

Malvina Major Retirement Village Limited

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by BSI Group New Zealand Ltd, 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:	Malvina Major Retirement Village Limited
Premises audited:	Malvina Major 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: 29 October 2020 End date: 30 October 2020
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:	116

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

Malvina Major facility is part of the Ryman group providing care for up to 116 residents in the care centre and up to 20 residents at rest home level in serviced apartments. On the day of audit, there were 116 residents including one resident in the serviced apartments.

This unannounced surveillance audit was conducted against a subset of the 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 village manager is supported by a resident services manager and clinical manager. The management team is supported by the Ryman management team including regional manager.

There is a fully implemented quality system in place. Residents, relatives and the GP interviewed spoke positively about the service provided.

The service has fully met the standards reviewed as part of this audit.

The service is commended for achieving continued continuous improvement ratings around: reduction of challenging behaviours, and food services.

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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Written information regarding consumers' rights is provided to residents and families. 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 when a resident is involved in an adverse event or has a change in their health condition. Families and friends are able to visit residents at times that meet their needs. There is an established system that is being implemented 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.		Standards applicable to this service fully attained.
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Services are planned and coordinated and are appropriate to the needs of the residents. A village manager, resident services manager and clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. Malvina Major continues to implement the 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. Malvina Major provides clinical indicator data for the two services being provided (hospital and rest home). There are human resources policies including recruitment, selection, orientation and staff training and development. The service has 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

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.		All standards applicable to this service fully attained with some standards exceeded.
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Registered nurses are responsible for Initial assessments, risk assessments, interRAI assessments and development of care plans in consultation with the resident/relatives. Care plans demonstrate service integration, are individualised and evaluated six-monthly. Documented interventions are implemented to support the resident individual needs. The general practitioner reviews residents on admission and at least three-monthly.

The activity team implement the Engage activity programme in the rest home, hospital and serviced apartments to ensures the abilities and recreational needs of the residents is varied, interesting and involves entertainers, outings and community visitors. Each resident has access to an individual and group activities programme.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. General practitioners review residents at least three monthly or more frequently if needed.

All meals and baking are done on-site by qualified chefs. The menu provides choices and accommodates resident preferences and dislikes. Residents interviewed responded favourably to the food that was 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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The building has a current building warrant of fitness. There is a preventative and planned maintenance schedule in place.

There is an approved fire evacuation scheme. There are six-monthly fire drills. Staff have attended emergency and disaster management. There is a first aider on-site at all times.

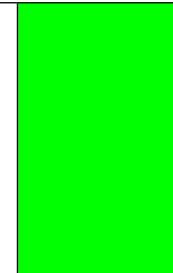
Restraint minimisation and safe practice

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. At the time of the audit, there were six residents with a restraint (all bed rails) and one resident using an enabler (bed rails).

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 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 (registered nurse) 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. The service engages in benchmarking with other Ryman facilities.

