

Rita Angus Retirement Village Limited - Rita Angus Retirement Village

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:	Rita Angus Retirement Village Limited
Premises audited:	Rita Angus Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2019 End date: 13 December 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:	70

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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

Rita Angus is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home and hospital level of care for up to 89 residents. On the days of the audit there were 70 residents including six residents receiving rest home level of care in serviced apartments.

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 a general practitioner.

A village manager, who is supported by an assistant to the manager and a clinical manager are responsible for the daily operation of the service. The management team is supported by a regional manager. The residents and relatives interviewed spoke positively about the care and support provided.

There were no areas for improvement at this audit.

Areas of continuous improvements have been awarded around communication, food services and activities.

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.

Ryman Rita Angus village provides care in a way that focuses on the individual resident's quality of life. Cultural assessments are undertaken on admission and during the review process. Policies are being implemented to support individual rights, advocacy and informed consent. Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is readily available to residents and families. Care plans accommodated the choices of residents and/or their family. Complaint processes were being implemented and complaints and concerns were managed appropriately. Residents and family interviewed verified ongoing involvement with the community.

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.

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. Village objectives are documented for the service with evidence of regular reviews. A comprehensive quality and risk management programme is in place. Corrective actions are implemented and evaluated where opportunities for improvement are identified. The risk management programme includes managing adverse events and health and safety processes. Quality data is communicated to all staff through various facility meetings. Annual resident/relative surveys are completed.

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

Registered nursing cover is provided seven days a week. 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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The service has an admission pack with information on the services provided. The systems reviewed evidenced each stage of service provision was developed with resident and/or family input and coordinated to promote continuity of service delivery. The residents and family interviewed confirmed their input into care planning development and review. Residents' clinical files reviewed validated the service delivery to the residents. Allied health professionals are involved in the resident's care.

Planned activities were appropriate to the group setting. The residents and family interviewed confirmed satisfaction with the activities programme. The residents' files evidenced individual activities were provided either within group settings or on a one-on-one basis.

There was an appropriate medicine management system in place. Staff responsible for medicine management attended medication management in-service education and have current medication competencies. The general practitioner reviews the medication charts at least three monthly.

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 warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. All bedrooms have ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids or lazy boy chairs. The hallways and communal areas are spacious and accessible. The outdoor areas are safe and easily accessible. 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. Housekeeping staff maintain a clean and tidy environment.

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. The restraint officer and restraint committee assess, review and monitor use of restraints and enablers. The service currently has one resident with the use of enablers and five residents with a restraint. The restraint coordinator maintains a restraint register.

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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer is responsible for coordinating/providing education and training for staff. The infection control officer has completed on-line 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. There are internal audits of the facility including hand hygiene. Surveillance of infection control events and infections are discussed at facility meetings. The service engages in benchmarking with other Ryman facilities. Staff receive ongoing training in infection control.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	48	0	0	0	0	0
Criteria	3	98	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Ryman has policies and procedures that adhere with the requirements of the Code of Health and Disability Services Consumer Rights. Families and residents are provided with information on admission, which includes the Code of Rights. Staff receive training about resident rights at orientation and complete an annual staff comprehension survey that includes resident rights. Interviews with eight caregivers (seven rest home/hospital and one from the serviced apartments) demonstrated an understanding of the Code of Rights principles.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.	FA	Informed consent processes are discussed with residents and families on admission. Written general consents reviewed were signed as part of the admission. Specific consent had been signed by resident/relatives for specific procedures/treatments. Discussions with staff confirmed they are familiar with the requirements to obtain informed consent for entering rooms and personal care. Enduring power of attorney (EPOA) evidence is filed in the residents' files and activated where required. Advance directives for healthcare including resuscitation status had been completed where residents were deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP had made a medically indicated resuscitation decision. There was documented

		evidence of discussion with the family. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.
<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	<p>Advocacy information is part of the service entry package and is on display on noticeboards around the facility. The right to have an advocate is discussed with residents and their family/whānau during the entry process and relative or nominated advocate is documented in the resident file. Relatives and friends are encouraged to be involved with the service and care. Discussions with relatives confirmed the service provided opportunities for the family/EPOA to be involved in decisions.</p>
<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	<p>The service has visiting arrangements that are suitable to residents and family/whānau. Families and friends are able to visit at times that meet their needs. Residents are supported to access the community as required and the service maintains key linkages with other community organisations and external groups. Activities programmes included opportunities to attend events outside of the facility including activities of daily living, for example, shopping.</p>
<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	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available throughout the facility. Information about complaints is provided on admission. Interviews with all residents and family members confirmed their understanding of the complaints process.</p> <p>Interviews with two managers (village manager, clinical manager) and care staff confirmed their understanding of the complaints process. The village manager is the privacy officer and investigates all verbal and written complaints in consultation with the clinical manager as required. An on-line complaints' register includes written and verbal complaints, dates and actions taken. In 2018, there were three complaints lodged and for 2019 to date there have been eight complaints lodged (three verbal and five written). All internal complaints were managed in an appropriate and timely manner and were signed off by the village manager as resolved. There have been no DHB or HDC complaints.</p> <p>The complaints process is linked to the quality and risk management system.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	FA	<p>The information pack provided to residents on entry includes the Code of Rights and information on how to make a complaint. On entry to the service, the village manager or the clinical manager will</p>

