

Rita Angus Retirement Village Limited - Rita Angus Retirement Village

Introduction

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

The audit has been conducted by 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:	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: 11 January 2022	End date: 12 January 2022
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:	63	

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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 Retirement Village is operated by Ryman and provides rest home and hospital level (medical and geriatric) care for up to 89 residents, including 20 serviced apartments certified to provide rest home level care. At the time of the audit there were 63 residents in total including four rest home residents in the serviced apartments.

The service is managed by a village manager who has been in the role for six months. She is supported by a clinical manager and resident service manager. The management team is supported by the Ryman management team including a regional operations manager and clinical governance team.

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

There is an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

This surveillance audit identified an improvement required relating to documentation of care interventions.

The service is commended for achieving continuous improvement ratings around prevention of pressure injuries and maintaining a restraint free environment.

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.

The service has a culture of open disclosure. There are effective communication processes at all levels of service delivery. Families are regularly updated of residents' condition including any acute changes or incidents. Residents and family member interviewed verified ongoing communication from the service regarding Covid-19 preparedness strategies. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints and concerns have been managed and a complaints register is maintained. 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.

Ryman Rita Angus is implementing the organisational quality and risk management system that supports the provision of clinical care. A village manager, resident service manager and clinical manager are responsible for the day-to-day operations of the facility. Quality activities are conducted, and this generates improvements in practice and service delivery.

Meetings are held to discuss quality and risk management processes. An annual resident/relative satisfaction survey is completed and there are regular resident/relative newsletters. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through.

Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An education and training programme has been implemented with a current training plan in place. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. Registered nursing cover is provided 24 hours a day, 7 days a week.

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.		Some standards applicable to this service partially attained and of low risk.
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Residents' records reviewed provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrated service integration and are reviewed at least six monthly. Residents' files included three monthly reviews by the general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An integrated activities programme is implemented that meets the needs of aged care residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the project delicious menu plans. Nutritional snacks are available 24 hours.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

The building has a current warrant of fitness. Hazards are effectively managed during the current construction and alterations to the building including a new elevator. There is a preventative and planned maintenance schedule in place and this includes testing of equipment and maintaining safe water temperatures. There is sufficient space to allow the movement of residents around the facility with hallways and communal areas being spacious and accessible. External areas are safe and well maintained with shade and seating available.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort with the focus being on maintaining a restraint free environment. Staff receive regular education and training on restraint minimisation and around management of challenging behaviour. During the audit there were no residents using restraints and one resident using enablers.

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 officer (clinical manager) is responsible for coordinating/providing education and training for staff. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. There is a monthly surveillance programme, where infections are collated, analysed and trended with previous data. Where trends are identified, actions are implemented to reduce infections. The infection surveillance results are reported at the various meetings. The service engages in benchmarking with other Ryman facilities. There is evidence of education and staff involvement with any infections that are identified during the surveillance programme. Covid-19 prevention strategies align with the national Covid-19 preparedness framework.

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	0	16	0	1	0	0	0
Criteria	2	41	0	1	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 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available and located in a visible location. Information about complaints is provided on admission. Interviews with residents and relatives, confirmed their understanding of the complaints process. Ten staff interviewed (five caregivers, one kitchen manager, three activity and lifestyle coordinators and one RN) were able to describe the process around reporting complaints.</p> <p>There is a complaint's register that includes written and verbal complaints, dates and actions taken and demonstrates that complaints are being investigated and resolved in a timely manner. Complaints are recorded and allocated a theme (care related, staff related, property related, food related etc) and a risk rating of low, medium, high and extreme. Complaints risk rated as high and extreme will be escalated to the regional operations manager. All complaints evidenced a consultation meeting with the complainant. The complaints process is linked to the quality and risk management system. Ten complaints received in 2020 since the last audit and nine complaints logged in 2021, and none in 2022 year to date (YTD) have been managed in a timely manner and are documented as resolved. There is one complaint (July 2021) related to personal property that is still unresolved and ongoing and is being dealt with by the regional manager. There were no complaints lodged to external agencies.</p>
Standard 1.1.9:	FA	There is a policy to guide staff on the process around open disclosure. The management interviewed (village manager, clinical manager, resident service manager [assistant to the manager] and regional manager) confirmed