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	39	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 and visible at the entrance to the facility. Information about complaints is provided on admission. Interviews with two hospital level residents and three rest home residents and family, confirmed their understanding of the complaints process. Six caregivers, two registered nurses (RNs) two unit coordinators (UC), one enrolled nurse (EN), two chefs, one diversional therapist (DT), a maintenance person and a house keeper interviewed were able to describe the process around reporting complaints. There is a complaint register that includes written and verbal complaints, dates and actions taken and demonstrates that complaints are being managed in a timely manner. The complaints process is linked to the quality and risk management system and complaints documented as discussed in management, quality and staff meetings.</p> <p>There were 13 complaints logged for 2020 (verbal and written) including a complaint around alleged abuse. The DHB have been informed regarding this complaint and a section 31 completed and sent. All complaints reviewed included follow-up meetings and letters, resolutions were completed within the required timeframes as determined by the Health and Disability Commissioner. Action plans have been documented (quality improvements plans-QIPs) and addition training implemented as needed for complaints. The village manager monitors progress of implemented corrective actions with complainants, to ensure the complaints are resolved to the satisfaction of the complainant.</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 range of information regarding the scope of services provided to the resident and their family on entry to the service. The information pack is available and can be 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 in the electronic database and in the residents' progress notes. Three family members (all hospital level) interviewed stated they were well-informed. Incident/accident documentation reviewed indicated that the next of kin are routinely contacted following an adverse event. Two monthly resident meetings and six-monthly family meetings provide a forum for residents to discuss issues or concerns. The most recent resident survey confirms that communication has improved from last year. 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</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>Malvina Major is a Ryman Healthcare retirement village. The service provides rest home and hospital level of care for up to 136 residents in total, with 116 residents in the care centre and 20 serviced apartments certified as suitable to provide rest home level care. There are 58 rest home beds on the first floor and 58 hospital beds on the second floor (all beds are dual-purpose).</p> <p>At the time of the audit there were 116 residents in total, 115 residents in the care centre and one rest home level in the serviced apartments. There were 60 rest home residents: including five residents on respite care (one funded through ACC) and one in the serviced apartments. There were 56 hospital level residents including two respite.</p> <p>Ryman Healthcare has an organisational total quality management plan and a policy outlining the purpose, values and goals. Annually quality objectives for 2020 include: improving customer experiences, reducing falls, as well as health and safety objectives, and clinical objectives. Quality goals have been reviewed. A quality improvement plan register documented a number of initiatives and progress updates. There is a comprehensive health and safety, and risk management programme being implemented at Malvina Major.</p> <p>The village manager has been in the position since August 2020 and is a registered nurse with a current practising certificate. The village manager was the clinical manager prior to this role. He is supported by a clinical manager who has also been in the position since September. The clinical manager was the hospital unit manager prior to this role. A resident services manager completes the management team. Management are supported by a hospital unit coordinator/RN, rest home unit coordinator/RN, serviced apartment unit coordinator/EN and a regional manager.</p> <p>The village manager attends the annual Ryman managers' conference and manager forums, and the clinical manager has attended a Ryman leadership programme and clinical seminars.</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>	<p>FA</p>	<p>Malvina Major continues to implement the Ryman quality and risk management system.</p> <p>Resident meetings are held two-monthly. Minutes are maintained. Annual resident and relative surveys are completed with results communicated to residents and staff. The 2020 resident satisfaction survey reflected an overall improvement over 2019.</p> <p>The service has policies and 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. A document control schedule is being implemented.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of service delivery in the facility and across the organisation. There are clear guidelines and templates for reporting directed through the monthly team Ryman information sent from head office. The facility has implemented processes to collect, analyse and evaluate data. Data is then utilised for service improvements. Quality improvement plans (QIP's) are developed when service shortfalls are identified, and these are monitored by head office. A continued continuous improvement is awarded around the management and reduction of behaviours that challenge.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. Risk management, hazard control and emergency policies and procedures are being implemented. 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 so that improvements can be made. Health and safety/infection control meetings are conducted bimonthly. Health and safety initiatives for staff are being implemented.</p> <p>Falls prevention strategies are in place including (but not limited to): individual and group exercise programmes; regular toileting; sensor mats; increased monitoring and identification and meeting of individual resident needs.</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</p>	<p>FA</p>	<p>There is an accident/incident reporting policy to guide staff. Individual incident reports are completed electronically for each incident/accident with immediate action noted and any follow-up action required. A review of incident/accidents forms for July 2018 identified that all are fully completed and include timely follow-up by a RN. Neurological observations were completed for unwitnessed falls of for a suspected injury to the head. The clinical manager is involved in the adverse event process, with links to the regular management meetings and informal meetings. This provides the opportunity to review any incidents as they occur. A review of trends evidenced that incidences of behaviours that challenge are below the Ryman group average. A QIP remains in process, Falls are above the Ryman group average, falls also have a QIP in process.</p> <p>The village manager was able to identify situations that would be reported to statutory authorities. One section 31 notification report was sighted for a stage four pressure injury (non-facility acquired). An outbreak in March 2020</p>