Consumers are informed of their rights.		<p>discuss the information pack with the resident and their family/whānau. Advocacy brochures and Code of Rights posters are displayed on each floor. Resident rights and advocacy are brought to the attention of residents and families on admission and at resident meetings, relatives' meetings and the information pack.</p> <p>Interviews with six residents (three rest home and three hospital) and four relatives of hospital level residents identified they were aware of their rights and could approach the managers at any time if they have concerns.</p>
<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>All care staff interviewed (eight caregivers, one-unit coordinator and three registered nurses) demonstrated an understanding of privacy. During the audit, staff were observed to be knocking on doors and gaining permission prior to entering resident private areas. Residents and family members interviewed confirmed that staff promote resident independence wherever possible and that resident choice is encouraged. Resident values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Care plans reviewed identified specific individual likes and dislikes. This includes cultural, religious, social and ethnic needs. Interviews with caregivers identified how they get to know resident values, beliefs and cultural differences. There is an abuse and neglect policy that is implemented, and staff are required to complete abuse and neglect training every two years.</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>	FA	<p>Residents who identify as Māori have their cultural values identified on admission as evidenced on the day of audit. Cultural needs were addressed in the myRyman care plan. Family/whānau involvement is encouraged in assessment and care planning around cultural values and beliefs. Staff receive cultural awareness training. Links are established with a local iwi representative of Ngati Toarangitira. Other community representative groups are accessed as requested by the resident/family. A senior staff member is the liaison contact person. On the day of audit there was one Māori resident who did not identify with Māori culture.</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,</p>	FA	<p>Individual cultural needs/requirements, spiritual values and beliefs are identified on admission. Values and beliefs information is integrated into the residents' myRyman care plans. Residents and family members interviewed confirmed that the values and beliefs of residents are considered. Staff recognise and respond to values, beliefs and cultural differences. A chapel at the service holds regular church services.</p>

spiritual values, and beliefs.		
<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 employment policies/procedures include rules around receiving gifts, confidentiality and staff expectations. Job descriptions include responsibilities of the position, ethics, advocacy and legal issues. The orientation and employee agreement provided to staff on induction includes signing of the house rules and code of conduct. Interviews with the managers, registered nurses and caregivers confirmed an awareness of professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Services are provided at Ryman Rita Angus that adhere to the health & disability services standards. The Ryman accreditation programme known as teamRyman sets out a quality improvement programme that is being implemented and includes performance monitoring, internal audits, education and annual surveys. The service has focused on areas from the 2018 survey where there was an improvement required. Quality improvement plans were implemented around activities, food services, care and communication with positive outcomes. Residents and relatives interviewed were positive about the care they receive. Primary nursing has been 99% implemented with the aim of providing residents with a high standard of individualised care. There is a journal club for registered nurses (RN) and enrolled nurses (EN) held in conjunction with the RN/EN meetings with the purpose of maintaining best clinical practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	CI	<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 is read to residents who are visually impaired.</p> <p>Residents and relatives confirmed on interview they had been kept informed on the resident's condition and any changes to health. There was evidence of relative correspondence in the resident files. Eighteen accident/incident events logged into the individual resident files evidenced timely relative notification. Regular resident and family meetings provide a forum for residents to discuss issues or concerns.</p> <p>The service identified an opportunity to improve communication between staff, residents and relatives following the 2018 survey results and as a result the service implemented a quality improvement plan. Regular contact and open communication have been maintained with an improvement in residents/relative satisfaction around communication.</p> <p>Interpreter services are available if needed, for residents who are unable to speak or understand</p>

