

Essie Summers Retirement Village Limited - Essie Summer Retirement Village

Introduction

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

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Essie Summers Retirement Village Limited
Premises audited:	Essie Summers Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 September 2017 End date: 26 September 2017
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:	95



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Ryman Essie Summers provides rest home, hospital and dementia level care for up to 95 residents in the care centre. There are also 30 serviced apartments certified for rest home level of care. On the day of the audit there were 95 residents including seven in the serviced apartments.

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

The service is managed by a village manager who is a registered nurse. She has been in the role for 11 years. She is supported by a clinical manager who has been in the role since 2014. The residents and relatives interviewed all spoke positively about the care and support provided.

The previous certification audit did not identify any shortfalls and this surveillance audit did not identify any areas requiring improvement. The service is congratulated for continuing continuous improvement ratings around falls management and infection control and achieving new continuous improvement ratings around the quality programme, activities in the dementia unit and the food service.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Discussions with residents and relatives confirmed that residents and where appropriate their families, are involved in care decisions. Regular contact is maintained with families, including if a resident is involved in an incident or has a change in their current health. There is an established system for the management of complaints.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		All standards applicable to this service fully attained with some standards exceeded.
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Services are planned, coordinated and are appropriate to the needs of the residents. A village manager and clinical manager are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A comprehensive quality and risk management programme is in place. Corrective actions are implemented and evaluated where opportunities for improvement are identified. The risk management programme includes managing adverse events and health and safety processes. Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments. Registered nursing cover is provided twenty-four hours a day, 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.

Registered nurses are responsible for all stages in the provision of care including interRAI assessments, risk assessments, development of care plans and evaluations. Resident files demonstrated service integration. Residents and family interviewed confirmed they were involved in the care plan process and review. The general practitioner completes an admission visit and reviews the residents at least three-monthly.

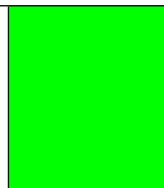
The activity team provide an activities programme which is varied and interesting. The programme meets the abilities and recreational needs of the different groups of residents. Residents are encouraged to maintain links with community groups.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. The general practitioner reviews medications three-monthly.

The menu is designed by a dietitian at an organisational level. All baking and meals are cooked on-site. Individual and special dietary needs are accommodated. Nutritious snacks are available 24 hours in all units.

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.

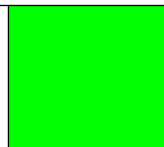


Standards applicable to this service fully attained.

The building has a current warrant of fitness.

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.

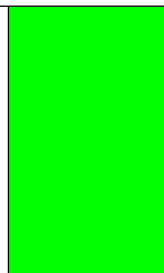


Standards applicable to this service fully attained.

The service has appropriate procedures for the safe assessment and review of restraint and enabler use. During the audit, no residents were using restraints and no residents were using an enabler. Staff receive training around restraint minimisation.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

Surveillance data identifies trends and areas for improvement. Organisational benchmarking occurs.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	2	14	0	0	0	0	0
Criteria	6	32	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are readily available. Information about complaints is provided on admission. Interviews with residents and family confirmed their understanding of the complaints process. Staff interviewed could describe the process around reporting complaints. There is a complaint's register that includes written and verbal complaints, dates and actions taken and demonstrates that complaints are being managed in a timely manner. There have been three complaints received in 2017 YTD. These were reviewed and all were documented as resolved. Corrective actions have been implemented and any changes required were made because of the complaint. This includes one complaint which involved the DHB.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment</p>	FA	<p>An open disclosure policy describes ways that information is provided to residents and families. The admission pack contains a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they have to pay for that are not covered by the agreement. The information pack is available in large print and in other languages. It is read to residents who are visually impaired. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Regular contact is maintained with family including if an incident or care/health issue arises. Evidence of families being kept informed is documented on the myRyman electronic database and in the residents' progress notes. All</p>