<p>Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>family are kept informed. Two relatives interviewed (hospital) stated they are notified promptly of any incidents/accidents or changes in care. Four residents interviewed (one hospital, three rest home residents including one in the serviced apartments) stated they are involved and kept informed of any changes to their own care and feel informed about the services Covid-19 prevention strategies. Residents also confirmed they are kept up to date with the progress on the current building construction work at any given opportunity and also at resident meetings.</p> <p>Thirteen accident/incident forms and progress notes reviewed evidenced relatives are informed of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided (meeting minutes sighted).</p> <p>Access to interpreter services is available if needed for residents who are unable to speak or understand English. Family and staff are used in the first instance. Registered nurses completed clinical excellence training including communication with families after adverse events or deterioration of a resident. Communication to families related to Covid-19 is published on the Ryman website and individual emails are sent to relatives. Family members interviewed confirmed they are updated with any changes in health of their relative and feel informed about the facility's strategy under the Covid-19 preparedness framework.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Rita Angus is a Ryman healthcare retirement village in Wellington. They are certified to provide rest home, hospital (geriatric and medical) care for up to 69 residents in the care centre. There are a further 20 serviced apartments that are certified to provide rest home level care. One rest home room in the care centre was temporarily decommissioned to include the current building of a new elevator.</p> <p>On the day of the audit there were 63 residents including four residents in the serviced apartments. The rest home unit has 19 beds with 18 occupied at rest home level of care. The hospital unit has 50 beds with 41 occupied at hospital level of care including one person on ACC. All other residents were on an aged residential care service agreement contract. The regional operations manager confirmed all rooms in the care centre are dual-purpose beds. There were no residents on short term stay on the days of the audit.</p> <p>There is a documented service philosophy set at Ryman Christchurch that guides quality improvement and risk management in the service. In addition, a value statement, philosophy, goals, values and beliefs are documented that are specific to Ryman Rita Angus. Six village objectives for 2021 (embrace kindness, promote new initiatives, provide residents with a high standard of care, vibrant activities programme, enhance quality of care and provide excellent dining room experience) are defined with evidence of reviews in April and August 2021 on progress towards meeting these objectives. Objectives and the progress towards meeting these objectives are posted in the staff room. The regional operations manager confirmed the objectives for 2022 will be published in the first quarter of 2022 after the last review of the 2021 objectives.</p>

		<p>The village manager (non-clinical) has been in the role for six months and has previous experience in customer services and management of human resources. The village manager is supported by a clinical manager who has been in the role for five months and has past experience in aged care in clinical management roles. They are supported by a new appointed assistant to the manager (resident services manager) with significant aged care experience, two-unit coordinators (hospital and serviced apartments), RNs and a stable workforce of caregivers. There are weekly management meetings. The village manager reports to the regional operations manager who reports to the national operations manager.</p> <p>The village manager has completed professional development activities related to managing an aged care facility and is scheduled for further training in 2022. Training included conflict resolution, effective leadership, understanding contracts, governance and management of aged care services.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Ryman Rita Angus continues to implement the well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance are reported across the facility meetings and to the organisation's management team. Discussions with the management team and staff, and review of management and staff meeting minutes, demonstrated all staff involvement in quality and risk activities.</p> <p>Resident meetings are held two monthly and relative meetings are held every six months (as and when permitted by the organisation's Covid-19 prevention framework). Minutes are maintained with evidence of timely follow-up actions and dated when closed off. Annual resident and relative surveys are completed with the last survey completed in August 2021, with improvements documented from the previous year around food services. A quality improvement plan continues to improve the results related to the food services. Results are benchmarked against all Ryman facilities.</p> <p>The service has policies, procedures, and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed at a national level and are forwarded through to a service level. All policies were current and reflect good practice and accepted guidelines. They are communicated to staff, as evidenced in staff meeting minutes.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance, and the quality-of-service delivery in the facility and across the organisation. The service develops quality improvement plans where internal processes including internal audits document an adverse result. Quality improvement plans (QIP) are documented as followed up, reported to meetings and resolved. QIPs have included management and regular review of urinary tract infections, organisational management including complaints management and working towards maintaining a restraint free environment and zero to a low rate of pressure injuries. Six monthly trend analysis is documented around falls, infections, pressure injury and behaviours that challenge and document in-depth analysis and strategies where opportunities for improvements are identified. The service has been awarded a</p>

