

# Ryman Healthcare Limited - Woodcote

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## 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:** Ryman Healthcare Limited

**Premises audited:** Woodcote Retirement Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 13 July 2021 End date: 14 July 2021

**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:** 49

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Ryman Woodcote provides rest home care for up to 56 residents. On the day of the audit there were 49 residents including two in the serviced apartments. The service is managed by an experienced village manager who has been in the ten years. She is supported by a clinical manager who has been in the role two and a half years. The management team is supported by the Ryman management team including a regional manager and clinical governance team. The residents and relatives interviewed all spoke positively about the care and support provided.

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

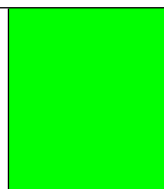
There is an established quality and risk management system. Residents, families and the general practitioner interviewed commented positively on the standard of care and services provided.

This surveillance audit identified no areas of improvement.

The service is commended for achieving continuous improvement ratings around recognition of staff education, food service, activities programme and infection surveillance.

## 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.

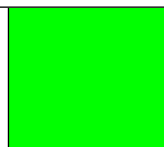


Standards applicable to this service fully attained.

The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

## 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 Woodcote implementing the organisational quality and risk management system that supports the provision of clinical care. A care home 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.

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

Prior to entry to the service, residents are screened and approved. Registered nurses are responsible for each stage of service provision. The registered nurse assesses and reviews residents' needs when health changes against, outcomes and goals. Resident files included medical notes and notes of other visiting allied health professionals. Residents interviewed confirmed they were involved in the care planning and review process. Each resident has access to an individual and group activities programme. The group programme is varied and include outings and community involvement. Medication policies reflect legislative requirements and guidelines. The service uses an electronic medication system. Staff who are responsible for the administration of medicines, complete annual education and medication competencies. The general practitioner reviews medications three-monthly. All meals are prepared on-site. Individual and special dietary needs are catered, and alternative options are available for residents with dislikes. A dietitian has reviewed the menu. Residents interviewed responded that their likes and dislikes are catered for.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. There are adequate numbers of communal toilets and showers. There is sufficient space to allow the movement of residents around the facility. The hallways and communal areas are spacious and accessible. The outdoor areas were safe and easily accessible. There is a maintenance plan that also include calibration and testing of equipment and monitoring of hot water temperatures.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation is practiced and overseen by the registered nurse. There were no residents using enablers or restraints. Staff receive training around restraint minimisation.

## Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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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 staff meetings and management quality meetings. Evidence is seen of education and staff involvement with any infections that are identified during the surveillance programme.

## 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)
<b>Standards</b>	1	15	0	0	0	0	0
<b>Criteria</b>	4	38	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 eight residents and three family confirmed their understanding of the complaints process. Staff (five caregivers, one registered nurse, one cleaner, one laundry assistant, one activities coordinator, one lead chef and one kitchen assistant) interviewed could describe the process around reporting complaints. There is a complaint's register that includes written and verbal complaints, dates and actions taken and demonstrates that complaints are being managed in a timely manner. There were two complaints made in 2019 and five received in 2020 year to date. All complaints reviewed were documented as resolved. Corrective actions had been implemented and any changes required were made following the complaint.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</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</p>

communication.		being kept informed is documented on the electronic database and in the residents' progress notes. Eight residents and three family members interviewed stated relatives were well-informed of any incidents or change in resident condition. Twelve incident forms and corresponding residents' files were reviewed, and all identified that the next of kin were contacted. Regular resident and family meetings provide a forum for residents to discuss issues or concerns. Access to interpreter services is available if needed for residents who are unable to speak or understand English.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Woodcote is a Ryman retirement village located in Christchurch. The service provides care for up to 56 residents at rest home level care including seven beds in the serviced apartments. On the day of audit there were 49 residents in total (there were no rest home residents in the serviced apartments). All residents were under the aged related residential care agreement.</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and initiatives are set annually. The organisation-wide objectives are translated at each Ryman service. Ryman Healthcare also has operations team objectives that include a number of interventions/actions. Each service also has their own specific village objectives 2021 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 (RN) at Woodcote is clinical and has been in the role for ten years. She is supported by a clinical manager/registered nurse (RN) who has been in the role for two and a half years and has worked in practise and district nursing roles. She is also supported by a regional manager and clinical governance team and an administration receptionist.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>Woodcote has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Discussions with the management team (village manager and clinical manager) and staff, and review of management and staff meeting minutes demonstrated their involvement in quality and risk activities. Family meetings are held six monthly and residents' meetings are held every two months. Meeting minutes are maintained. Annual resident and relative surveys are completed and initiatives to improve activities and food satisfaction had been implemented following the February 2020/2021 survey (link 1.3.7.1 and 1.3.13.1). Quality improvement plans are completed with evidence that suggestions are addressed (link 1.2.7.5).</p> <p>The service has policies, procedures, and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are available to all staff through the online myRyman library. Policies are reviewed at a national level and are forwarded through to a</p>

