

Bruce McLaren Retirement Village Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Bruce McLaren Retirement Village Limited

Premises audited: Bruce McLaren Retirement Village Limited

Services audited: Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 10 February 2015 End date: 10 February 2015

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 opened the ground floor (first stage) December 2014. This partial provisional including verifying level two (44 bed hospital) and level three which includes two dementia units (one 20 bed unit and one 21 bed unit).

Total beds occupied across all premises included in the audit on the first day of the audit: 35

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Bruce McLaren Retirement Village is a new Ryman Healthcare facility. The building is modern and spacious and extends across four levels. Level one (opened in December 2014) contains a 43 dual-purpose wing that currently provides rest home and hospital level care and the main service areas for the facility. Occupancy on the day of audit was 35 residents including three rest home residents in serviced apartments.

This partial provisional audit included verifying stage two of the build. This included level two of the facility (44 bed hospital unit) and level three which includes two dementia units (one 20 bed unit and one 21 bed unit). At the completion of the facility, the service will have a total of 158 beds (which includes 30 serviced apartments able to provide rest home level care).

The facility and clinical managers are supported by a team of unit coordinators.

The audit identified the design of level two and three, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital – and dementia level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the new wings.

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

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Not audited.

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.
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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 service has an implemented induction/orientation programme which includes packages specifically tailored to the position such as caregiver, senior caregiver, registered nurse (RN), and so on.

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening each of the floors and this is reflective in the draft rosters and processes around employment of new staff.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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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: Each unit has a locked medication treatment room.

The 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 transported in food carriers to the hospital and two dementia unit kitchenettes in the dining area) and then placed in Bain Maries. Food will be transported between floors in lifts. There were nutritional profiles completed on admission and provided to the cook.

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.		Some standards applicable to this service partially attained and of low risk.
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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 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. A 12-seater vehicle is available for use by residents. The facility includes a modern call bell system that encourages

independence and will enable residents to call for assistance. The building is not yet completed. A certificate for public use has been obtained from Auckland Council dated 3 November 2014. The landscaping of some external areas has been completed. The external courtyard off the dementia units is in the process of being completed.

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.

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.

There are emergency and disaster policies and procedures. Current staff have completed a fire drill around the fire evacuation procedure. There is an approved evacuation scheme.

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

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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Not audited

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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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. Monthly collation tables are forwarded to Ryman Head office for analysis and benchmarking. IPC is an agenda item in the monthly staff meeting.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	2	0	0	0
Criteria	0	32	0	3	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>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 opened stage one of the village in December 2014. Level one (the ground level which opened in December) contains a 43 dual purpose care centre that currently provides rest home and hospital level care and the main service areas for the facility. Occupancy on the day of audit was 32 residents (nine hospital and 23 rest home). There was also three rest home residents in serviced apartments.</p> <p>This partial provisional audit included verifying stage two of the build. This included level two of the facility (44 bed hospital unit) and level three which includes two dementia units (one 20 bed unit and one 21 bed unit). At the completion of the facility, the service will have a total of 158 beds (which includes 30 serviced apartments able to provide rest home level care).</p> <p>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)</p>

		<p>audits/infection control/quality/compliance/health and safety and f) Triple A/activities.</p> <p>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.</p> <p>Each service also has their own specific RAP objectives. Bruce McLaren set 2014 objectives around the opening of the new facility.</p> <p>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.</p> <p>The clinical manager (RN) 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 managers are supported by a unit coordinator (RN) in the RH/Hospital, a serviced apartment unit coordinator (EN), and a unit coordinator (RN) appropriated across the two new dementia units. A unit coordinator for the hospital unit on level two is yet to be appointed.</p> <p>The management team is supported by the Ryman management team including the Regional Manager.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>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.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	FA	<p>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</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>educator, health and safety officer, fire officer and quality assistant. Three staff files were reviewed and all included (but not limited to) reference checks and completed orientations.</p> <p>Currently Bruce McLaren has employed all staff required for the level one floor that is currently open. There are other staff employed (caregivers/RNs) employed to commence in the level two hospital and the two dementia units. The service continues to interview and recruit more staff for the opening of level two and three. However, advised that they have enough RNs to cover 24/7 in the new hospital and enough caregivers (and unit coordinator) to open one of the dementia units initially.</p> <p>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 been provided to those staff already working at Bruce McLaren. Fire drill has been completed. Some of the new staff commencing in the hospital unit have completed the interRAI training.</p> <p>E4.5f: Advised that all new caregivers will be supported to commence the required dementia standards following completion of foundations. The service is currently employing caregivers and registered nurses. Three caregivers commencing in the dementia unit already have completed the dementia standards.</p> <p>Policy: Health practitioners and competencies outline 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.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly. This group is in the process of being established.</p> <p>Training requirements are directed by Ryman head office and reviewed as part of the RAP reporting.</p> <p>There is a list of topics that must be completed at least two yearly and this is reported on.</p>
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		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.
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>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.</p> <p>A draft roster has been developed for level two (hospital) and the two dementia units. The roster allows for increase in staff as numbers increase. The initial roster in the hospital for up to 20 residents includes,</p> <p>AM</p> <p>Hospital coordinator/RN 0800-1630</p> <p>1 RN (0700 to 1530)</p> <p>2x caregivers (0700 to 1530)</p> <p>1x caregiver (0700 – 1500)</p> <p>PM</p> <p>1 x RN 1500 - 2330</p> <p>2x caregivers 1500 – 2300</p> <p>2 x caregiver 1500 - 2100</p> <p>N</p> <p>1 x RN 2300 - 0715</p> <p>2x caregivers 2300 – 0700</p> <p>As the resident numbers increase to 30, and up to 40, further RNs and caregivers have been included on the roster.</p>