		<p>continuous improvement for maintaining low incidence of pressure injuries since July 2020.</p> <p>The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. Clinical indicators are graphed, and trends are identified in the data. Results are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Interviews with staff confirmed their awareness of clinical indicator trends and strategies being implemented to improve residents' outcomes.</p> <p>Health and safety policies are implemented and monitored. The health and safety officer (resident services manager) interviewed, confirmed they completed external training related to work safe practices, risk management and emergency preparedness. The hazard register and hazardous substance register has been reviewed in August 2021 and include the mitigation of noise and dust related to the current building construction and the management of resident safety. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events on an electronic system (Donesafe) and provides feedback to the service and staff so that improvements are made. There are monthly health and safety meetings, and the information is tabled at staff and management meetings. The regional operations manager attends building construction site meetings as required. Staff completed annual education in emergency preparedness and health and safety issues including hazard identification in April and September 2021.</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, corrective action to minimise and debriefing. Individual incident reports are completed electronically for each incident/accident with immediate action noted, relative notification and any follow-up action required. A review of thirteen electronic incident/accident reports for December 2021 were reviewed and identified that all were fully completed and included follow-up by a registered nurse (RN). Neurological observations are completed for unwitnessed falls and where there is an obvious knock to the head. The unit coordinators and managers review adverse events as part of the weekly management meeting.</p> <p>The village manager was able to identify situations that would be reported to statutory authorities. There was one section 31 notification made in 2020 for a missing resident. In 2021 year to date four notifications have been made for two pressure injuries (one stage four and one stage three non-facility acquired pressure injuries), two to HealthCERT for the change in clinical manager and village manager. There have been no outbreaks since November 2019.</p>
Standard 1.2.7:	FA	There are human resources policies including recruitment, selection, orientation and staff training and development.

<p>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>Six staff files reviewed (clinical manager, hospital unit coordinator (RN), two caregivers (including health and safety officer), one activities and lifestyle coordinator, kitchen manager) provided evidence of signed contracts, house rules, job descriptions relevant to the role, induction, reference checks and annual performance appraisals. A register of RN and other health professional practising certificates are maintained and current. An orientation programme provides new staff with relevant information specific to their role and safe work practices, induction is completed within a timely manner.</p> <p>Staff need to be fully vaccinated against Covid-19 to commence or continue with employment.</p> <p>There is a regular RN journal club and clinical related training and professional development provided through Ryman Academy. All RNs, management team, caregivers and activities and lifestyle coordinators completed a current first aid certificate. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments including medication and insulin competencies, restraint minimisation, manual handling, handwashing and personal protective equipment (PPE) use.</p> <p>There is a completed annual education plan for 2020 and 2021 and the plan for 2022 is being implemented. The annual training programme exceeds eight hours annually. Covid-19 preparedness training is implemented and reflects changes in line with the national Covid-19 prevention framework. Additional toolbox sessions are provided to focus on day-to-day processes and procedures. Registered nurses are encouraged to attend external training, including sessions provided by the local DHB and webinars via zoom. The training schedule provides for clinical topics related to the resident group at Rita Angus including management of the unwell resident, communication with residents with speech impediments and cognitive impairment, pain management and management of chronic heart failure. Staff are also required to complete a series of comprehension surveys each year. There are 12 RNs working at Ryman Rita Angus and six have completed interRAI training. The clinical manager is scheduled for the reassessment of the interRAI competency. An enrolled nurse has been employed as the service apartment coordinator but has not yet commenced employment. There are 38 caregivers in total. Ninety percent of caregivers attained their level three or four national certificate in Health and Wellbeing (aged care). Caregivers confirmed they are supported to progress with their national certificate levels.</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</p>	<p>FA</p>	<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. The village manager and resident service manager work Monday to Friday. The clinical manager works Monday to Fridays. Residents and family members interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>There is a receptionist to cover reception to manage Covid tracing and checking of visitors' vaccine passports and appointments to visit Monday – Sunday 8.30am -5pm and again from 5pm- 7pm.</p> <p>A hospital unit coordinator (RN) works from Sunday – Thursday 8am -4.30pm and providing daily oversight including for the rest home and service apartments.</p>

