</p>
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End of the report.