		<p>The roster for a 20 bed dementia unit is as follows (noting one unit will open at a time)</p> <p>AM</p> <p>1 RN Coordinator (0800 to 1530)</p> <p>2 x caregivers 0700 – 1530</p> <p>1 x caregiver 0700 - 1300</p> <p>PM</p> <p>1x RN (1500- 2300)</p> <p>2x caregivers (1500 – 2300</p> <p>1 x caregiver 1500 – 2100</p> <p>Night</p> <p>One in each unit with a care giver floater between the two units 2245-0715</p> <p>An activities team has been employed to cover the three areas. A diversional therapist has been employed for the dementia unit commencing before opening 0900-1600 five days a week.</p> <p>GP services is provided on contract from by a local Medical service three mornings a week and as needed.</p> <p>Physiotherapy arrangements are in place. The facility has contracted a local physiotherapist, who will be supported by a Physiotherapy Assistant when the hospital unit opens.</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>	PA Low	<p>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 using four weekly blister packs as per Ryman policy and this is now up and running on level one. There is a secure treatment room on each floor which will store medicines. The treatment unit in on the third floor is shared between the two dementia units. A new medication trolley has been purchased for</p>

		<p>each care area. A self-medicating resident's policy is available if required. Locked drawers are 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.</p> <p>Residents who have been needs assessed will not be charged additional charges for services under the ARCC Agreement (e.g., GP visits and medicines).</p> <p>The medicine management system for level two (hospital) and level three (two dementia units) has yet to be fully established as these floors are unoccupied.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is operational at Bruce McLaren. The chef has qualifications in food management including a Diploma and NZQA 168 & 167). He is supported by other kitchen staff.</p> <p>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 transported in food carriers to the kitchenettes in the dining area on level one and the serviced apartment and then placed in pre-heated Bain Maries. This will also be the practice for level two and level three kitchenettes. Food will be transported between floors in lifts. The kitchenettes have access to hot water which is stored securely behind a locked cupboard.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. These were sited in the kitchen for those residents in the level one care centre. There is access to a community dietitian.</p> <p>An audit of the kitchen fridge/freezer temperatures and food temperatures has been undertaken. Food in the pantry is kept off the ground. Food in the fridge and chillers is covered and dated. On-going food safety in-service training occurs.</p> <p>The two new dementia units each have an open plan kitchenette that residents and staff can access. E3.4f There is a fridge in each of the units for extra food to be stored. The two dining areas are large enough to allow for use of mobility equipment</p>

		<p>and the movement of residents.</p> <p>The dining area in the hospital care centre (level two) is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>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 on each floor with a locked cupboard for chemicals and a locked cleaner's cupboard with chemical dispenser.</p> <p>Waste management audits are part of the RAP programme.</p> <p>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.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluice and cleaners cupboards on floor two and three. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all employees induction programme.</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>	PA Low	<p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and stage one opened December 2014. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Bruce McLaren. There is a 12 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.</p> <p>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.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented in section 4.2 of the Management Resource Manual.</p>