		English. Family are used in the first instance.
<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>	FA	<p>Rita Angus is a Ryman healthcare retirement village located in Wellington. The care centre is certified to provide rest home and hospital care (geriatric and medical) for up to 69 residents in the care centre and rest home level care across 20 serviced apartments. There are 40 dedicated dual-purpose beds.</p> <p>During the audit, there were 64 residents in the care centre (16 rest home, 48 hospital) and six rest home level residents in the serviced apartments. There were three respite care residents (one rest home and two hospital) on the day of audit. All other residents were under the ARC.</p> <p>Ryman has an overarching business plan that includes the organisational values and philosophy of care. Rita Angus has village objectives that are reviewed quarterly and document progress against goals.</p> <p>The village manager has been employed at Rita Angus since May 2019. He has a management background in hospitality and catering services (including aged care contracts). The village manager completed a six-week induction on employment, attended the Ryman three-day village manager conference (May 2019) and one day manager training day (November 2019). An assistant to the manager was appointed July 2019 and has had previous administration experience with another Ryman facility. The clinical manager has had 10 years' experience as an RN/unit coordinator prior to being appointed as the clinical manager in July 2018. The clinical manager has completed at least eight hours of clinical management training/education including leadership training.</p> <p>The service has been rebuilding its management team with the support of the regional manager who visits fortnightly and was present throughout the audit. Notification to MOH for change in managers were sighted for the clinical manager and village manager.</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>Ryman policy outlines manager availability including on-call requirements. During a temporary absence, the assistant to the manager and clinical manager will cover the manager's role. The regional manager provides oversight and support. The audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events.</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>Rita Angus has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the facility meetings (full facility, infection control committee, health and safety and clinical team) and to the organisation's management team. Discussions with the management team and staff, and review of management and staff meeting minutes reflect their involvement in quality and risk activities including a review of village objectives.</p> <p>Policies and procedures are reviewed at an organisational level in consultation with the relevant persons. These documents have been developed in line with current accepted best and/or evidenced-based practice. Staff are informed of any changes and there are current policies available on the Ryman library (intranet).</p> <p>Annual resident and relative surveys are implemented February each year and benchmarked against other Ryman facilities. Survey results and quality improvement plans are discussed with residents, relatives and staff. The service has demonstrated a continued improvement in food services (link CI 1.3.13) and activities (link CI 1.3.7) and communication (CI link 1.1.9.1).</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance, and the quality of service delivery. The facility has implemented processes to collect, analyse and evaluate data, for example infections, accidents/incidents, restraint and internal audits, which is utilised for service improvements. Results, trends and analysis of data are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Corrective actions are implemented and signed off where internal audit results reflect less than 95% compliance. Re-audits are completed where required. In addition, quality improvement projects (QIPs) are implemented where opportunities for improvement are identified with several examples provided including reducing bruises, pressure injuries and reducing falls in the hospital area. QIPs are signed off by the village manager when completed.</p> <p>Health and safety policies are implemented and monitored via the monthly health and safety meetings. The health and safety officer/fire officer (interviewed) has completed NZQA health and safety units in September 2019. The village manager is registered to attend external health and safety training February 2020. Risk management, hazard control and emergency policies and procedures are in place. 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 health and safety staff and management meetings. The health and safety fire officer has allocated time to complete health and safety responsibilities including hazard reviews and checks, fire drills, staff health and safety inductions and training. There is a current hazard register available to all staff. A health and safety noticeboard (sighted) keeps staff informed on health and safety matters and meetings.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the</p>
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		<p>identification of interventions on a case-by-case basis to minimise future falls. Interventions include intentional rounding, perimeter mattresses, sensor mats, clear transfer and mobilisation guides and involving the physiotherapist to complete mobility assessments for residents identified at risk of falls and GP and medication reviews.</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 falls. Individual incident reports are completed electronically for each incident/accident with immediate action noted and any follow-up action required.</p> <p>Eighteen incident/accidents forms reviewed relating to falls (witnessed and unwitnessed) identified that all are fully completed and include follow-up by a registered nurse. Neurological observations had been completed where required for suspected or obvious knocks to the head. The clinical manager is involved in the adverse event process, with links to the applicable facility meetings. Data is collated, trended and linked to the quality and risk management programme.</p> <p>The village manager and clinical manager were able to identify situations that would be reported to statutory authorities with examples provided. There have been four section 31 notifications since the previous audit. Two were for missing residents (August and September 2019) and two residents with suspected deep tissue pressure injuries in November 2019.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Eleven staff files reviewed (one hospital unit coordinator, assistant to the manager, two RNs, three caregivers, one activities/health and safety, head chef, maintenance and laundry person) provided evidence of the employment process including interviewing, police vetting and reference checks. All eleven files contained signed employment contracts, job descriptions, evidence of completed orientation programmes, three- and six-month assessments and annual performance appraisals. A register of RN and EN practising certificates and of allied health professionals is maintained.</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 training programme exceeds eight hours annually. There is an attendance register for each training session and an individualised electronic staff record of training. A quality improvement plan is in place to follow up staff who do not attend the on-site in-service by providing several small group sessions and ensuring all staff complete the annual comprehension survey.</p>

