

Bruce McLaren Retirement Village Limited

Current Status: 13 November 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Partial Provisional Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Bruce McLaren Retirement Village is a new Ryman Healthcare facility, situated in Howick, Auckland. The Bruce McLaren facility includes a care centre and serviced apartments. The building extends across four levels (three levels for the care centre and four levels for the serviced apartments). Ryman plans to open each floor at various stages. Level one (the ground level) contains a 43 bed care centre that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit. The kitchen is already open and is providing food services to people living in serviced apartments. The facility has serviced apartments across four floors, some of which are already occupied. Serviced apartments (30) were also assessed as suitable to provide rest home level care should they be required.

A further 44 bed hospital centre is planned for level two and two 20 bed dementia units are planned for level three (the top level of the care centre). These rooms are in the process of being completed and will be assessed when building is complete. At the completion of the facility, the service will have a total of 157 beds.

The village manager has a background in health management. He has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference. The clinical nurse manager is a registered nurse who currently oversees the serviced apartments and will be overseeing the care centre once opened. She has worked as a nurse for a number of years. She commenced in July 2014, has completed her induction and is overseeing the opening of the new care centre with the village manager.

All resident rooms have disability friendly ensuites. The majority of rooms on level one are single except for three double rooms. The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home and hospital - geriatric and medical level care.

The four improvements required by the service are all related to the completion of the building and implementation of the new service.

HealthCERT Aged Residential Care Audit Report (version 4.2)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and

Audit Report

Legal entity name:	Bruce McLaren Retirement Village Limited
Certificate name:	Bruce McLaren Retirement Village Limited

Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
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Types of audit:	Partial Provisional Audit
Premises audited:	Bruce McLaren Retirement Village Limited
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care);
Dates of audit:	Start date: 13 November 2014 End date: 13 November 2014

Proposed changes to current services (if any):

Bruce McLaren Retirement Village is modern, spacious, purpose built facility that extends across four levels due to the gradient of the site. The care centre operates on three levels and there are four levels of serviced apartments. The service has plans to open each of the three care floors at various stages from 8 December to March 2015. This partial provisional including verifying level one (which is on ground level) contains a 43 bed dual service (i.e., rest home and hospital) care centre that will provide care for rest home and hospital residents, and includes the main service areas for the facility (i.e., administration, kitchen and laundry). This floor is due to open 8 December. There are currently 74 serviced apartments on the site spread over four levels of which Ryman is requesting that 30 of 74 serviced apartments are approved for the provision of rest home level care. These serviced apartments were also assessed as suitable to provide rest home level care should they be required.

Total beds occupied across all premises included in the audit on the first day of the audit:	
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Audit Team

Lead Auditor	XXXXXXXX	Hours on site	4	Hours off site	2
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXXXXX			Hours	1

Sample Totals

Total audit hours on site	4	Total audit hours off site	3	Total audit hours	7
Number of residents interviewed		Number of staff interviewed		Number of managers interviewed	4
Number of residents' records reviewed		Number of staff records reviewed	4	Total number of managers (headcount)	4
Number of medication records reviewed		Total number of staff (headcount)		Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

a)	I am a delegated authority of Health and Disability Auditing New Zealand Limited	Yes
b)	Health and Disability Auditing New Zealand Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise	Yes
c)	Health and Disability Auditing New Zealand Limited has developed the audit summary in this audit report in consultation with the provider	Yes
d)	this audit report has been approved by the lead auditor named above	Yes
e)	the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook	Yes
f)	if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider	Not Applicable
g)	Health and Disability Auditing New Zealand Limited has provided all the information that is relevant to the audit	Yes
h)	Health and Disability Auditing New Zealand Limited has finished editing the document.	Yes

Dated Wednesday, 26 November 2014

Executive Summary of Audit

General Overview

Bruce McLaren Retirement Village is a new Ryman Healthcare facility, situated in Howick, Auckland. The Bruce McLaren facility includes a care centre and serviced apartments. The building is modern and spacious. It extends across four levels (i.e., three levels for the care centre and four levels for the serviced apartments). Ryman plans to open each floor at various stages. Level one (the ground level) contains a 43 bed care centre that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and are due to open 8 December 2014. The kitchen is already open and is providing food services to people living in serviced apartments. The facility has serviced apartments across four floors, some of which are already occupied. Serviced apartments were also assessed as suitable to provide rest home level care should they be required.