service providers.		<p>There were 18 rest home residents in the rest home unit (19 beds dual purpose).</p> <p>A registered nurse works from Monday to Sundays (7 am-4.30 pm). They are supported by two caregivers on the morning shift (7 am-3.30 pm and 7 am-1.30 pm), two caregivers (one senior caregiver) on the afternoon shift (two 3 pm-11 pm, one from 4 pm-9 pm) and one caregiver (one senior) on the night shift working 10.45 pm-7.15 am.</p> <p>An activities and lifestyle coordinator Monday – Fridays from 9.30 am-4.30 pm (also assists in the hospital unit when required).</p> <p>There were 41 hospital residents in the hospital unit (50 dual-purpose beds).</p> <p>There are two RNs on morning (7 am-4.30 pm) and on afternoon shifts (one from 3 pm-11.30 pm and one 3 pm-11 pm) one on the night shift. They are supported by ten caregivers on the morning shift (five long and five short), six caregivers on the afternoon shift (two long and four short) and three caregivers on the night shift. A fluid assistant assists Mondays to Sundays 9.30 am-1 pm and a physiotherapy assistant work from 9 am to 12 pm and a lounge carer works from 4 pm to 8 pm.</p> <p>An activities and lifestyle coordinator Monday – Friday from 9.30 am-4.30 pm and a second assist on Tuesdays and Wednesdays (1 pm-4.30 pm).</p> <p>There were four rest home residents in the serviced apartments (20 beds). A serviced apartment unit coordinator/senior caregiver currently works from Sundays to Thursdays and a senior caregiver covers the two days that the unit coordinator is not available. An enrolled nurse is employed (has not commenced employment yet) to take over the unit coordinator role in the serviced apartments. They are supported by two caregivers (one senior) on the morning (one short and one long shift) and three on the afternoon shifts (4 pm-10 pm). A RN from the hospital unit covers the rest home residents in the serviced apartments during the day and the hospital RN will cover residents in the serviced apartments during the afternoon and night. One hospital caregiver will cover the serviced apartment residents at night.</p> <p>Extra staff can be called on for increased resident requirements when acuity changes. A cover pool has been implemented whereby (extra) care staff are scheduled to work Friday to Monday to cover absences. Additional casual staff are available if needed.</p> <p>There are separate housekeepers, laundry staff, van drivers, maintenance and garden staff on the roster.</p> <p>Staff were visible and were attending to call bells in a timely manner as observed by the auditor during the audit. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p>
Standard 1.3.12: Medicine	FA	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. Registered nurses, and senior caregivers have completed annual medication competencies and