		<p>RNs are supported to maintain their professional competency. The RN journal club is held following the RN meetings. Eight of fourteen RNs (including the clinical manager) have completed their interRAI training. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments including medication competencies and insulin competencies.</p> <p>The clinical manager is in the process of becoming a Careerforce observer. An external verifier completes the marking of Careerforce papers.</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>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale.</p> <p>In addition to a full-time clinical manager/RN and village manager, there is a serviced apartment unit coordinator (registered nurse), rest home coordinator and a hospital coordinator (RN). The oncall is shared between the clinical manager and hospital coordinator for clinical matters. The village manager is on call for non-clinical matters.</p> <p>The hospital unit has 50 beds in two 25 bed wings. On the day of audit there were 48 hospital level residents including two for respite care. There are two RNs on the morning and afternoon shifts. The senior RN covers the rest home and serviced apartment on afternoons. There is one RN on night shift to cover the facility. There are four caregivers on the full shift and six caregivers on the short shift until 1 pm. Care staff are allocated to the wing's dependant on occupancy and acuity. Care staff interviewed stated there are sufficient staff numbers to carry out the level of care required. There are three caregivers on night shift. The team are supported by an activity person seven days a week, fluids assistant (9.30 am - 1 pm) and a lounge carer from 4 pm – 8 pm.</p> <p>In the rest home wing of 19 beds, there were 16 rest home residents including one resident for respite care. There is a RN/coordinator seven morning shifts a week. There are two caregivers on the morning shift and afternoon shift (one full shift and one short shift) and two caregivers on night shift. There is an activity person Monday to Friday.</p> <p>The serviced apartment is staffed with a unit coordinator/RN (five days a week) and a senior carer, two days a week. Two carers are on the morning shift (one long and one short-shift) plus a dining assistant 9.30 am to 1.30 pm. There are two carers (one full shift and one short shift) and a dining assistant (4.30 pm - 8.30 pm). There is an activity person five days a week. The caregiver in the rest home covers the serviced apartments on night shift.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Residents and family members interviewed reported there are adequate staff numbers.</p>

<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<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 resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. Entries were dated and included the relevant care assistant or registered nurse including designation. Individual resident electronic files demonstrated service integration. All electronic data and residents' files are password protected.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs on the services are provided for families and residents prior to admission or on entry to the service. All resident files reviewed had signed admission agreements that aligned with contractual requirements. Exclusions from the service are included in the admission agreement.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There was appropriate communication between families and other providers in the residents' files that demonstrated transition, exit, discharge or transfer plans were communicated, when required. Transition, exit, discharge, or transfer form/letters/plan were located in residents' files, where this was required.</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. Medicine management complies with current medication guidelines. Medication reconciliation of monthly blister packs is completed by RNs and the medication competent senior carers and the back of the blister pack is signed and dated. Any errors are fed back to the pharmacy. Registered nurses, enrolled nurses and medication competent caregivers who administer medications have been assessed for competency. Education around safe medication administration has been provided annually. The service uses an electronic medication system. Medication fridges are monitored weekly. Medication room temperatures are monitored</p> <p>All eye drops and creams in medication trolleys were dated on opening. There are regular checks of all medication expiry dates and oxygen cylinders. There was one rest home resident self-medicating on the day of audit and this resident had a medication competency on file and the medication is</p>

		<p>securely locked away in the resident's room.</p> <p>Eighteen medication charts were reviewed. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is entered into the electronic medication system and the progress notes. The GP receives INR results for residents on warfarin and the GP prescribes the dose directly into the electronic medication system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a head chef, second chef, cook, two cook's assistants and four dish washers. Staff have been trained in food safety and chemical safety. The service has a food control plan that expires 9 May 2020. All meals and baking are prepared and cooked on site. The seasonal menu has been designed in consultation with the dietitian at an organisational level. Project "delicious" has been implemented since February 2017. Meals are plated in the kitchen and delivered in hot boxes to each unit satellite kitchen. The chef receives a resident dietary profile for all new admissions and is notified of any dietary changes. Cultural, religious and food allergies are accommodated.</p> <p>Freezer and chiller temperatures and end cooked, and re-heating temperatures are taken and recorded twice daily. The chilled goods temperature is checked on delivery. All foods were date labelled and decanted goods are checked for expiry dates three monthly. A cleaning schedule is maintained for the cook and kitchenhands. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents can provide feedback on the meals through resident meetings, resident survey and direct contact with the food services staff. Residents and relatives interviewed spoke positively about the choices and meals provided. Survey results demonstrated an increase in resident satisfaction around meals provided.</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 reasons for declining entry to Ryman Rita Angus would be if the service is unable to provide the level of care required or there are no beds available. Management communicate directly with the referring agencies and family/whānau as appropriate if entry was declined. They endeavour to make suggestions for alternative options that the prospective resident can review.</p>