A further 44 bed hospital centre is planned for level two, and two 20 bed dementia units are planned for level three (i.e., the top level of the care centre). These rooms are in the process of being completed and will be assessed when building is complete. At the completion of the facility, the service will have a total of 157 beds.

The village manager has a background in health management. He has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference. The clinical nurse manager is a registered nurse who currently oversees the serviced apartments and will be overseeing the care centre once opened. She has worked as a nurse for a number of years. She commenced in July 2014 and has completed her induction and is overseeing the opening of the new care centre with the village manager.

All resident rooms have disability friendly ensuites. The majority of rooms on level 1 are single except for three double rooms. The audit identified the new facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital - geriatric and medical level care.

Ryman Healthcare is experienced in opening new facilities and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The improvements required by the service are all related to the completion of the building and implementation of the new service.

Outcome 1.2: Organisational Management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia care. The staff and newly purpose-built facility are appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has a well-established induction/orientation programme which includes packages specifically tailored to the position such as caregiver, senior caregiver, registered nurse (RN), and so on. There is a 2014 training plan developed to be implemented at Bruce McLaren and this includes the implementation of the InterRAI (Long-term Care Facility Assessment tool).

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There is a planned transition around opening each of the areas and this is reflective in the draft rosters and processes around employment of new staff. A general practice has been contracted to provide medical services from commencement and physiotherapy services have also been contracted to commence on opening. The Ryman activities programme will be implemented by activities staff who have been employed.

Outcome 1.3: Continuum of Service Delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines, It is planned to implement a safe implementation of the medication system including ensuring staff have completed medication competencies.

The new facility has a large workable kitchen in a service area off the care centre. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in food carriers to the kitchenettes in the dining area) and then placed in Bain Mariés. Food will be transported between floors in lifts. Ryman has an organisational process whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. The food service is operational at Bruce McLaren.

Outcome 1.4: Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There are handrails in ensuites and hallways on each floor. There are two lifts between the floors that are large enough for mobility equipment. The organisation has purchased all new equipment, and furniture including (but not limited to), hoists, pressure relieving mattress's and mobility equipment. A 12-seater vehicle is available for use by residents. The facility includes a very modern call bell system that encourages independence and will enable residents to call for assistance. The call bell system will enable electronic beam management in bedrooms for those residents who are considered at risk of falling. The building is not yet completed. A certificate for public use has been obtained from Auckland Council dated 3 November 2014. The landscaping of the external areas is yet to be fully completely as there are builders still onsite.

All bedrooms have ensuites and there are adequate numbers of toilets which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

Communal areas are well designed and spacious and allow for a number of activities. Activities will occur in any of the lounges and they are all large enough to not impact on other residents not involved in activities.

The Ryman group has robust housekeeping and laundry policies and procedures in place. There is a large laundry in the service area including a separate area for clean linen to be sorted. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. As the facility has not been opened, staff have not completed a fire drill or training around the fire evacuation procedure. There is an approved evacuation scheme dated 10 November 2014 which covers fire evacuation.