<p>Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>education. Registered nurses have completed syringe driver training. Medications are stored safely in one medication/treatment room (hospital unit, rest home, and serviced apartments). All regular medications (blister packs) are checked on delivery by RNs against the electronic medication chart. All medications were within the expiry dates. Eyedrops and ointments are dated on opening. The medication room and fridge are checked weekly and temperatures sighted were within the acceptable range. There were no residents self-medicating on the day of audit. There were no standing orders. There were no vaccines stored on site.</p> <p>Ten medication charts on the electronic medication system were reviewed and medication administration observed evidenced good practice. Medication charts are fully completed with a current photo identification and recorded allergies and sensitivities. Medications are reviewed at least three-monthly by the GP. 'As required' medications had indications for use prescribed. The effectiveness of 'as required' medications is recorded in the progress notes and on 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>	<p>FA</p>	<p>The meals at Ryman Rita Angus are all prepared and cooked on site. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence which expires 9 May 2022. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, low potassium meals, diabetic meals and meal consistency) or of any residents with weight loss. The kitchen manager (interviewed) was aware of resident likes, dislikes and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious preferences. The service utilises pre-moulded pureed foods for those residents requiring that particular modification. On the day of audit, meals were observed to be well presented. Lunch was observed in the hospital dining room and there were plenty of staff at hand to provide assistance with their meals. Modified utensils are available for residents to maintain independence with meals.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the electronic kitchen management system which has oversight from the regional lead chef. Food temperatures are checked at all meals and when plated. These are all within safe limits and recorded electronically. There are three dining rooms (one for the rest home, one for the hospital and one for the serviced apartment residents). Meals are transported in hotboxes to each dining room and plated by the kitchen assistant in the rest home and serviced apartments and by caregivers in the hospital. Staff were observed wearing correct personal protective clothing in the kitchen and in the servery.</p> <p>Care staff interviewed were knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirmed they report any changes in eating habits to the RN and record this in the progress notes. Food services staff have all completed food safety and hygiene training. Cleaning schedules are maintained and chemicals are stored safely.</p> <p>The residents can offer feedback on a one-to-one basis, at the resident meetings and through resident surveys. The resident survey for 2021 shows a satisfaction rating of 3.67/5.0 and a slight drop in satisfaction from 2020,</p>

		however the residents' feedback was complimentary on the audit days.
<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>	PA Low	<p>When a resident's condition changes the RN initiates a GP or nurse specialist consultation. RNs interviewed stated that they notify family members about any changes in their relatives health status. Family members interviewed confirmed this. Conversations and notifications are recorded in the electronic progress notes, however, not all care plans reviewed had detailed interventions recorded to meet the needs of the residents, and care plans did not always reflect the most recent assessment scores and information.</p> <p>The electronic myRyman system triggers alerts to staff when monitoring interventions are required. These are automatically generated on the electronic daily schedule for the caregiver to complete. Individual surface devices in each resident's room allows the caregiver to sign the task as completed (e.g., resident turned, fluids given). Care staff report any deterioration or change in normal habits to the RN.</p> <p>Care staff interviewed stated there are adequate supplies and equipment provided including continence and wound care supplies. There is access to a continence advisor and wound specialist nurse when required.</p> <p>Wound assessment and management plans are completed on myRyman. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There are currently 18 unresolved wounds logged in the electronic register: six lesions, eight skin tears, one chronic ulcer, one surgical and two stage two pressure injuries. The wound champion nurse reviews all wounds at least monthly in addition to ongoing review by the RN on duty. A wound management internal audit was completed in July 2021 with a result of 100%. Pressure injury prevention equipment is available and being used. Caregiver's document changes in position electronically as documented in the care plans (link CI 1.2.3.6).</p> <p>Short-term care plans are generated through completing an updated assessment on myRyman and interventions are automatically updated into care plans. Evaluation of the assessment when resolved closes out the short-term care plan.</p> <p>Electronic monitoring forms are in use as applicable such as: weight, turning charts, food and fluid, vital signs, blood sugar levels, neurological observations, wound monitoring, bowel and behaviour charts. The RNs review the monitoring charts daily. All monitoring charts reviewed, including bowel, food and fluid records had been completed as the care plan requirements.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as</p>	FA	<p>A team of three activity and lifestyle coordinators (one a qualified DT) implement the Engage activities programme in each unit that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by Ryman head office. The rest home programme is Monday to Friday to 10 am - 3.30 pm and the hospital is seven days a week 10.30 am - 3.30 pm, which includes evening activities between 4.30 pm – 8 pm. There is a van driver</p>