		<p>service level in accordance with the monthly team Ryman quality programme. These are communicated to staff, as evidenced in staff meeting minutes and sighted on the staff noticeboards.</p> <p>The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery. There are clear guidelines and templates for reporting. Management systems, policies and procedures are developed, implemented and regularly reviewed. Objectives are set annually and progress towards goals are reviewed at staff meetings. The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. Results are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Falls prevention strategies are in place that include, intentional rounding, hi/lo beds, ongoing falls assessment, sensor mats, fall prevention pamphlets and appropriate footwear.</p> <p>Health and safety policies are implemented and monitored by the monthly health and safety meetings. One health and safety representative were interviewed. Risk management, hazard control and emergency policies and procedures are in place. Ryman introduced a special edition booklet 'Health, Safety and Wellbeing at Ryman' to emphasise health and safety initiatives and objectives and increasing staff awareness of potential hazards. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. The data is tabled at staff and management meetings. A review of the hazard register and the maintenance register indicates that there is resolution of issues identified.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an incident reporting policy that includes definitions and outlines responsibilities including immediate action, reporting, monitoring and corrective action to minimise. Twelve incident/accident forms from across all areas of the service, identified that all are fully completed and include follow-up by a RN. The clinical manager is involved in the adverse event process, with links to the applicable meetings (teamRyman, RN, staff, health and safety/infection control). This provides the opportunity to review any incidents as they occur. The village manager was able to identify situations that would be reported to statutory authorities including (but not limited to) infectious diseases, serious accidents and unexpected death. There were no section 31 reportable events since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files reviewed (one clinical manager, one RN, one caregiver, one kitchen lead (chef) and one activities coordinator) provided evidence of signed contracts, job descriptions relevant to the role the staff member is in, induction, application form and reference checks. Practising certificates for other health</p>

<p>are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>practitioners are retained to provide evidence of registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. There is an implemented annual education plan. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training.</p> <p>The clinical manager and registered nurses are supported to maintain their professional competency. The Village manager (RN) and clinical manager has attended a Ryman leadership programme. Both the village manager and clinical manager have attended in excess of eight hours management related training in the last year. Staff training records are maintained. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments, including medication competencies and insulin competencies. Health practitioners and competencies policy outlines the requirements for validating professional competencies. There are currently three RNs (including the clinical manager) working at Woodcote and all are interRAI trained.</p> <p>Caregivers interviewed stated they are supported to continue with Careerforce training. There were seventeen caregivers with level 3 and six caregivers with level 4 certificates, others have level 2 or are working towards level 2 Careerforce training.</p> <p>A monthly staff appreciation award is presented to individual staff based on nominations from their peers.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Ryman organisational policy outlines on call requirements, skill mix, staffing ratios and rostering for facilities. The village manager works full time Monday to Friday and the clinical manager works Tuesday to Saturday and share the on call on a week about basis. There is at least one first aid trained member of staff on every shift. Interviews with caregivers informed that the village manager, clinical manager and RNs are supportive and approachable. In addition, they reported there are sufficient staff on duty at all times. Interviews with residents and relatives indicated there are generally sufficient staff to meet resident needs.</p> <p>Staffing at Woodcote for 49 residents is as follows: There are always two RNs on duty during the day.</p> <p>The clinical manager works Tuesdays to Saturdays (8.30am-4.30pm) another RN will cover Sunday and Mondays (8.30am - 4.30pm) and share (8 am -1.30pm) across seven days . At least two days are allocated for a documentation day.</p> <p>On the AM shift: there are five caregivers (two long and three short), PM shift: four caregivers (two long and two short) and night shift two caregivers. A qualified diversional therapist provides a Monday to Friday programme 9.30 am to 4.30 pm for the care facility.</p> <p>There are separate staff allocated to housekeeping duties.</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 four weekly blister packs is completed by one RN and one senior caregiver and any errors fed back to the pharmacy. Registered nurses, and caregivers who administer medications have been assessed for competency. The service uses an electronic medication system. Care staff interviewed could describe their role in regard to medicine administration. Education around safe medication administration has been provided. Medications were stored safely. Medication fridges and room temperatures were monitored daily. All eye drops and creams in medication trolleys were dated on opening.</p> <p>There are four self-medicating residents in the rest home. The medications are kept in a locked drawer in the resident rooms. The RNs assess competency three-monthly which is signed off by the GP. The competency is kept on file in the residents' paper file and in the treatment room. There are no standing orders in use.</p> <p>Ten charts were reviewed on the electronic medication system. All medication charts had photographs and allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is entered into the electronic medication system.</p>
<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>All food and baking is prepared and cooked on site. There are two qualified chefs supported by kitchen assistants. The dining room is adjacent to the kitchen, all meals are served through the servery, and the chef maintains regular contact with the residents when serving meals. Meals for the serviced apartments are delivered in hot boxes. All staff have been trained in food safety and chemical safety. There is an organisational four weekly seasonal menu that had been designed in consultation with the company chef and the dietitian at organisational level.</p> <p>The chef receives a resident dietary profile for all new admissions and is notified of any dietary changes such as resident with weight loss/weight gain or swallowing difficulties. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Special diets such as pureed/soft, diabetic desserts, vegetarian and gluten free are provided. A food control plan is in place and due to be reviewed in May 2023.</p> <p>Freezer and chiller temperatures and end-cooked temperatures are taken and recorded twice daily. Chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained.</p> <p>Feedback on the service is received from daily resident contact, resident meetings, surveys and audits.</p>