General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

Outcome 3: Infection Prevention and Control

Infection prevention and control (IPC) is currently the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Head Office policy in place. As per Ryman policy, the IPC team is to be integrated as part of the two monthly combined IPC and health and safety meeting. Monthly collation tables are forwarded to Ryman Head office for analysis and benchmarking. IPC is to be an agenda item in the monthly staff meeting

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	11	0	4	0	0	0
Criteria	0	31	0	4	0	0	0

	UA Negligible	UA Low	UA Moderate	UA High	UA Critical	Not Applicable	Pending	Not Audited
Standards	0	0	0	0	0	0	0	35
Criteria	0	0	0	0	0	0	0	66

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.4	New service providers receive an orientation/induction programme that covers the essential	PA Low	All newly employed staff to the care centre will receive an onsite induction which will include	Complete the facility orientation for newly employed staff who will be working in the care centre.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
		components of the service provided.		completing fire safety.		
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 1.3.12.3	Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	Newly employed staff in the care centre are in the process of being orientated and will need to be assessed as competent to administer medicines prior to administering medicines to residents.	Newly employed staff in the care centre need to complete medicine competencies at the time of opening and prior to administering medicines to residents.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The external landscaping has yet to be fully completed.	Ensure there are safe and accessible external areas for residents.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	Criterion 1.4.7.1	Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Staff have not completed a fire drill in the care centre.	Ensure a fire drill is conducted in the care centre area.	Prior to occupancy

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

NZS 8134.1:2008: Health and Disability Services (Core) Standards

Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Standard 1.2.1: Governance (HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

ARC A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.3d; D17.4b; D17.5; E1.1; E2.1 ARHSS A2.1; A18.1; A27.1; A30.1; D5.1; D5.2; D5.3; D17.5

Attainment and Risk: FA

Evidence:

Bruce McLaren Retirement Village is a new Ryman Healthcare facility, situated in Howick, Auckland. The building extends across four levels on a sloping site. The care centre is spread over three levels and the serviced apartments are spread over four levels. Ryman plans to open each floor at various stages beginning 8 December 2014. Level one (the ground level) contains a 43 dual purpose care centre that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and are due to open 8 December 2014. The kitchen is already open and is catering for people living in serviced apartments. The facility has serviced apartments across three floors. Serviced apartments were also assessed as suitable to provide rest home level care should they be required. A further 44 bed hospital centre is planned for level two, and two 20 bed dementia units are planned for level three. These rooms are in the process of being completed and will be assessed when completed. At the completion of the facility, the service will have a total of 157 beds (which includes 30 serviced apartments able to provide rest home level care).

Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and quality initiatives are set annually. The organisation wide objectives are translated at each Ryman service by way of the RAP that includes a schedule across the year for the following areas: a) RAP Head Office, b) general management, c) staff development, d) administration, e) audits/infection control/quality/compliance/health and safety and f) Triple A/activities.

Ryman Healthcare have operations team objectives 2014 that include a number of interventions/actions for ; a) quality system focus forward, b) national dementia project, human resources - recruitment/induction processes, H&S, InterRAI project, and clinical education. The organisation wide objectives are translated at each Ryman service by way of the Ryman Accreditation Programme (RAP) that includes a schedule across the year.

Each service also has their own specific RAP objectives and for Bruce McLaren in 2014 this includes; a) educating all new staff in best clinical practise so they have the knowledge to deliver resident centered care b) implementing Ryman's health and safety policies and procedures, c) developing a strong, positive and enthusiastic team culture and implementing Ryman's human resource management principles and practices, d) establishing a high quality service that is resident centred and focused on enhancing their enjoyment and wellbeing, and fostering open and frequent communications with all stakeholders.

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital care and dementia care.

The village manager appointed to Bruce McLaren was previously a general manager of a private surgical hospital. The manager has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference.

The clinical manager (RN) who oversees the serviced apartments will be overseeing the care centre. She has worked in as a senior registered nurse for a number of years. She commenced at Bruce McLaren late July 2014 and has completed her induction.