<p>conducive to effective communication.</p>		<p>family (one rest home and one dementia) and residents (two hospital and four rest home including one from the serviced apartments) interviewed, stated they were well-informed. Ten incident/accident forms and corresponding residents' files were reviewed and all identified that the next of kin were contacted. Regular resident and family meetings provide a forum for residents to discuss issues or concerns. Access to interpreter services is available if needed for residents who are unable to speak or understand English.</p>
<p>Standard 1.2.1: Governance</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>Essie Summers is a Ryman retirement village located in Christchurch. The service provides care for up to 95 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in serviced apartments. On the day of audit there were 95 residents in total.</p> <p>All rooms in the rest home (ground floor) and the hospital (level one) are dual-purpose. There were 23 rest home level residents on level one. On level two there were 41 hospital level residents including one resident on an end of life contract. There were seven rest home level of care residents in the serviced apartments. There were 24 residents in the secure dementia unit. All residents except the one on an end of life contract are under the age-related residential care contract (ARRC).</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and initiatives are set annually. The organisation-wide objectives are translated at each Ryman service. Ryman Healthcare also has operations team objectives that include a number of interventions/actions. Each service including Essie Summers also has their own specific village objectives 2017 and progress towards objectives is updated as part of the TeamRyman schedule. The organisation completes annual planning and has a suite of policies/procedures to provide rest home care, hospital care and dementia care.</p> <p>The village manager at Essie Summers is a registered nurse and has been in the role for 11 years. She is supported by a clinical manager/registered nurse (RN) who has been in the role since 2014, having been a New Zealand registered nurse and worked in aged care since 2012. The clinical manager is supported by an experienced unit manager in each area (registered nurses in the rest home, hospital and dementia units and an enrolled nurse in the serviced apartments). They are also supported by a regional manager and an assistant manager. Ryman provide ongoing training for managers and clinical managers.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established,</p>	<p>CI</p>	<p>Essie Summers has begun implementing the quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Discussions with the management team (village manager and clinical manager) and staff, and review of management and staff meeting minutes demonstrated their involvement in quality and risk activities. The service has exceeded the required standard around the implementation of quality goals. Family meetings are held six-monthly and residents' meetings are held every two months in the hospital and in the rest home. Meeting minutes are maintained. A resident survey completed in 2017 identified a high level of satisfaction with plans for</p>

<p>documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>improvement developed around the food service, the laundry service and communication.</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 in accordance with the monthly team. These are communicated to staff, as evidenced in staff meeting minutes, sighted on the staff noticeboards and reported by staff interviewed (four-unit coordinators, two registered nurses from the hospital, six caregivers (two from the rest home, two from the hospital, one from the serviced apartments and one from the dementia unit), four activities staff (one from each area) and the chef).</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality of service delivery. The service has exceeded the required standard around implementation of quality goals. There are clear guidelines and templates for reporting. Management systems, policies and procedures are developed, implemented and regularly reviewed. The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. The service has exceeded the required data around corrective action plans when unwanted trends are identified. Results are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Falls prevention strategies are in place that include, hi/lo beds, ongoing falls assessment, sensor mats, fall prevention pamphlets and appropriate footwear. The service has continued a continuous improvement rating around reducing falls rates.</p> <p>Health and safety policies are implemented and monitored by the two-monthly health and safety meetings. A health and safety representative (physiotherapy assistant) is appointed and they have completed the health and safety training. Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The data is tabled at staff and management meetings. The hazard identification resolution plan is sent to head office and identifies any new hazards. A review of this, the hazard register and the maintenance register indicates that there is resolution of issues identified.</p> <p>There are current disaster planning and emergency management procedures that include procedures in the event specific emergencies/disasters (e.g., flooding, earthquake and tsunami, fire, unauthorised entry) and staff are informed about how to implement them.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise and debriefing. Individual incident reports are completed electronically for each incident/accident with immediate action noted and any follow-up action required. A review of ten incident/accident forms from across all areas of the service, identified that all are fully completed and include follow-up by a RN. Required interventions are transferred to care plans. The clinical manager is involved in the adverse event process, with links to the applicable meetings (RN, full staff, health and safety/infection control). This</p>