<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>The registered nurse completes an initial assessment on admission including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments were completed within the required timeframes. The outcomes of assessments are used to form the basis of the myRyman care plans. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans. The respite file reviewed contained initial assessments and risk assessments.</p>
<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>The care plans reviewed were individualised on the myRyman system, which were accessible from tablets in the resident rooms. The long-term care plans reviewed reflected the resident's current health status. The care plans identify resident goals. There was evidence of allied health care professionals involved in the care of the resident including physiotherapist, podiatrist, dietitian, older persons health, geriatrician, and wound care nurse.</p> <p>In interviews, staff reported they received adequate information for continuity of residents' care. The residents had input into their care planning and review, confirmed at resident and family interviews and on file reviews.</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>When a resident's condition alters, the registered nurse initiates a nursing review and if required, GP, nurse specialist consultation. There is documented evidence in the electronic progress notes in each resident file that evidences family were notified of any changes to their relative's health including (but not limited to) accident/incidents, behaviours, infections, health professional visits, referrals and changes in medications. Discussions with families confirmed they are notified of any changes to their relative's health.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. Wound assessment and treatment forms, ongoing evaluation form and evaluation notes were in place for residents with wounds and recorded on the electronic system. There were two residents with three unstageable resolving pressure injuries. Section 31 had been completed for each of these pressure injuries. The facility has an RN/wound champion who reviews wounds at least weekly and on request. There is access to a wound nurse specialist as required, the wound care specialist had provided input for a number of the wounds that were reviewed.</p> <p>Continence products are available and resident files included a urinary continence assessment, bowel management, and continence products identified.</p> <p>Residents are weighed monthly or more frequently if weight is of concern. Nutritional requirements</p>

		<p>and assessments are completed on admission, identifying resident nutritional status and preferences.</p> <p>Monitoring forms available on the electronic system include weight, vital signs, behaviour monitoring and assessment, pain, neurological observations and blood glucose monitoring.</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>	CI	<p>There are two activity coordinators employed five days per week to coordinate and implement the Engage programme. The programme is Monday to Friday in the rest home and Monday to Sunday in the hospital. Additional staff that provide activities include lounge carers who work from 4.00 pm - 8.00 pm seven days a week; and a van driver, who is a first aid trained caregiver with medication competency.</p> <p>The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group including (but not limited to); Triple A exercises, news and views, baking, men's group, themed events and celebrations. Rest home residents in serviced apartments can attend either the serviced apartment or rest home/hospital programmes. Some activities are integrated for all residents including entertainment, church services and other celebrations.</p> <p>Community visitors include regular entertainers, church visitors, pre-school children, high school students and the SPCA. There are weekly outings and scenic drives for rest home and hospital residents. A dedicated driver from a taxi company is utilised one day per week for outings for hospital residents.</p> <p>Music includes entertainers, singing groups and sing-along sessions. The men's group has increased its membership and invites men from all the village, serviced apartments and care centre.</p> <p>Resident life experiences and activity assessments are completed for residents on admission. The paper-based activity plan in the files reviewed had been evaluated at least six-monthly with the care plan review. The resident/family/whānau (as appropriate) are involved in the development of the activity plan. Residents/relatives can feedback on the programme through the monthly resident meetings in each unit and relative meetings and satisfaction surveys. Residents/relative interviewed were very happy with the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The residents' electronic files evidenced the residents' care plans had been evaluated six monthly or more often when the resident condition changed. There was evidence of multidisciplinary (MDT) input in care plan evaluations against the resident goals. The MDT review includes input from the RN/primary caregiver/physiotherapist/DT, GP and resident as appropriate. The family are invited to attend and are informed of changes as evidenced in the correspondence file in the electronic resident record. The care plans had been updated to reflect any changes in care. Residents and family</p>