The management team is supported by the Ryman management team including the Regional Manager. The management resource manual includes a number of documented responsibilities of the manager including a list of reporting requirements. There is a manager's job description that includes authority, accountability and

responsibility including reporting requirements. Ryman managers complete a leadership and management courses (an initiative by Ryman) that includes a number of modules. The management development programme includes self-directed learning packages, readings and questions around person-centred care and organisational culture in long-term care, analysis of clinical quality indicators performance information, using VCare detailed reports to understand the six month summaries, the circle of influence and circle of concern were provided by head office to managers. This also includes a severity matrix for adverse events and complaints management processes.

Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.2: Service Management (HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

ARC D3.1; D19.1a; E3.3a ARHSS D3.1; D4.1a; D19.1a

Attainment and Risk: FA

Evidence:

The clinical manager (RN) fulfils the manager's role during a temporary absence of the village manager with support by the regional manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital care and dementia care. The management team, staff and newly purpose-built facility are appropriate for providing rest home, hospital/medical and in meeting the needs of residents.

Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.2.7: Human Resource Management (HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

ARC D17.6; D17.7; D17.8; E4.5d; E4.5e; E4.5f; E4.5g; E4.5h ARHSS D17.7, D17.9, D17.10, D17.11

Attainment and Risk: PA Low

Evidence:

There are documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.

Currently Bruce McLaren has employed all staff required for the initial roster and these staff are currently orientating to their roles in Bruce McLaren or in other Ryman facilities (confirmed in discussions with management and in review of four staff records). Staff are in the process of completing training including training on the InterRAI Long-term Care Facility Assessment Tool. Ryman have a national training plan which is being implemented nationally at present to ensure InterRAI is run in conjunction with

their existing platform (i.e., VCare Kiosk). Training has yet to be completed as the care centre has not yet opened. Training such as InterRAI and the onsite fire drill have yet to be completed.

The registered nurse (RN) Nurse Coordinator role which will operate 7 days a week will be covered by two RNs who have been employed. A serviced apartment coordinator has been employed who is an enrolled nurse.

Policy: Health practitioners and competencies outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Policy 2.7.1 Staff Administration identifies the manager availability including on call requirements. The policy also includes the requirements of skill mix, staffing ratios, rostering etc. There is a training plan in operation for Bruce McLaren. Staff education and training includes the ACE programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education.

Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly at all Ryman facilities and subjects covered include (but not limited to) the management of Fentanyl patches and warfarin, InterRAI, warfarin management, and wound management.

Training requirements are directed by Ryman head office and reviewed as part of the RAP reporting.

There are a list of topics that must be completed at least two yearly and this is reported on.

Ryman has a 'Duty Leadership' training initiative that all RNs, ENs and senior leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations. New registered nurses at Bruce McLaren will be encouraged to complete this training.

Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

Attainment and Risk: PA Low

Evidence:

Newly employed staff are being orientated and inducted at either Bruce McLaren or other Ryman facilities as the care centre has yet to open.

Finding:

All newly employed staff to the care centre will receive an onsite induction which will include completing fire safety.

Corrective Action:

Complete the facility orientation for newly employed staff who will be working in the care centre.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.2.8: Service Provider Availability (HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

ARC D17.1; D17.3a; D17.3 b; D17.3c; D17.3e; D17.3f; D17.3g; D17.4a; D17.4c; D17.4d; E4.5 a; E4.5 b; E4.5c ARHSS D17.1; D17.3; D17.4; D17.6; D17.8

Attainment and Risk: FA

Evidence:

Determining Staffing Levels and Skills Mix Policy 2.8.1 provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.

A draft roster has been developed and is to be adjusted as resident numbers increase (Initial roster sighted for up to 43 residents in the dual service centre and there is a roster to cover the serviced apartments).

The daily roster for the dual purpose centre is as follows:

AM

1 clinical manager/RN 0730-1600 or 0800-1630

1 RN Coordinator (0700 to 1530)

2x caregivers (0700 to 1530)

PM

1 x RN 1500 - 2330

2x caregivers 1500 - 2300

N

1 x RN 2300 - 0715

1x caregivers 2300 – 0700

The serviced apartments will be staffed as follows:

AM

1 Coordinator (0800 to 1630)

PM

1 senior caregiver (1500- 2300)

Additional staff will be as follows:

1 Activities person 0930 to 1630) (Monday to Friday) who will be supervised by the National Lifestyle Manager to implement the Ryman standard activities programme in the facility.