<p>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>		<p>provides the opportunity to review any incidents as they occur. The village manager and regional manager were able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. Section 31 notifications have been made for the reporting of pressure injuries. Two outbreaks (norovirus in September 2017 and an influenza outbreak in July and August 2017) were notified to Public Health and the death of a resident under the mental health act was referred to the coroner.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one clinical manager, one serviced apartments unit coordinator (enrolled nurse), one RN, three caregivers, one activities coordinator (from the dementia unit) and one chef) provided evidence of signed contracts, job descriptions relevant to the role the staff member is in, induction, application form and reference checks. A register of RN and EN practising certificates are maintained within the facility. Practising certificates for other health practitioners are retained to provide evidence of registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. There is an implemented annual education plan. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. All required training has been provided. Twenty-four caregivers work in the dementia unit. Twenty have completed their dementia qualification and one has begun the training and three have not yet enrolled. The four staff that have not completed the standards, were recently employed. The service supports staff to undertake aged care qualifications with many staff working toward these.</p> <p>Registered nurses are supported to maintain their professional competency. They also attend a monthly journal club which requires pre-reading and then discussion around a variety of relevant topics. Staff training records are maintained. There are implemented competencies for RNs, ENs and caregivers related to specialised procedures or treatments including medication competencies and insulin competencies. Health practitioners and competencies policy outlines the requirements for validating professional competencies. There are currently thirteen RNs working at Essie Summers. Four of the thirteen RNs are interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive</p>	<p>FA</p>	<p>Ryman organisational policy outlines on call requirements, skill mix, staffing ratios and rostering for facilities. The village manager and clinical manager, work full time Monday to Friday and are on call 24/7. Each service unit in the care centre has a RN/EN unit coordinator. There is at least one RN and first aid trained member of staff on every shift. Caregivers reported there are sufficient staff on duty at all times. Interviews with residents and relatives</p>

<p>timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>indicated there are sufficient staff to meet resident needs.</p> <p>Staffing at Essie Summers is as follows:</p> <p>In the rest home unit on the ground floor (23 rest home residents): AM shift: Unit coordinator (RN) 7.30am to 4.00pm Tuesday to Saturday, a registered nurse Sunday and Monday, two caregivers 7.00am to 3.00pm, one caregiver 7.00am to 1.00pm. PM shift: One senior caregiver 3.00pm to 11.00pm, two caregivers 3.00pm to 11.00pm, one caregiver 3.00pm to 9.00pm. Night shift: One senior caregiver and one caregiver.</p> <p>In the hospital on level one (41 hospital level residents): Unit coordinator (RN) from Sunday to Thursday. AM shift: Two registered nurses, three caregivers 7.00am to 3.00pm and three caregivers 7.00am to 1.00pm. PM shift: One registered nurse, four caregivers 3.00pm to 11.00pm, four caregivers 3.00pm to 9.30pm. Night shift: One registered nurse and two caregivers.</p> <p>Special care unit (dementia unit 24 residents) AM shift: Unit coordinator (RN) for five days, registered nurse on the other two days, two caregivers 7.00am to 3.00pm, one caregiver to 11.00am. PM shift: Two caregivers 3.00pm to 11.00pm, one lounge carer 4.00pm to 8.00pm. Night shift: One senior caregiver and one caregiver.</p> <p>Serviced apartments (Seven rest home level residents). AM shift: Unit coordinator (EN) five days 8.30am to 4.30pm, senior caregiver on this shift the other two days, one caregiver 7.00am to 3.00pm, one caregiver 7.00am to 1.00pm. PM shift: One caregiver 4.00pm to 9.00pm and one caregiver 4.30pm to 9.00pm. The clinical manager supports the unit coordinator with completing assessments and care plans. When there are no staff rostered in the serviced apartments the staff in the rest home check on the residents and answer bells as confirmed by the rest home level resident interviewed in a serviced apartment and rest home staff.</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>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with current medication guidelines. Medication reconciliation of monthly blister packs is completed by two RNs and any errors fed back to the pharmacy. Registered nurses, enrolled nurses and senior care assistants who administer medications have been assessed for competency. Appropriate medications were signed by two medication competent staff, one of which was a RN. The service uses an electronic medication system. Care staff interviewed could describe their role in regard to medicine administration. Education around safe medication administration has been provided. Medications were stored safely in all four units (rest home, hospital, serviced apartments, and dementia unit). Medication fridge temperatures were monitored weekly. All eye drops and creams in medication trolleys were dated on opening. There is one rest home level resident self-medicating inhalers. The inhalers are kept in a locked drawer in the resident's room. RNs assess self-medicating competencies three-monthly. The RN checks daily to ensure medications have been taken.</p> <p>Twelve medication charts were reviewed on the electronic medication system. All medications 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.</p>