		confirmed their participation in care plan evaluations. The GP reviews the residents at least three monthly or earlier as required. Regular GP reviews occurred as sighted in current GP progress reports.
<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 provided to meet consumer choice/needs.</p>	FA	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. There was evidence where a resident's condition had changed, that the resident was referred for reassessment for a higher level of care. Discussion with the clinical manager and RNs identified that the service has access to a wide range of support either through the GP, Ryman specialists, nurse specialists, hospice and contracted allied professionals.
<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>	FA	There are policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available for staff in the laundry and sluice rooms. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals are labelled correctly and stored safely throughout the facility. Safety datasheets are available. A spills kit is available.
<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 that expires 12 September 2020. Rita Angus Retirement Village is a three-level building with the rest home and hospital on the second level. The ground and first level of the building include common areas and serviced apartments. There are 20 potential rest home beds included in the serviced apartments which are located on the ground and first level. There is a nurses' station within each unit.</p> <p>There is one full-time and two part-time maintenance people who work on site. Daily maintenance requests are addressed and signed off (sighted). There is a 12-monthly planned maintenance schedule in place, which includes the calibration of medical equipment and functional testing of electric beds and hoists. All electrical equipment has been tested and tagged annually. Hot water temperatures are monitored and recorded monthly with temperature recordings being within the required temperature limits. Contractors are available 24/7 for essential services.</p> <p>Environmental improvements include upgrading the atrium with re-tiling and removal of one of the</p>

		<p>ponds to create more space for residents.</p> <p>The facility has wide corridors with space for residents to mobilise using mobility aids. There is adequate space around the facility for storage of mobility equipment. Rest home and hospital residents have access to the atrium and the communal grounds and gardens, which are well maintained. The service employs grounds and garden staff who maintain the external areas. Residents were able to access the outdoor gardens and courtyards safely. Seating and shade are provided.</p> <p>Staff interviewed stated they have enough equipment to safely deliver the cares as outlined in the resident care plans including sensor mats, standing and lifting hoists, hospital lounge chairs, mobility aids, transferring equipment and pressure relieving mattresses and cushions and weigh scales.</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>	FA	<p>All bedrooms are single. Resident rooms have ensuites and there are communal toilets located near communal areas. Communal toilets have privacy signs. Residents interviewed confirmed their privacy is assured when staff are 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 residents' rooms are spacious enough to allow care to be provided safely and for the safe use and manoeuvring of hoists in dual purpose rooms. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</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</p>	FA	<p>Both the rest home and hospital units have a large dining room and kitchenette. There are large lounges on each level, a family/whānau room in the rest home and a second lounge in the hospital. A chapel is available on the ground floor. A large lounge is available for communal use in the village centre which is used by rest home and hospital residents and is often used to host functions and meetings.</p> <p>The communal areas including the hair salon and café internal courtyards are easily accessible.</p>

relaxation, activity, and dining needs.		Some rest home resident rooms in the serviced apartment area open out onto the atrium.
<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 Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as per the internal audit programme. The chemical provider conducts monthly quality control checks on the equipment and efficiency of chemicals in the laundry and housekeeping areas. There are designated laundry staff who operate the laundry from 8.00 am to 10.00 pm daily. All linen and personal clothing is laundered on site.</p> <p>There are designated cleaning persons on duty each day. Cleaners' trolleys (sighted) were well equipped and stored in locked cupboards when not in use. All chemical bottles have the correct manufacturer's labels. Cleaners carry chemicals in caddies into the resident's room for cleaning. The auditor noted on the days of the audit that the facility was clean and well presented. Other feedback is received through resident meetings, annual surveys (resident and relative) and the results of internal audits.</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 policies in place to guide staff in managing emergencies and disasters. Emergency management and six-monthly fire evacuation drills are included in the mandatory in-service programme. The service has an evacuation plan approved by the fire service. There are adequate supplies of civil defence equipment held on each floor which is regularly checked. There is at least three days' supply of food with electric, gas cooking and barbeques available. A generator on site provides emergency power. There are water tanks in the care centre, bottled water and ceiling tanks in the apartments to meet the current requirements for water storage in the region. There is a first aid trained staff member on every shift.</p> <p>Call bells are evident in resident's rooms, ensuites and all communal areas. There are internal and external security cameras. The facility is secure after hours. A security firm conducts security rounds at night.</p>
<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</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. There is radiator heating in resident rooms with individual thermostat controls. There are ceiling heaters in residents' bathrooms. All rooms have external windows with plenty of natural sunlight.</p>