<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Eight residents interviewed reported their needs were being met. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or nurse specialist consultant. Care plans reflect the required health monitoring interventions for individual residents. The myRyman system triggers alerts to staff when monitoring interventions are required. These are automatically generated on the electronic daily schedule for the caregiver to complete. Individual surface devices in each resident room provide caregivers the opportunity to sign the task has been completed. Short-term care plans are generated through completing an updated assessment on myRyman, and interventions are automatically updated into the care plan. Evaluations of the assessment when resolved, completes the short-term care plan.</p> <p>Wound assessments, treatment and evaluations were in place for six residents with wounds in the last thirty days, all wounds had been resolved at the time of the audit. All wound assessments and management plans and evaluations are completed on myRyman. When wounds are due to be dressed a task is automated on the RN daily schedule. The registered nurse interviewed could describe access to the Nurse Maude wound specialist nurses, continence nurse and the dietitian if required.</p> <p>Continence products are available and resident files included a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The family members interviewed stated their relative's needs were being appropriately met.</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>There is a team of two diversional therapists (DTs) to deliver the Engage programme across the rest home serviced apartments and town houses. Both have current first aid certificates.</p> <p>The Engage programme has set activities with the flexibility for each service level to add activities that are meaningful and relevant for the resident group. There were no residents in the serviced apartments at the time of the audit. There are adequate resources available. Residents receive big print programmes in their rooms. Daily contact is made with residents who choose not to be involved in the activity programme. There is a men's group who enjoy trips and include regular guest speakers. The DT team seek suggestions from residents for the activities plan.</p> <p>Regular interdenominational church services are held on site.</p> <p>Activity assessments are completed for residents on admission. The activity plan in the files reviewed had been evaluated at least six-monthly with the care plan review. The resident and relatives as appropriate are involved in the development of the activity plan. Residents/relatives have the opportunity to feedback on the programme through the resident meetings and satisfaction surveys.</p>
<p>Standard 1.3.8:</p>	<p>FA</p>	<p>Long-term care plans had been evaluated by registered nurses at least six monthly and when there are changes</p>