		The effectiveness of 'as required' medications is entered into the electronic medication system.
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food and baking is prepared and cooked on-site. The qualified head chef is supported by an afternoon chef, one cook assistant and three kitchen assistants. Staff have been trained in food safety and chemical safety. Project "delicious" has been commenced at Essie Summers. Menus are completed one week in advance and offer a choice of three main dishes for the midday meal and two choices for the evening meal including a vegetarian option. Resident dislikes are accommodated. Diabetic desserts and gluten free diets are accommodated. The seasonal menu has been designed in consultation with the dietitian at an organisational level. Meals are delivered in hot boxes and served from bain maries in the kitchenettes.</p> <p>The cook receives a resident dietary profile for all new admissions and is notified of any dietary changes. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Nutritious snacks are available 24-hours in all units. The clinical manager informs the head chef of residents with weight loss and dietitian input to diets.</p> <p>Freezer and chiller temperatures and end cooked temperatures are taken and recorded twice daily. The chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents provide feedback on the meals through resident meetings, survey and direct contact with the food services staff. Residents interviewed spoke positively about the food provided. The service has exceeded the required standard around the food service provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents interviewed reported their needs were being met. The family members interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reviewed reflected the required health monitoring interventions for individual residents including the end-of-life needs for the resident on an end-of-life contract. The myRyman system triggers alerts to staff when monitoring interventions are required. These are automatically generated on the electronic daily schedule for the caregiver to complete. Individual surface devices in each resident room allows the caregiver the opportunity to sign the task has been completed, for eg: resident turns, fluids given. Short-term care plans are generated through completing an updated assessment on myRyman, and interventions are automatically updated into the care plan. Evaluations of the assessment when resolved, completes the short-term care plan.</p> <p>Wound assessments, treatment and evaluations were in place for 14 residents with wounds (two dementia care, six hospital and six rest home). These included four skin tears, two pressure injuries, and two chronic venous ulcers.</p>

		<p>Wound assessments and management plans are completed on myRyman. When wounds are due to be dressed a task is automated on the RN daily schedule.</p> <p>Registered nurses interviewed could describe access to wound specialist nurses if required. The GP reviews wounds three monthly or earlier if there are signs of infection or non-healing. New wounds were recorded in the VCare and myRyman systems.</p> <p>Contenance products are available and resident files included a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>CI</p>	<p>The team of six activities staff (one with diversional therapy qualifications, one with level four human services, one in diversional therapy training and one about to commence training) coordinate and implement the separate activities programmes across the rest home, hospital, dementia and serviced apartment units. The programme is Monday to Friday in the rest home and serviced apartments and seven days a week in the hospital and dementia unit.</p> <p>Activities staff attend on-site and organisational in-services relevant to their roles. All six activities staff hold current first aid certificates. The designated bus driver holds a first aid certificate.</p> <p>The programme has set activities with the flexibility for each service level to add activities that are meaningful and relevant for the resident group including Triple A exercises, themed events and celebrations, baking, sensory activities including Plunket babies and toddlers coming to visit, outings and drives. Two facility vans are available for outings for all residents. The hospital and rest home lounge areas have seating placed for large and smaller group activities. One-on-one activities occur as well as regular wheelchair walks out in the gardens. Daily contact is made with residents who choose not to be involved in the activity programme.</p> <p>Residents in the special care unit are taken for daily walks (observed) around the gardens and grounds as weather permits. Activities include music, entertainers visit weekly, pet therapy, van outings, triple A exercises, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents. The service has achieved a continuous improvement rating for activities provided to increase the engagement and wellbeing of residents in the dementia unit.</p> <p>Community involvement includes entertainers, speakers, volunteers and visitors bringing in their pets weekly.</p> <p>There are opportunities for residents from all units to join together for larger celebrations, and to catch up with old friends if the resident has moved to the rest home from serviced apartments for example.</p> <p>Activity assessments are completed for residents on admission. The activity plan in the files reviewed had been evaluated at least six-monthly with the care plan review. The resident/family/whānau (as appropriate) are involved in the development of the activity plan. Residents/relatives can feedback on the programme through the resident</p>