is maintained at a safe and comfortable temperature.		
<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 clinical manager is the infection control officer and oversees infection control for the service. The infection control officer has a job description that outlines the responsibilities of the role. The infection prevention and control officer meet regularly (at regional clinical manager meetings) with the infection control specialist at head office. The management and facility meetings include a discussion of infection prevention and control matters. The programme is reviewed annually from head office and directed via the RAP annual calendar.</p> <p>Visitors are requested not to visit if they have been unwell. There are hand sanitisers placed throughout the facility and a plentiful supply of personal protective clothing. Residents and staff are offered the influenza vaccine. There have been no outbreaks.</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	<p>The infection prevention and control committee is made up of a cross-section of staff from areas of the service and meet two monthly. The infection control officer was appointed to the role in July 2018 and completed induction to the role and on-line infection control modules.</p> <p>The infection control officer has access to an infection prevention and control consultant, infection control nurse specialist from the DHB, public health, GPs, local laboratory and expertise from within the organisation.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and 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</p>	FA	<p>There are comprehensive infection prevention and control policies developed by an infection control consultant. Policies reflect the Infection Prevention and Control Standard SNZ HB 8134:2008, legislation and good practice. The infection prevention and control policies link to other documentation and cross reference where appropriate. Policies are available in hard copy and on the Ryman intranet (library).</p>

service provided.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	<p>The infection prevention and control officer is responsible for coordinating/providing education and training to staff as set by the Ryman training calendar. Other tropical education around infection control is coordinated by the infection control officer. The orientation/induction package includes specific training around hand washing and standard precautions.</p> <p>Resident education occurs as part of providing daily cares.</p>
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	<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 on the VCare for all infections and alerts the infection control officer. Infections are included on an electronic register and the infection officer completes a monthly report. Monthly data, trends, analysis and corrective action plans are reported to the weekly management, infection prevention and control committee meetings and facility meetings. Data and graphs are displayed for staff. The infection prevention and control programme links with the quality programme. The outcomes of infection internal audits are discussed at facility meetings.</p> <p>There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>Restraint practices are only used where it is clinically indicated and justified, and where other de-escalation strategies have been ineffective. The policies and procedures include definitions, processes and use of restraints and enablers.</p> <p>There were five hospital residents with restraint (four bedrails and one chair brief) and one hospital resident with an enabler (bedrail) during the audit. The resident file for the one enabler (bedrails) was reviewed and three restraint files (two bedrails and one chair brief) were reviewed.</p> <p>Voluntary consent and an assessment process had been completed for the resident with an enabler and the enabler is linked to the resident's care plan and reviewed six monthly as part of the care plan evaluation. Enabler checks are scheduled and signed off in the myRyman.</p>
Standard 2.2.1: Restraint approval and processes	FA	<p>The restraint approval process is described in the restraint minimisation policy. The restraint officer is the hospital unit coordinator with a job description that defines the role and responsibility of the restraint officer. The restraint officer completed induction to the role when appointed February 2019</p>

Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.		<p>and had previously attended education around restraint minimisation with the Health and Safety, Quality Commission in 2018.</p> <p>The approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. The restraint committee meet six monthly to review policies and all residents on current restraints. Staff training is in place around restraint minimisation and enablers and management of challenging behaviours. Staff complete annual restraint competencies. Restraint use and enablers are discussed at management and clinical meetings.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	FA	<p>A restraint assessment tool is completed for residents requiring an approved restraint for safety. The primary RN in partnership with the restraint officer, GP, approval group, resident and their family/whānau undertakes assessments. Restraint assessments are based on information in the care plan, resident/family discussions and observations.</p> <p>Ongoing consultation with the resident and family/whānau was evident in the files reviewed. Completed assessments considered those factors listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>Procedures around monitoring and observation of restraint use are documented in policy. Approved restraints are documented. The restraint officer is a registered nurse and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the resident and family and the restraint officer/approval group. The use of restraint and risks identified with the use of restraint was linked to the three resident care plans reviewed. Internal audits conducted, measure staff compliance in following restraint procedures.</p> <p>A restraint register is in place providing an auditable record of restraint use and is completed for all residents requiring restraints and enablers. The restraint officer provides a monthly report on restraint use to head office.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur six monthly as part of the ongoing reassessment for the residents on the restraint register, and as part of the care plan evaluation. Families are included in the review of restraint use. Files reviewed for residents with restraint use evidenced evaluations were up to date.</p>

<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>Restraints are discussed and reviewed at the six-monthly restraint committee meetings. Meeting minutes included (but are not limited to) a review of the residents using restraints or enablers, any updates to the restraint programme, staff education and training and review of any accidents/incidents. Each episode of restraint is monitored at pre-determined intervals depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form at the required intervals and documents cares provided during the episode of restraint.</p>