<p>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>rostered on Wednesdays and Fridays 1pm to 3.30pm for resident outings and has a current first aid certificate.</p> <p>There is a monthly programme for each unit, delivered to each resident's room. Residents have the choice of a variety of Engage activities in which to participate including (but not limited to); triple A exercises, board games, quizzes, music, reminiscing, sensory activities, crafts and walks outside. The rest home residents in the serviced apartments can choose to attend the serviced apartment or rest home activity programme. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. The village has two vans available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. There are regular combined activities and celebrations held in hospital lounge for residents from both areas.</p> <p>During Covid-19 lockdown, the service initiated zoom sessions for all residents to maintain communication with families, which was managed on a day-to-day basis by the activities team.</p> <p>There are various denominational church services held in the care facility weekly. There are regular entertainers visiting. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day and Christmas and theme days are celebrated. There was a combined BBQ held for all residents in the ground floor atrium on the day of the audit. There are allowances in the activity calendar to take residents out to the gardens for wheelchair and supervised walks whilst the courtyard for the care centre is out of use during construction of the new elevator.</p> <p>The activities and lifestyle coordinators interviewed confirmed they are part of the six monthly multi-disciplinary review meetings for each resident and their input is valued.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family relations. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan. Residents have the opportunity to provide feedback through resident and relative meetings and annual surveys. Residents and relatives interviewed expressed satisfaction with the activities offered. The resident survey for 2021 evidenced satisfaction with the activities and an improvement from 2020 (4.0/5 to 4.31/5).</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>Of the five resident care plans reviewed, the registered nurses had evaluated all six monthly, however not all care plans had been updated when care needs changed (link 1.3.6.1). The multidisciplinary review involves the RN, GP (when available), a caregiver, activities and lifestyle coordinator and resident/family if they wish to attend. Resident progress towards meeting goals is discussed and documented. Activities plans are evaluated at the same time as the care plan. There are one to three monthly reviews by the GP for all residents. Family members interviewed confirmed that they are consulted/informed regarding any changes to the care plan.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The care centre is located on the second floor and consists of a rest home wing 19 beds and a 50-bed hospital, the nurse's station is centrally located. The 20 serviced apartments certified for rest home care are on the first floor and ground floor. There were three rest home residents in the upstairs (first floor) serviced apartments and one downstairs. There are stairs and an elevator (spacious enough for ambulance transfer equipment) for use between the floors.</p> <p>The building has a warrant of fitness that expires 22 September 2022. A new elevator was installed to replace the old. The older elevator is still in use and will be decommissioned on 1 February 2022. A compliance certificate has been issued on 21 December 2021 for the new elevator and the project manager (interviewed) confirmed a certificate of public use is in the process to be issued by the local council before the new elevator is used.</p> <p>There are alterations and ongoing refurbishment on the ground floor to include a new sales office and hair salon. Added to this, the facility plans a refurbishment of the kitchen, laundry, adding of a café, refurbishments of lounge areas in the care centre for 2022. Working areas were cordoned off to ensure resident safety; the current construction work did not impact on the movement of residents or entry for emergency services. Hazards related to the construction are identified on a white board at the construction site. Noise and dust are mitigated through various strategies including plywood partitions and noise and dust generating activities equipment limited to certain times of the day. The regional operations manager confirmed there were no alterations done since the last audit that required an amended evacuation scheme.</p> <p>The facility employs a full-time maintenance officer, gardens and grounds staff. Daily maintenance requests are addressed, and a 12-monthly planned maintenance schedule is in place and has been signed off monthly (sighted). Essential contractors are available 24 hours. Electrical testing is completed annually. An external contractor completes annual calibration and functional checks of medical equipment. This is again due November 2022. Hot water temperatures in resident areas are monitored. Temperature recordings reviewed were between 43-45 degrees Celsius.</p> <p>The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids, where required.</p> <p>There is outdoor furniture and seating with shade in place, and there is wheelchair access to all areas. The courtyard available to residents in the care centre (second floor) is currently out of use due to the building alterations. Residents have access to the ground floor gardens.</p> <p>Seating and shade are provided in the gardens on ground level. The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver cares as outlined in the resident care plans.</p>
<p>Standard 3.5: Surveillance</p>	<p>FA</p>	<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</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>all infections and are kept as part of the on-line resident files. Infections are included on an electronic register and the infection prevention officer (clinical manager) completes a monthly report. Monthly data is reported in the full facility and clinical meetings. Staff are informed through the variety of meetings held at the facility and data and trends are displayed on the staff noticeboard. The infection prevention and control programme links with the quality programme including internal audits and education requirements. There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. There were no outbreaks since the last audit.</p> <p>A Covid-19 preparedness framework is implemented at all levels of service delivery. All visitors to the facility are required to sign in electronically, wear a mask, show a vaccine passport on entry, complete a health declaration including temperature checks and Covid QR scanning.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The hospital coordinator is the restraint coordinator. There is an up-to-date register. 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. On the day of audit, there were no residents using restraints and one using an enabler (rest home resident with bedrails). Staff training has been provided around restraint minimisation and enabler use, falls prevention and management of challenging behaviours. The service implemented a quality improvement plan in early 2021 to maintain a restraint free environment and interventions proved to be successful.</p> <p>The service has been awarded a continuous improvement rating for maintaining a restraint free environment.</p>
<p>Standard 2.2.3: Safe Restraint Use</p> <p>Services use restraint safely</p>	FA	<p>The service has a restraint approval process that is described in the restraint minimisation policy. Monitoring and observation is included in the restraint policy. The restraint coordinator is a registered nurse (hospital coordinator) and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint. Restraint authorisation is in consultation/partnership with the family, restraint coordinator and GP.</p> <p>Internal audits are completed, ensuring all restraint processes are completed as per the restraint policy and procedures. The restraint coordinator reports that each episode of restraint is monitored at predetermined intervals, depending on individual risk to that resident A restraint register is in place providing an auditable record of restraint (when used).</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers'</p>	PA Low	<p>Five resident files were reviewed. The triggers and scores of the interRAI assessments are addressed in the care plans. A range of assessments are completed between interRAI assessment dates when required for example, (but not limited to) pain assessments, wound, falls assessments, pressure injury risk assessments, behaviour assessments and nutritional (MNA) assessments. Progress notes are comprehensive and detailed the care provided to the resident. When a residents health changes, there is timely follow up from a registered nurse and GP (when required). Care plan interventions in three of the five files reviewed did not always document in detail the interventions required to meet the needs of the resident or document the recent assessment outcomes. The risk is assessed as low as all the supplementary documentation reviewed (progress notes, monitoring forms and allied health notes) evidenced the residents receive the appropriate care and this finding relates to documentation only. Caregivers interviewed confirmed</p>	<p>The following shortfalls were identified in three of three hospital residents' files:</p> <p>i) A resident presented with 10% weight loss in 90 days. The resident is frail and needs assistance with meals. The interventions in the care plan did not record the care provided as identified in the progress notes and recent MNA assessment including a)</p>	<p>i)-iii) Ensure interventions in the care plan are recorded to a level of detail to meet all the needs of the resident and reflect the most recent assessment.</p>