		<p>and relative meetings and satisfaction surveys.</p> <p>In the two dementia level files reviewed, all of the information around activities over the 24-hour period were documented throughout the care plans in various sections and there was evidence of quiet walks and hot drinks during the night to settle residents.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans reviewed had been evaluated by registered nurses for long-term residents who had been at the service six months and longer. Written evaluations for long-term residents describe the resident's progress against the residents identified goals and any changes are updated on the long-term care plan.</p> <p>The multidisciplinary review involves the RN, clinical manager, GP, care assistant, activities staff and other allied health professionals involved in the care of the resident. Records of the MDT reviews was evident in the resident files reviewed. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they had been invited to attend the multidisciplinary care plan reviews and GP visits.</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>	FA	<p>The facility has a current building warrant of fitness that expires on 1 July 2018.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified</p>	FA	<p>The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and are kept as part of the resident files. Infections are included on an electronic register and the infection prevention officer completes a monthly report. Monthly data is reported to the combined infection prevention and control/health and safety meetings. Staff are informed through the variety of clinical meetings held at the facility. The infection prevention and control programme links with the quality programme. There is close liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. An influenza A outbreak and a norovirus outbreak in 2017 were both well managed.</p>

in the infection control programme.		The service has maintained a continuous improvement rating around the management of UTIs.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. 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 with restraints and no residents using an enabler. Staff training has been provided around restraint minimisation.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	Essie Summers actively analyses incident data for trends to identify opportunities to intervene and reduce unwanted events.	Essie Summers has continued a quality improvement plan to reduce falls in the rest home and dementia unit and for rest home level residents in the serviced apartments. To achieve this, they have introduced the use of a falls clock to better analyse trends in falls and intervene at appropriate times of day, introduced a lounge care programme in the dementia unit to keep residents engaged in activities and provide closer observation in the evenings and had a team commitment to reduce falls including in depth discussions in facility meetings, discussions at handovers about residents at risk and the provision of staff training. As a result of these interventions the falls rate in each of the three areas has continued to trend downwards and all three units have maintained falls rates well below the Ryman threshold.
Criterion 1.2.3.7 A process to	CI	Essie Summers has a set of quality	Essie Summers has a quality goal to reduce challenging behaviours in the late afternoon in the special care (dementia unit). Following research into methods to achieve this a ‘lounge carer’ was introduced between 4 pm and 8 pm. This was introduced to provide simple ideas for activities that