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 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	CI	The 2018 resident/relative survey showed a decrease in satisfaction around communication. The service implemented a quality improvement plan to address communication concerns which resulted in a significant increase in resident/relative satisfaction for the 2019 survey. Improved communication has been maintained and evidenced in resident/relative interviews on the day of	The service implemented a quality improvement plan to improve resident/relative satisfaction with communication from staff regarding their care. The plan included introducing primary RN nurses who were responsible for communication with residents under their care and with the relatives, involving residents and family members in care plans and review of care, GP visits and allied health appointments. The village manager and clinical manager operate an open-door policy and are visible and accessible to residents and families. The village manager facilitates the separate rest home and hospital resident meetings. Meeting minutes sighted documented discussion and consultation around all areas of the service including survey results and action plans. There are bi-monthly separate family meetings for rest home and hospital relatives. Survey results and action plans around activities, communication and food services had been discussed. Relatives were invited to sample a selection of meals from the project delicious menu at a recent meeting. Relatives receive a monthly newsletter and are kept informed on other matters by memos. The service has also focused on communication for residents with sensory loss with the use of whiteboards and pictorials. Staff who speak the same language as residents with English as a second language acted as interpreters to communicate care needs.

		audit meeting minutes and 2019 survey results.	The service has been successful in increasing resident/relative satisfaction around communication. The February 2018 result for communication was 3.78 and for February 2019 the result had increased to 4.33.
<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>	CI	<p>Rita Angus Retirement Village implemented a project to improve resident's dining experience and satisfaction with food. Resident and relative satisfaction has improved around the variety and choice of meals offered, temperature of meals and improved quality of modified/textured meals.</p>	<p>Project delicious was implemented in February 2017. The four-week rotating project delicious menu offers a variety of choices including three main dishes for the midday and two choices for evening meal including a vegetarian option. Gluten free meals are offered on the menu. The food survey for February 2018 was 3.11, this showed that the satisfaction with meals and food had decreased, the service identified a further improvement was required due to feedback and complaints received around meal choices and food quality. An action plan was implemented to improve residents dining experience and satisfaction with food.</p> <p>The actions included: liaising with the hospitality manager regarding meal options; chefs commenced rotating through the dining rooms serving the meals; chefs talked with residents on a weekly basis; the kitchen manager met with residents to review their individual dietary requirements and swapped the more unpopular food items with resident preferences; work was undertaken with suppliers to improve raw supply quality; education for staff in food handling, presentation and project delicious occurred; more explanation was provided with the menu including a glossary of terms; the quality of pureed meals was improved with foods being sourced from Pure Foods that were more nutritional; relatives were invited to sample menu items; additional time was allocated to the hospital fluids assistant person to assist residents to fill in their weekly menu; staff education included safe food handling; dining etiquette; nutrition and hydration.</p> <p>The February 2019 resident's satisfaction survey showed the satisfaction rating was now 3.56, an improvement. Residents and relatives gave positive feedback about the food on the day of the audit. A communication book was viewed that gave residents the opportunity to express their preferences. There had been no reports of recent complaints about food.</p>
<p>Criterion 1.3.7.1</p> <p>Activities are planned and provided/facilitated to develop and</p>	CI	<p>The resident survey in February 2018 had shown a decrease in resident satisfaction and the facility wished to</p>	<p>The men's club was implemented on a fortnightly basis. The Care Centre Men's Club includes residents from the hospital and rest home. In addition, there is a villages men's club with residents attending from the independent and serviced apartments. Men enjoy the socialisation that this group provides. They will often talk about their experiences, hobbies or war time involvement. Flyers are sent and men are advised of the theme and</p>

maintain strengths (skills, resources, and interests) that are meaningful to the consumer.		increase resident satisfaction with the Engage programme. As a result of the survey. The service identified a need for more men's activities and the men's club was implemented as an initiative to improve men's satisfaction and enjoyment with the Engage programme.	<p>topic. Guest speakers are arranged, and Christmas festivities activities were also planned. The men from the apartments have chosen to join with the men from the care centre and socialise and visit the men in the care centre. The group has become popular with increased numbers attending so the venue was changed to the serviced apartments which allowed for other activities to occur in the care centre and the men could enjoy their activities for a longer time. The outcome for the men's group has been an activity that has proved popular with increased socialisation. Activities are scheduled for an hour and men are noted to stay longer so they can enjoy the socialisation that the group provides. On the day of the audit the men's group activities were occurring.</p> <p>There has been an increase in resident satisfaction with the activities offered from 3.33 in February 2018 to 3.68 in February 2019. Residents and relatives interviewed were very satisfied with the activity programme.</p>
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End of the report.