<p>consumers and where appropriate their family/whānau of choice in an open manner.</p>		<p>was notified to the public health authorities.</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>	<p>FA</p>	<p>Human resources policies are in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (three registered nurses, three caregivers and one activities coordinator) included a signed contract, job description relevant to the staff members role, induction, application form and reference checks. All files reviewed included annual performance appraisals with eight-week reviews completed for newly appointed staff. A register of RN practising certificates is maintained. Practising certificates for other health practitioners are retained to provide evidence of registration. The orientation programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position.</p> <p>There is an implemented annual education plan, and the service has been very proactive around training for staff. Staff training records are maintained. The annual training programme exceeds eight hours annually. Staff also complete annual competency questionnaires. RNs are supported to maintain their professional competency. Ten of twelve RNs have completed their interRAI training. There are five RNs with PDRP qualifications (four proficient and one senior). RNs and ENs attend journal club. A minimum of one staff holding a current CPR/first aid certificate is available 24/7 at the care facility and on outings.</p> <p>There are implemented competencies for RNs and caregivers related to specialised procedures or treatments including (but not limited to) medication competencies and insulin competencies.</p> <p>The most recent staff survey (April 2020) documented a high level of staff satisfaction. The satisfaction levels for staff have risen year on year and are higher than the Ryman average.</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 policy supports the requirements of skill mix, staffing ratios and rostering. There is a RN and first aid trained member of staff on every shift. Caregivers interviewed stated that management are supportive and approachable, and that there are sufficient staff on duty at all times. The village manager and clinical manager both work 40 hours per week.</p> <p>In the rest home care unit, there were 57 of 58 rest home level residents in total and one in the serviced apartments . On the morning shift: there is one unit-coordinator (RN) Monday to Friday. There is one RN and six caregivers (three long and three short shifts). On the afternoon shift, there is one RN, and four caregivers (two long and two short shifts), and on the night shift there are three caregivers with oversight from a hospital-based RN.</p> <p>In the hospital unit there were 58 of 58 residents in total (56 hospital level and two rest home level). On morning shift there is a unit coordinator (RN), three RNs and twelve caregivers (six long and six short shifts) plus an addition</p>

		<p>carer 9 am to 1 pm 'fluid assistant'. On afternoon shift: there are three RNs and nine caregivers (four long and five short shifts), and on the night shift there is one RN and three caregivers.</p> <p>There are 20 serviced apartments certified to provide rest home level of care. There was one rest home level resident living in serviced apartments at the time of the audit. On morning shift there is a unit coordinator (EN) with oversight by the clinical manager and two caregivers plus a dining room assistant over lunch. There two caregivers on the afternoon shift one finishes at 7 pm and one at 9 pm. The staff in the rest home wing provide cover for the late afternoon and night shift. Interviews with residents and relatives confirmed that there are sufficient staff on duty.</p>
<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. All medications are stored safely in each unit (rest home, hospital and serviced apartments). Registered nurses, enrolled nurses and senior caregiver's complete annual medication competencies and education. Registered nurses complete syringe driver training. Medication reconciliation of monthly blister packs and as required blister packs is checked by an RN with the signature on the back of the blister pack. Any errors are fed back to the pharmacy. Hospital level impress medications are checked regularly for stock level and expiry dates. Medication audits are completed. There were three rest home level residents self-medicating with a self-medicating assessment in place that are reviewed three-monthly by the GP. The medication fridge temperatures are taken weekly. Medication room air temperatures are taken and recorded daily and below 25 degrees Celsius. All eye drops were dated on opening.</p> <p>The service uses an electronic medication system. Fourteen medication charts were reviewed (six hospital, eight rest home). All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. As required medications had the indication for use documented. The effectiveness of as required medications was recorded in the electronic medication system and in the progress notes.</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</p>	CI	<p>All food and baking are prepared and cooked on-site. The qualified chef (interviewed) is supported by a second chef and two kitchenhands each day with staggered start and finish times. All food services staff have completed induction, food safety training and chemical safety. Project "delicious" is a four weekly seasonal menu with three menu choices for the midday meal and two choices for the evening meal, including a vegetarian option and gluten free foods. Pureed meals are provided. The seasonal menu has been designed in consultation with the dietitian at an organisational level. The chef receives a resident dietary profile for all new admissions and is notified of any dietary changes including weight loss. Cultural and religious dietary requirements are met. Lip plates are available to encourage resident's independence with meals. All meals are plated in the kitchen and delivered to the units in scan boxes. The chef visits the areas during mealtimes.</p>