<p>measure achievement against the quality and risk management plan is implemented.</p>		<p>goals for 2017 and strives to identify and implement ways to achieve these with evidence of ongoing evaluation to assess achievement toward goals and adjust plans to achieve goals as necessary.</p>	<p>may assist with creating a calm and stress-free environment in the early evening, to provide a consistent and structured activities programme in the early evening, which will engage residents in an appropriate manner, to encourage participation in the activities offered, reducing residents returning to their rooms unsupervised or wandering in the unit unsupervised and to minimise triggers which may increase agitation and challenging behaviours – for instance minimise the use of the television after tea, as people with dementia are often unable to concentrate on the television so it serves no purpose other than to create ‘white noise’ which can increase agitation.</p> <p>Implementation of this project included delivering education for lounge care staff outlining the programme and ideas on how to deliver the programme and discussing appropriate evening activities, discussing the desired outcomes for a structured lounge carer programme, developing a lounge care resource tool box available for staff to easily access resources suitable for an evening activities programme, developing a lounge carer job description with clear expectations for staff of the delivery of the programme, liaising with the activities coordinators to ensure the programme is clearly detailed on the Engage calendar, monitoring and documenting participation in the evening programme and monitoring challenging behaviours looking for trends in reducing incidence of challenging behaviours.</p> <p>As a result of these interventions, graphed data of behaviour incidents in the dementia unit demonstrates a decline in events monthly since August 2016 and the total is now below the Ryman threshold.</p>
<p>Criterion 1.2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	<p>CI</p>	<p>The service develops corrective action plans when service shortfalls are identified, including unwanted trends identified from quality data analysis.</p>	<p>Monthly data analysis at Essie Summers identified that bruising and skin tears were higher than desired. A corrective action plan was developed to reduce the incidence of bruising and skin tears as a way of ensuring that resident’s skin integrity is well maintained, providing a better quality of life and comfort. Intervention to achieve this included staff education on good skin cares, weekly and monthly analysis of incidence including identifying causative factors, reviewing interventions and updating strategies to prevent bruising and skin tears, procurement of limb protectors to provide for residents with very frail skin, at risk of bruising (Waterlow above 20), the use of skin protectant and/or moisturiser were used to promote good skin moisture, safe manual handling training for staff and training for RNs around wound care and pressure injury prevention.</p> <p>The analysis report for 2016 demonstrated a range of 7-20 bruising incidents/month (preventable) compared to a previous range of 10-30. For skin tears a range of 5-20/month (preventable) was achieved compared to a previous range of 15-30. The 2017 collated data is not yet available but indications are a continuing downward trend.</p> <p>Additionally, the service identified a high rate of recurring cellulitis. A corrective action plan was developed and actions implemented including a chlorhexidine wash and cream regime for residents who had previous history of cellulitis, in-service education for staff around the prevention of cross</p>

			infection and use of PPE, a handwashing audit, staff education on good skin care (clean, dab dry and moisturise), identifying residents who have a history of cellulitis and a hand hygiene audit with education. As a result of the corrective actions the five residents with recurrent cellulitis have had no incidents of recurrence.
<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>The service is active in ensuring that meals and the meal service are pleasing for residents and that nutritional needs are actively addressed and met.</p>	<p>Following feedback through survey's, residents and relatives showed there needed to be improvements made with the meal service, menus, options and service. Consistent comments were made around the tea meals lack of choice and unappetising. The service identified that food only has a nutritional value when eaten, therefore it is important that what is offered is tasty and well presented. A goal was developed to provide a 'five-star restaurant' meal service. To achieve this, staff were trained around table setting, meal presentation, serving of meals and collecting of dishes, the impact of noise levels and providing an atmosphere conducive to a pleasant dining experience.</p> <p>The design and layout of the dining room were reviewed and adjustments to layout of the dining room were made to ensure a better flow for serving and dining.</p> <p>To further improve satisfaction with the meal service Essie Summers implemented the Ryman 'Project Delicious'. This includes providing provide choice and variety in menu options, with residents being able to choose from one of three menu options at the midday meal and two options in the evening. Menu choices are made the day prior to the meal and daily options are available for residents who may change their mind on the day. They cater for special diets and dietary options for residents by having consistent choices available every meal including vegetarian and gluten free. Essie Summers aligned the meal service with best practice in aged care, internationally. The new winter menu was introduced in winter 2017, continuing with restaurant quality options. Vegetarian options are now a regular main. Vegetarian residents have a structured and balanced menu providing optimum nutrition despite their preferences. It has also been noted that non-vegetarian residents are choosing the vegetarian option, therefore increasing their vegetable intake, reducing meat and expanding their food base.</p> <p>Following the implementation of the 'five-star restaurant' meal service, satisfaction with meals has increased between the 2016 and 2017 resident surveys and the number of complaints around the meal service have dropped to near zero.</p> <p>Another project around ensuring the nutritional needs of residents are met was commenced after it was identified that a significant 'number residents in the dementia unit had experienced unintentional weight loss. To reverse this unwanted trend the service undertook (in the dementia unit) a monthly analysis of residents' weights to identify residents with weight loss. Residents identified with unintentional weight loss were commenced on a food and fluid chart to monitor intake including preferred foods for each resident. Staff provided with reminders regarding accurately recording of</p>