<p>Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>in resident condition. One resident care plan has been updated to indicate instructions post discharge from hospital. Evaluations for residents describe the resident's progress against the residents identified goals and any changes are updated on the long-term care plan. There is at least a three-monthly review by the medical practitioner. The family are notified of the outcome of the review if unable to attend. The family members interviewed confirmed they had been invited to attend the care plan reviews and GP visits.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness that expires 1 June 2022.</p> <p>The facility corridors are wide and provide space for residents to mobilise using mobility aids. Residents are able to access the outdoor gardens and courtyards safely with mobility aids. Seating and shade are provided. The caregivers and registered nurses interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plan.</p> <p>The maintenance person works one day a week and is available for two days if required, and a full-time gardener addresses daily maintenance requests. There is a 12-monthly planned maintenance schedule in place that includes the calibration of medical equipment and functional testing of weigh scales electric beds. Hot water temperatures in resident areas are monitored and stable. Contractors are available 24/7 for essential services.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<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 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. No outbreaks were reported since the last audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices would only be used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The policies and procedures are comprehensive and include definitions, processes and use of restraints and enablers. Restraint has not been used at Woodcote for over nine years.</p>





## Specific results for criterion where corrective actions are required

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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
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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, 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
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	CI	<p>There is a record of planned education completed for 2020 and the education schedule of 2021 is on track. Ryman Woodcote use feedback and data collated from surveys, complement/complaints, incident and accidents, infections and good practice to develop the local education programme and toolbox meetings to increase knowledge.</p>	<p>Ryman Woodcote identified from a resident satisfaction survey in February 2020 that improvements in care satisfaction could be made. A project to lift the abilities of caregivers was implemented in July 2020. A focus on training</p> <ol style="list-style-type: none"> <li>1. Education received from the DHB regarding importance of advance directives highlighted the importance of recording clear preferences in regard to end-of-life care preferences. A project to implemented to educate registered nurses, family and residents in June 2020, with follow up meetings in July 2020. An advance directive booklet was handed to new residents to document their wishes. The completion of advance directives was discussed as an agenda item in several meetings, toolbox meetings and new resident induction to the service; currently 45 of 49 residents have a completed advance directive. Feedback from family and residents were positive stated ` the approach to decision making has been very comforting and not confronting.</li> <li>2. Education for staff to understand unconscious bias were implemented in</li> </ol>

			<p>February 2020 to support residents in intimate relationships. The objective was for staff to understand sexuality and intimacy in aged care. The staff participated in Marsden funded research project `what counts as consent: sexuality and ethical deliberation in residential aged care`. Staff reported increased in confidence when required to support and care for residents in intimate relationships.</p> <p>3. Ryman Woodcote focus to improve cultural safety to increase staff knowledge of Te Reo Maori and tikanga Maori and to use Te Reo Maori in daily routines. Education was provided on Te Tiriti, Te Whare Tapa Waha, concepts of Tapu and Noa, knowledge of Te Reo Maori and tikanga Maori. Daily activities were introduced to make it fun and include labels on all doors were changed to Te Reo and phrases were displayed.</p> <p>4. A monthly training template from Ryman Christchurch are implemented on a local facility level to include: one session in service training, two sessions e- learning and three webinar topics. Webinar topics include three themes- `closing the loop` for registered nurses, `clinical excellence` for clinical managers, and `linking essentials` for activity staff. Following the introduction of the additional training for staff, staff reported increased confidence and resident survey results from February 2020 to February 2021 demonstrate improved resident satisfaction with cares (increase from 4.26 to 4.44 [ out of 5]). Ryman Woodcote group ranking also improved from 16 to 9 place with improved resident responses from 82% to 91%. Ryman Woodcote has also achieved dementia friendly certification.</p> <p>Staff interviewed state they enjoy the varied education programme, several emails and compliments received (register sighted) from family members stated satisfaction with several areas of the service.</p>
<p>Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line</p>	<p>CI</p>	<p>The residents survey in 2020 identified satisfaction with food services, however the facility wanted to improve further. A seasonal menu is reviewed by a dietician and a separate vegetarian</p>	<p>Six residents were chosen to be part of the trial and written consent was obtained. The participants nutritional profile was assessed, communication and instructions to the kitchen were provided, double serve of vegetables and salad at midday and evening meals. Four residents report less discomfort with constipation and stated they were pleased with more regular</p>