assessed needs, and desired outcomes.		they are knowledgeable about the cares of the resident.	<p>dietary requirements (receives daily supplements), b) increase in frequency of weight monitoring and c) possible contributing factors (refusing to eat).</p> <p>ii) One resident presents with a humerus fracture following an incident. There were no changes made to the care plan following assessments to reflect the management a) of the sling, mobility, and b) pain management (pharmaceutical and non-pharmaceutical) strategies related to the arm pain.</p> <p>iii) One resident (tracer) had changes in the type of behaviour identified in the monitoring charts, which is ongoing, however the behaviour plan did not identify the type of behaviour and strategies to manage the specific type of behaviour.</p>	90 days
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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, there 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	Robust systems are in place for the collection, analyses, and evaluations of quality data. A range of data is collected around falls, skin tears, pressure injuries, and infections across the service through myRyman. Data collated is used to identify any areas that require improvement. Clinical indicator data has individual reference ranges for acceptable limits and levels of incidents and infections. Data is benchmarked against other Ryman facilities. Communication of results occurs across a range of meetings across the facility (eg, management, full facility and clinical/RN meetings). Templates for all meetings document action required, timeframe, and the status of the actions. Pressure injury prevention is discussed at the	Rita Angus Retirement village recognise that pressure injuries reduce quality of life for elderly residents through increased pain, delayed healing and increased infections. A quality plan was developed to continue to maintain low incidences of pressure injuries. The wound register reviewed two stage two pressure injuries currently managed but showed progression towards being resolved. Staff and training records evidence a robust training and upskilling of staff to include an all-inclusive approach in pressure injury prevention. Documentation including care plans, interventions, progress notes, allied health notes and monitoring forms evidence a holistic approach to pressure injury prevention to include the whole team and whole person including participation (resident and family). Caregivers interviewed confirmed they are kept