<p>component of service delivery.</p>		<p>The service has a food control plan that expires January 2021. Temperatures are taken and recorded for fridges, freezer, cooking, serving, cooling and incoming goods. All foods were stored correctly, and date labelled. The chemicals are stored safely, and the chemical provider conducts checks on the dishwasher regularly. A cleaning schedule for kitchenhands is maintained. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents can provide feedback on the meals through resident meetings and direct contact with the food services staff. Resident and relatives interviewed spoke positively about the choices and meals provided. The service goal for 2020 is implementing a quality improvement plan around the quality of food and presentation of meals. The 2020 survey demonstrated an increase in food satisfaction. The service maintains a continuous improvement rating for food services.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>The 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. The care plans are updated with any changes to care and required health monitoring interventions for individual residents are scheduled on the RN or caregiver work log.</p> <p>Wound assessments, treatment, photos and evaluations were in place for 13 hospital residents with wounds (skin tears, chronic ulcers and surgical wound). There were two rest home residents with wounds (skin tear and chronic leg ulcers). There were two hospital residents with stage 1 facility acquired pressure injuries and one hospital resident with two suspected deep tissue pressure injuries on admission. Section 31 notification was sighted. There are two RN wound champions (rest home and hospital) who review all wounds weekly. The wound champions have received wound care training from the clinical lead at head office and attend wound care webinars. There is access to the DHB and district nurses. The district nurses have been involved in chronic wounds and the unstageable pressure injuries. The service has adequate pressure relieving resources available.</p> <p>Contenance 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 as needed and this could be described by the RNs interviewed.</p> <p>Monitoring requirements are scheduled on the work log and used to monitor a resident's progress against clinical/care interventions for identified concerns or problems. Monitoring forms reviewed on the electronic work logs included blood pressure, weights, blood sugar levels, pain, behaviour, repositioning charts, bowel records, food and fluids, intentional rounding and neurological observations. Intentional rounding is determined by the residents need including toileting, whereabouts of residents or falls risk.</p>

<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>	<p>FA</p>	<p>There is team of and lifestyle coordinators including one diversional therapist to implement the Engage programme across the rest home, hospital and serviced apartments. The programme is from Monday to Friday 9.30am to 4.30pm in the serviced apartments and rest home. The rest home resident in the serviced apartments can choose to attend the serviced apartments or rest home activities. The programme for the hospital from Monday to Sunday 9.30am to 4.30pm. There is a lounge carer in the hospital from 4.30 to 8.30pm who are involved in activities. There are plenty of resources available.</p> <p>The Engage programme has been implemented. There are set activities with the flexibility for each service level to add activities that are meaningful and relevant for the residents cognitive and physical abilities. Activities include group including (but not limited to); Triple A exercises, board games, news and views (combined rest home and hospital), make and create, memory lane, gardening, walks, happy hour entertainment in each area and sensory activities including pet therapy and one on one pampering. Daily contact is made for residents who choose not to participate in group activities. Church services are held in the reflections room. Concerts are held in the atrium which hospital residents can enjoy from the seating area overlooking the atrium. Volunteers from the townhouses are involved in activities and read poetry, news and views and one on one chats with residents. The lifestyle coordinators have commenced two new activities “paint and sip” focusing on socialisation while painting and fish-n-chip quiz evenings with family invited. Residents are encouraged to maintain community connections. Themed events and festive occasions are celebrated. There are twice weekly van outings, and the disability van is hired for hospital level residents. The van driver (with first aid certification) and a carer go on outings.</p> <p>Resident life experiences and an activity assessment is completed for residents on admission. Activity attendance lists are maintained. The resident/family/whānau (as appropriate) are involved in the development of the activity plan. The activity plan is being transitioned over to the myRyman care plan and evaluated six-monthly with the MDT review. Residents/relatives can feedback on the programme through the resident and relative meetings and surveys. The February 2020 survey results showed an improvement in resident/relative satisfaction with activities.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Three files of five long-term residents who had been at the service six months identified that long-term care plans had been evaluated by registered nurses. Two residents (one rest home and one hospital) had not been at the service six months. Two residents were under respite care and were not required to have long-term care plans or evaluations. All long-term initial care plans had been evaluated at three weeks prior to the development of the long-term care plan. Care plans had been updated with any changes to health and care.</p> <p>Written evaluations describe the resident's progress against the residents identified goals and any changes made on the care plan where goals have not been met. A number of risk assessments (including interRAI) are completed in preparation for the six-monthly care plan review. The multidisciplinary (MDT) review includes the RN, caregivers, DT, GP, physiotherapist, resident, relative and any other health professionals involved in the resident's care. The family are notified of the outcome of the review if unable to attend. The family members interviewed confirmed they</p>