			<p>food and fluid intake, weekly weighs to monitor progress, referral to GP for weight loss and food supplements charted, referral to dietitian, creating a plan to increase and stabilise weight for residents, fortified soup provided in tea meals, "Food on the Run" (finger foods/ bite size) provided, milk shakes for afternoon tea and cream/ice cream as additional to dessert.</p> <p>Monthly weight analyses show that a minimal number of residents have been noted with weight loss since the project commenced. An identified cause for residents that have lost weight is previous admission from acute care hospital or on comfort cares/palliative residents. In addition, it is noted that there is more weight gain than losses. All residents previously identified as having lost weight are now gaining or have stabilised.</p>
<p>Criterion 1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>CI</p>	<p>The service strives to continually improve the activities programme offered to residents to increase engagement and make activities more meaningful.</p>	<p>The service had a goal to improve the lives of residents in the dementia unit. A plan was developed to provide social interaction for residents with young children, which would foster relationships with children and their parents and residents, provide a positive engaging experience for residents with dementia, provide a positive emotional response when engaging with children, provide the opportunity for residents to engage in their previous skills where appropriate (teacher, gardener etc.) and to relive the mother/father/uncle/aunt experience, to decrease challenging behaviours and to increase resident participation with the Engage Programme. To achieve this Essie Summers scheduled a regular Plunket Group to meet within the unit each week, ensured residents were comfortable and relaxed, provided a comfortable area for residents and children to interact together, ensured the safety of children, parents and the residents always, provided meaningful activities that met the needs of the resident and the children, allowed children and the residents to interact independently and develop their personal relationships, provided equipment and activities that were both child friendly and not childish for residents and allowed residents to explore their own strengths and engage independently with the children. As a result of this the involvement in the programme increased from four residents initially to all except three residents.</p> <p>Additionally, Essie Summers responded to research that showed that participation in creative activities promotes health and wellbeing in residents with dementia by stimulating curiosity and self-evaluation, by encouraging individuals to express themselves in meaningful ways and by affirming their dignity and self-worth. In response to this the service commenced weekly art classes run in the dementia unit, provided adequate art supplies to meet the objectives, ensured a supportive environment and staff involvement, encouraged staff to encourage resident participation, hung paintings for visitors to see. As a result of this, participation has been strong and reasonably consistent with up to 42% of residents attending, dependent on resident wellbeing and resident(s) that have been reluctant to engage in any other activity have engaged in the art class. An art exhibition was held in December 2016. Residents had produced 46 paintings suitable for an exhibition. It was an opportunity for the residents to view their painting on display and for their relatives to view and</p>

			appreciate the painting. Many family members appeared overwhelmed with the results.
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.</p>	CI	<p>Essie Summers has continued to actively monitor infection rates and use trend analysis to reduce infection rates.</p>	<p>Essie Summers has continued a continuous improvement project to maintaining low UTI rates in the care centre. Increased residents' fluid intake by having their choice of drinks such as coffee, tea, mocktails, shakes, included yoghurt and probiotics in every meal and whenever preferred by resident, ensured accurate reporting of actual resident's intake on fluid balance charts in order to properly intervene, treated UTIs with symptoms, not dipstick or sending samples to laboratory and ensured regular toileting and proper use incontinence aides. As a result of these ongoing interventions Essie Summers has retained the lowest UTI rates over the Ryman group, with an average rate of 0.72, well below the Ryman threshold of 1.5/1000 bed days. Some months have had zero UTIs.</p>

End of the report.