<p>with recognised nutritional guidelines appropriate to the consumer group.</p>		<p>menu is available as an option to residents. There was evidence of a weekly food review completed by a staff member who will enjoy a meal with the residents. Following discussions at RN meetings about the increase requirement for `as required` laxative, a project was introduced to ascertain if extra vegetables can reduce the need for laxatives.</p>	<p>bowel movements. One reported less discomfort with haemorrhoids. The trial extended to all residents and increased portion size of vegetables are now given and encouraged for all residents who suffer from constipation. Bowel movement records and graphs sighted on myRyman specific to the group of residents showed a successful implementation and positive resident outcome.</p> <p>The 2021 resident survey showed an improvement in food satisfaction from 4.00 (in 2020) to 4.11. The residents interviewed as part of the audit were complimentary of the meals and overall dining experience.</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>Ryman Woodcote has a varied activities programme. A monthly activities calendar is distributed to residents and is posted on noticeboards. Group activities are voluntary and developed by the activities staff in consultation with the residents, caregivers and registered nurses. Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and is age appropriate. The aim was to improve on the resident survey results of February 2020 related to activities. The facility focused on improvement of attendance by increasing the individual type of activities to an already varied programme.</p>	<p>The following initiatives were discussed with the facility manager and documentation to support the continuous improvement rating was sighted:</p> <ol style="list-style-type: none"> <li>1. Comfort touch massage therapy (including hand, feet, and scalp) were introduced by a professional message therapist in November 2020. The gentle massage techniques were introduced at a resident/ relative meeting to emphasise positive outcomes of massage therapy in the elderly. Staff received training on the techniques available to them. The benefit of the massage therapy is twofold: physical benefits include increased circulation, improve mobility and falls reduction, also psychological benefits such as human connection and mood elevation. The facility procured several equipment (spot handheld massager, back massager chair, hand warmer heat packs, foot vibration machine). Residents report the pleasant human touch experience provide comfort and a sense of wellbeing. The massage sessions are part of the weekly activities calendar. One resident interviewed confirm her mobility is `so much better` following the message therapy session. The village manager stated the use of `as required analgesia` is lower following message therapy. The satisfaction domain in the February 2021 survey has improved to 3.97 (out of 5) from the previous survey in 2020 (score was 2.97).</li> <li>2. Shinrin Yoku (forest bathing) was incorporated as a regular activity. It is a sensory experience that aim to take in a forest atmosphere during an activity. The objective is to reduce stress and creates a calming effect on the mood (blood pressure and cortisol levels). Education was provided to staff in Feb 2020 and again in Feb 2021. Residents report an improvement in mood after time spent outside. No incidents of challenging behaviour</li> </ol>

			<p>reported between February 2020 and February 2021.</p> <p>Resident/ relative survey results of February 2021 showed improved satisfaction in care, communication, and activities.</p> <p>The above initiatives assisted to improved attendance in activities but also improvement in resident well- being. Verbal feedback from residents had been extremely positive received as recorded in resident meeting minutes. The relatives and residents interviewed as part of the audit were very complimentary of the activities programme on offer.</p>
<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>Ryman Woodcote is proactive in developing and implementing quality initiatives. Quality improvement plans (QIP) are developed where results do not meet expectations. There is a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. An electronic resident care system is used by all sites to report relevant data through to Ryman Christchurch. The system of data analysis and trend reporting is designed to inform staff at the facility level. Management at facility level are then able to implement changes to practice, based on the evidence provided.</p>	<p>The following initiatives proved to have positive resident outcomes:</p> <p>1). Ryman Woodcote implemented strategies for the reduction of urine tract infections. Strategies included identified residents experiencing regular urine tract infection and complete an individual detailed strategy. Strategies included implementation of toileting regimes, review of continence products with assistance of a continence advisor, monitor and control of blood sugars with nutritional strategies and introduction of a fluid menu to improve and support increase in fluid intake. All staff completed continence management education and related topics discussed at handover. Related data is available for all staff to view and recorded in the relevant meeting minutes. Documentation reviewed identified that strategies were regularly evaluated. The outcome achieved was that urine tract infections decreased from 0.8 per 1000 bed nights in July 2020 to 0.47 per 1000 bed nights in July 2021. The monthly graph demonstrates a continued and sustained downward trend apart from two spikes which could be explained by an individual resident ill health.</p> <p>2). Ryman Woodcote implement `safe haven `project to ensure the response to Covid 19 is structured and consistent. Increased communication with staff through ChattR with Covid 19 related information form Ryman Christchurch Covid Emergency response team. The facility completed Covid drills to ensure consistency in their response to Covid 19, this includes an increased use of PPE and isolation practices when any respiratory symptoms appear. Respiratory infections are currently recorded at the lowest rate since February 2020.</p>

End of the report.