		<p>leadership meetings, with prevention strategies reviewed, and the residents' underlying conditions considered. Risk of pressure injuries are assessed for each resident, and individual strategies are implemented and monitored. Pressure injury equipment is used at a very early stage of risk and allied health professionals including dietitian, podiatrist and physiotherapy input is sought for residents assessed as moderate to high risk. The successfulness of strategies is discussed and reported at various meetings (minutes sighted). Care plans provide documented evidence of effective pain, skin and nutrition and hydration management. Pressure risk prevention strategies are discussed at the handovers between shifts to ensure staff are up to date with current information.</p>	<p>informed through ongoing communication to implement early interventions and prevention of further deterioration of pressure injuries should they occur.</p> <p>A review of the clinical indicator data indicated Rita Angus Retirement Village remain below the upper limit for pressure injuries of 0.8/1000 bed nights for Stage 2 and 1.2/ 1000 bed nights pressure injuries since July 2021. There were no stage three or unstageable facility acquired pressure injuries for the period 2020 and 2021. Whilst the graph noted a facility acquired deep tissue pressure injury in April 2021 it was noted to be incorrectly coded as it was acquired while the resident was in hospital.</p> <p>The low incidence of pressure injuries resulted in better health outcomes including improved comfort and quality of life.</p>
<p>Criterion 2.2.3.2</p> <p>Approved restraint is only applied as a last resort, with the least amount of force, after alternative interventions have been considered or attempted and determined inadequate. The decision to approve restraint for a consumer should be made:</p> <p>(a) Only as a last resort to maintain the safety of consumers, service providers or others;</p> <p>(b) Following appropriate planning and preparation;</p> <p>(c) By the most appropriate health</p>	CI	<p>A review of the clinical indicator data indicated Rita Angus Retirement Village to be restraint free since August 2020. The unit coordinators, clinical manager, village manager and regional manager interviewed confirmed that a range of initiatives were implemented and still ongoing to ensure the restraint free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint free environment. Care staff interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>The service wanted to continue to support residents' independence and safety with proven strategies and initiatives that maintains the restraint free environment. This includes:</p> <p>Individual strategies to respond to specific resident needs including falls prevention, early intervention to identify changes in behaviour, quality use of medication, safe environment, review of timing of other activities and individual schedules/routine.</p> <p>Ryman is committed to their responsibility of providing adequate staff levels and skill mixes to meet the needs of the residents. Rosters include physiotherapy assistants to promote residents' independence through mobility support and exercise;</p>

<p>professional; (d) When the environment is appropriate and safe for successful initiation; (e) When adequate resources are assembled to ensure safe initiation.</p>			<p>lounge carers to oversee residents in the lounge area to assist with supervision, activities and de-escalation where required, and fluid assistants to ensure residents are well hydrated. Education sessions for staff were provided to include dementia related training, restraint minimisation practices, ageing and promoting independence and management of challenging behaviours. This resulted in an increased understanding of the importance of early intervention, encourage staff input into residents' cares and empower staff through accountability. Ongoing communication and involvement of the next of kin and with residents improved an understanding of the Ryman strategy to maintain a restraint free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint free environment since the start of the initiative with no incidences of restraint reported. Positive feedback from residents and relatives around care were noted. These findings were discussed at the upcoming clinical and quality meetings and monthly residents' newsletters. The project improved outcomes and quality of life for the residents through supporting dignity, respect, reducing stress for relatives, and improved quality of care delivery.</p>
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End of the report.