		had been invited to attend the multidisciplinary care plan reviews and GP visits.
<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>	FA	<p>The building has a current warrant of fitness. The lead maintenance is supported by a village support person to assist with maintenance and setting up for village functions. The resident services manager oversees maintenance. The lead maintenance person (interviewed) has completed safe manual handling safety, first aid and scheduled health and safety training. There is separate gardening team.</p> <p>There is a maintenance register held at reception for requesting day to day repairs. There is a planned maintenance schedule which includes the calibration of medical equipment, functional testing of electrical equipment, call bell audits and hot water temperatures in resident areas. Hot water temperatures in resident areas are stable below 45 degrees Celsius.</p> <p>The facility has wide corridors with sufficient space for residents to mobilise using mobility aids. There is adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and for hospital level lounge chairs in communal areas.</p> <p>Residents are able to access outdoor areas safely or with supervision.</p> <p>Staff interviewed state they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>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 on-line resident files. Infections are included on an electronic register and the infection control officer completes a monthly report. Monthly data is reported to the combined infection prevention and control/health and safety meetings. Data is analysed for trends and corrective actions. Staff are informed of infection control matters through the variety of facility meetings.</p> <p>The infection prevention and control programme links with the quality programme including internal audits. 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. The results of surveillance are used to identify trends, identify any areas for improvement and education needs within the facility.</p> <p>There has been one norovirus outbreak in March / April 2020 of flu like symptoms. Relevant authorities were notified (sighted). Daily case logs and correspondence were sighted. Public health was informed, and the outbreak was managed well.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices are only 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. At the time of the audit, there were six residents with a restraint (all bed rails) and one resident using an enabler (bed rails). The files for two residents using restraint and one with an enabler all reflected an assessment and consent. Care plans reflected the restraint / enabler and the risks associated with its use. Staff training has been provided around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours.</p>
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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 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	The service continues to reduce the incidence of behaviours that challenge. An ongoing quality improvement plan (QIP) is in place which documents ongoing, pro-active staff training and service management to reduce behaviours that challenge.	A QIP was implemented prior to the previous certification audit which included strategies and actions to reduce the number of incidents of challenging behaviour in the care centre. The plan has continued to be reviewed monthly and discussed at clinical staff meetings. Further strategies have been implemented when needed. The service has been successful in continuing to reduce and better managing incidents of challenging behaviour within the care centre. A review of the data since the previous audit has evidenced that the incidences of behaviours that challenge have continued to decrease and are now below the Ryman group average.

<p>Criterion 1.3.13.1</p> <p>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 service is continuing to improve the meal service with an action plan in place to improve the quality of foods and presentation of meals. The business plan identifies the quality improvement goal around meals. The 2020 survey demonstrates and increase in resident/relative satisfaction.</p>	<p>The resident services manager oversees the food service and has a background in hospitality. The organisation has appointed a regional lead chef who visits the site and liaises with the head chef. Fine dining is held monthly however the aim of the quality improvement project is that every meal is a “fine dining experience.” To achieve this there has been a focus on quality foods and presentation of meals. All staff have attended training on table settings, conversation, serving and hospitality during meals. There are menu meal presentation photos for chefs and the residents including placement of garnishes so that all meals are presented consistently. The regional lead chef last reviewed the quality improvement plan in October 2020 and commented that; plating has improved, garnishes are used daily, the menu is followed, menu boards are clearly written and displayed and table settings are attractive with centre pieces as observed on the day of audit. The 2020 food service survey demonstrated an improvement in meal services. Residents and relatives interviewed were satisfied with the meals, presentation and quality of foods. The service has continued to improve the meal satisfaction.</p>
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End of the report.