GP services will be provided on contract from commencement by Crawford Medical with intention of daily rounds as the care centre fills, which is what has been recommended by the GP.

Physiotherapy arrangements will be in place on commencement. The facility has contracted a local physiotherapist, who will be supported by a Physiotherapy Assistant. Services will be provided between 9am & midday weekdays

Plus housekeeping, laundry, kitchen and reception staff

Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Outcome 1.3: Continuum of Service Delivery

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.

Standard 1.3.12: Medicine Management (HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

ARC D1.1g; D15.3c; D16.5e.i.2; D18.2; D19.2d ARHSS D1.1g; D15.3g; D16.5i.i.2; D18.2; D19.2d

Attainment and Risk: PA Low

Evidence:

Medicines management information is well established throughout Ryman services. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses and caregivers who have been assessed as competent are permitted to administer medicines to residents. The clinical services manual includes a range of medicines management policies and associated procedures. The service is intending to use four weekly blister packs as per Ryman policy. There is a secure treatment room on the care centre floor which will store medicines. A new medication trolley has been purchased for each care area. There is a metal controlled drug safe installed in the secure treatment room. There is a locked cupboard in place for storage of medicines in the serviced apartment behind the coordinators desk. A self-medicating resident's policy is available if required. This process is well established throughout Ryman services. Locked drawers will be provided for residents' self-

administering medicines on an as required basis. Medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is completed and results reported to head office for further analysis.

The medication system is operational for people living in the serviced apartments. Staff are currently prompting a number of residents to take their medicines. This is part of a package of services which Ryman provide. Staff who are currently orientating at other Ryman facilities are being orientated to medicine management.

GP services will be provided on contract from commencement by Crawford Medical with intention of daily rounds as the care centre fills, which is what has been recommended by the GP.

Residents who have been needs assessed will not be charged additional charges for services under the ARCC Agreement (eg, GP visits and medicines). Additional charges (i.e., room premiums) will be disclosed in the Admission Agreement.

The medicine management system for the dual purpose care centre has yet to be fully established as the centre is unoccupied.

Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Attainment and Risk: PA Low

Evidence:

All RN/EN's/ senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually staff who will administer medicines are employed and are in the process of induction at Bruce McLaren and other Ryman facilities.

Finding:

Newly employed staff in the care centre are in the process of being orientated and will need to be assessed as competent to administer medicines prior to administering medicines to residents.

Corrective Action:

Newly employed staff in the care centre need to complete medicine competencies at the time of opening and prior to administering medicines to residents.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.3.13: Nutrition, Safe Food, And Fluid Management (HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

ARC D1.1a; D15.2b; D19.2c; E3.3f ARHSS D1.1a; D15.2b; D15.2f; D19.2c

Attainment and Risk: FA

Evidence:

The food service is operational at Bruce McLaren and is currently servicing 11 residents living in the serviced apartments. A chef has been employed who has qualifications in food management including a Diploma and NZQA 168 & 167). He is currently cooking the midday meal only. He is preparing meals that may be reheated as well for people living in the serviced apartments. Additional kitchen staff will be employed as occupancy increases.

There is a food service manual that includes (but not limited to); food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets. The facility has a large workable kitchen in a service area off the care centre on the ground floor on Level 1. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in food carriers to the kitchenettes in the dining area in the care centre and then placed in pre-heated Bain Maries (which will not be able to be accessed by residents). Food will be transported between floors in lifts. The kitchenette has access to hot water which is stored securely behind a locked cupboard.

Ryman has an organisational process whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. There is access to a community dietitian.

Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented as part of the RAP programme. Food in the pantry is kept off the ground. Food in the fridge and chillers is covered and dated. Ongoing food safety in-service training occurs. These processes are well established throughout Ryman services.

Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>

Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

<p>Attainment and Risk: FA</p> <p>Evidence:</p> <p>Finding:</p> <p>Corrective Action:</p> <p>Timeframe (days): <i>(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)</i></p>

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures 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.

Standard 1.4.1: Management Of Waste And Hazardous Substances (HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

ARC D19.3c.v; ARHSS D19.3c.v

Attainment and Risk: FA

Evidence:

There are documented processes for Waste Management. This includes Waste Management - General Waste Policy, Waste Management - Medical Waste Policy and Waste Management - Sharps Policy. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice with a locked cupboard for chemicals and a locked cleaner's cupboard with chemical dispenser.

Waste management audits are part of the RAP programme.

All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two yearly training and orientation training. All new staff are required to complete waste management training and PPE at orientation through the employees induction programme.

Gloves, aprons, and goggles have been purchased and to be installed in the sluice in the care centre. Infection prevention control policies state specific tasks and duties for which protective equipment is to be worn.

Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.2: Facility Specifications (HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

ARC D4.1b; D15.1; D15.2a; D15.2e; D15.3; D20.2; D20.3; D20.4; E3.2; E3.3e; E3.4a; E3.4c; E3.4d ARHSS D4.1c; D15.1; D15.2a; D15.2e; D15.2g; D15.3a; D15.3b; D15.3c; D15.3e; D15.3f; D15.3g; D15.3h; D15.3i; D20.2; D20.3; D20.4

Attainment and Risk: PA Low

Evidence:

The facility is purpose built and the design modelled on more recently opened Ryman facilities (i.e.; the facility has a reception area rather than an atrium). The facility is near completion. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Bruce McLaren. Transport vehicles will be available for residents' use on commencement. There is a 2 seat VW transporter on site available to transport residents. In addition the facility will utilise the services of Mobility taxis for outings requiring a tail lift for wheelchair bound residents.

The care centre is designed with a centrally located nurse station that has access to a treatment room and clinical coordinator's office. These service areas are situated near the open plan dining and separate open plan lounge area.

This centrally located nurse station near the dining and lounge areas ensures that staff are in close contact with residents even when attending to paper work or meetings.

Residents are able to bring their own possessions into the home and are able to adorn their room as desired.

The maintenance schedule includes checking of equipment.

All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the RAP programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.

Policies relating to provision of equipment, furniture and amenities are documented in section 4.2 of the Management Resource Manual.

The facility has been purpose built and is divided into four levels. Service apartments are on four levels and the care centre will be a three level facility with two dementia care units on the top floor only. There is two lifts between the floors that is large enough for mobility equipment. Hilo and electric beds have been purchased for the care centre.

There are a number of landing strips purchased and sensor mats. There are handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet in non-wet areas with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment and parking for mobility scooters in the basement. Residents in the care centre will be protected from harm and there will be controls in place to ensure residents cannot harm themselves through the hot water systems and hot bain maries located in the kitchenettes. Furnishings, floorings and equipment are designed to minimise harm to residents.

A certificate for public use has been issued dated 3 November 2014. The building is not yet completed. The external landscaping is yet to be completed.

Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

Attainment and Risk: PA Low

Evidence:

The building has yet to be completed and tradesmen and equipment is still onsite. Some areas have been landscaped to provide residents with limited access to safe and accessible external areas although the full landscaping programme has yet to be completed.

Finding:

The external landscaping has yet to be fully completed.

Corrective Action:

Ensure there are safe and accessible external areas for residents.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.3: Toilet, Shower, And Bathing Facilities (HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability friendly shower, toilet and hand basin with underfloor heating. There are also well placed communal toilets near the communal areas including the lounge and dining room.

Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.4: Personal Space/Bed Areas (HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

ARC E3.3b; E3.3c ARHSS D15.2e; D16.6b.ii

Attainment and Risk: FA

Evidence:

Residents' rooms in the care centre on Level 1 are spacious and will allow dual purpose care to be provided and the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites.

Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuver with the assistance of their aid within their personal space/bed area.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining (HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

The care centre on Level 1 has a lounge and dining room. Residents will be able to access to a multipurpose reflection/quiet area, a shop, a beauty salon (for massages), and a hair dressing salon. The group activities programme will mostly be provided in the lounge area.

Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.6: Cleaning And Laundry Services (HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

ARC D15.2c; D15.2d; D19.2e ARHSS D15.2c; D15.2d; D19.2e

Attainment and Risk: FA

Evidence:

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes instructions for cleaning. Cleaning will be performed by housekeepers. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. Laundry will initially be managed by a laundry person. The number of laundry staff will be increased when occupancy increases.

The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are to be commenced as per the RAP programme.

The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety data sheets are available. Chemicals and supporting literature are provided by EcoLab.

Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.7: Essential, Emergency, And Security Systems (HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

ARC D15.3e; D19.6 ARHSS D15.3i; D19.6

Attainment and Risk: PA Low

Evidence:

The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are scheduled for staff during induction the week before opening.

The service has alternative power systems in place to be able to cook in the event of a power failure. Battery operated emergency lighting is in place which runs for at least two hours if not more. There are also extra blankets available. There is a civil defence kit for the whole facility and drinkable water is stored onsite in large holding tanks. There is large supply of non-drinkable rain water being collected onsite in a pond system, which could be treated and utilised in an emergency. There is a Civil defence folder that includes procedures specific to the facility and organisation. The facility has an onsite diesel generator to run essential services for six hours. Ryman has a system in place which enable additional generation equipment to be relocated to the site if needed. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.

The "Austco Monitoring programme" call bell system is available in each bedroom. There are call bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the nurse coordinator, to the clinical manager and to the village manager. The system software is able to be monitored. The system includes the latest electronic beam management technology which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high risk residents who are attempting to get of bed unsupervised.

The fire evacuation plan is approved dated 10 November 2014 issued by NZ Fire Service. As the care facility has not yet opened, staff working in the care facility have not completed a fire drill. Training has been completed and a fire drill is scheduled for the week prior to opening.

Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

Attainment and Risk: PA Low

Evidence:

The care centre has not yet opened and although staff have received education on what to do in the event of a fire a fire drill in the care centre has yet to be conducted.

Finding:

Staff have not completed a fire drill in the care centre.

Corrective Action:

Ensure a fire drill is conducted in the care centre area.

Timeframe (days): Prior to occupancy (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Standard 1.4.8: Natural Light, Ventilation, And Heating (HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

General living areas and resident rooms are appropriately heated and ventilated. There is under-floor heating throughout the facility. There is air-conditioning in common areas. General living areas and resident rooms are appropriately heated and ventilated (i.e., through external windows which open). Each room has an external window with plenty of natural light. The facility is smoke free and the intention is that the site is smoke free once construction has been completed.

Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

Standard 3.1: Infection control management (HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. Policies include (but not limited to); a) a Scope and Application of the NZ standard for IPC policy; b) infection prevention control management policy; c) infection control governance policy; and d) defined and documented IPC programme policy. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. IPC is currently being managed by the clinical manager.

The Defined and Documented IC programme policy states that the IPC programme is set out annually from Head Office and is directed via the Ryman Accreditation Programmes annual calendar. The annual review policy states IPC is an agenda item on the two monthly head office H&S committee.

The programme is reviewed annually through head office.

The IPC manual includes a policy on a) Admission of Resident with Potential or Actual Infections policy, b) Infectious hazards to staff policy, c) Outbreak Management d) staff health policy and e) Isolation policy

Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

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.

Attainment and Risk: Not Audited

Evidence:

Finding:

Corrective Action:

Timeframe (days): *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*