		<p>A certificate for public use has been issued and expires 29/10/15. The building is not yet completed. The internal courtyard landscaping has been completed and other external areas have been landscape.</p> <p>Hospital (level two).</p> <p>The hospital care centre is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and clinical coordinators office. These service areas are situated adjacent to the spacious open plan dining and open plan lounge area. The centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paper work or meetings. There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is a quiet lounge with sliding doors that look down into the courtyard. A Juliet balcony gate ensures when the doors are open that it is safe.</p> <p>E3.4a; Dementia units (level three).</p> <p>There are two separate dementia wings. One wing will accommodate 20 residents; the other has a total of 21 beds. Permission is yet to be obtained from the DHB to utilise an extra one bed. The two dementia units are to be run separately.</p> <p>This centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paper work or meetings. The units have been specifically designed and purpose-built by Ryman's in-house development team. This team also keeps track of international research to ensure appropriate and effective design and flow of these specialised units. Also the designs are a reflection of resident, relative and staff feedback from other Ryman dementia units. The two units connect via a secure entrance foyer before entering through a secure door into the dementia units (a door for each unit). There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system which includes sensor lights in resident rooms, so when a resident gets up at night the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed circuit monitoring system also assists</p>
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		<p>with supervising residents in the long hallways. The units design and equipment purchased specifically consider residents with confused state. The lighting is 2x the normal lighting due to research from dementia experts. Lighting is a mixture of ceiling and wall lights which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. There are to be way finding decals in place (as per other Ryman dementia units). To encourage residents to find their way around the unit and turn at the end of corridors, there is to be extensive use of “cues” such as decals, framed prints, textural and ornamental wall fixtures and various wall paint colours. The use of decals down corridors is a useful prompt for residents when returning to their bedroom. Doors are different colours to walls. The wall behind the toilet is darker to assist with making the toilet more noticeable. Like other Ryman dementia units the use of painted walls and decals and photos describing a story are useful ways to de-escalate behaviour and encourage residents to reminisce. The new units have carpet tiles with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new units for storage of mobility equipment. The units are designed with a service area consisting of a centrally located open-nurse station that is accessed from both wings separately. Access to a treatment room and unit coordinators office is via this service area. These service areas are situated adjacent to the open plan dining and lounge areas of both wings. Each wing has an open plan dining and lounge area. This design layout enhances the resident’s freedom of movement, and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. Each of the dementia wings have a secure external courtyard that is situated directly off the open plan lounge and dining areas in each wing. This allows for easy indoor/outdoor flow and supervision. The two outdoor areas are separated by a gate, so that residents could visit each other. Landscaping of the courtyard is yet to be completed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>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.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal</p>	FA	<p>Resident’s rooms in the dementia units are single and of a generous size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites. The two lounge areas are spacious and will be</p>

space/bed areas appropriate to the consumer group and setting.		<p>appropriate for 20 (21) residents.</p> <p>Residents rooms in hospital are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites. The two lounge areas in the hospital are spacious.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>In the dementia units: Each unit has an open-plan living area. Each living area is spacious with a separate dining area.</p> <p>E3.4b; The open-plan living area, hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. The hospital care centre on level two has a large lounge and also a quiet smaller lounge that overlooks the atrium. The separate dining room allows for use of mobility equipment.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The 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 is managed by a laundry person. The number of laundry staff will be increased when occupancy increases.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have commenced as per the RAP programme.</p> <p>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.</p>
Standard 1.4.7: Essential, Emergency, And Security Systems	FA	<p>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</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. The RNs are all first aid trained.</p> <p>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 ordered 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.</p> <p>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.</p> <p>The fire evacuation plan is approved dated 10 November 2014 issued by NZ Fire Service. Fire training has been completed 2 December 2014 and a fire drill was completed on opening.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>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.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>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. Infection control is currently being included in the RAP staff and management meetings. The programme is reviewed annually through head office.</p> <p>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</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	All RN/EN's/ senior caregivers responsible for administering medication complete an annual medication competency. This has been completed with the new staff currently working on level one in the dual purpose rest home/hospital. Those staff being employed for level two and three are yet to complete competencies as part of their induction.	Newly employed staff for level two and three are in the process of being orientated or have not yet commenced.	Ensure newly employed staff that will be responsible for administration of medications for level two and three complete medicine competencies at the time of opening and prior to administering medicines to residents. Prior to occupancy
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose built and is divided into four levels. Service apartments are on four levels and the care centre is across three levels 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. Furnishings, floorings and equipment are	The care centre building CPU will be extended to include the level two hospital and level three dementia units; however building is still in progress	Ensure the CPU is completed prior to occupancy Prior to occupancy

		designed to minimise harm to residents		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>The building has yet to be completed and tradesmen and equipment are still onsite. The internal courtyard and other external areas have been landscaped to provide residents with safe and accessible external areas.</p> <p>Each of the dementia wings have a secure external courtyard that is situated directly off the open plan lounge and dining areas in each wing. This allows for easy indoor/outdoor flow and supervision. The two outdoor areas are co-joined and separated by a gate, so that residents can visit each other. This area includes planter garden boxes and built-in outdoor seating that are to be strong, sturdy and secure and at a reasonable height to assist residents' use and mobility. Advised that all flooring surfaces on the outdoor courtyard are to be maintained in a safe, non-slip and obstacle free manner to encourage enjoyment of the outdoor area. The area has a track for walking, and artificial grass is being laid next week. The trellis is custom made in a heavy weight timber which is screwed together and designed to resist horizontal forces that comply with the NZ Building Code. There is a 600mm overhang off the trellis so residents are unable to climb over this trellis. [Advised that the windows fixed within the trellis are to be constructed from Safelite PVB which is a laminated safety glass with a Polyvinyl Butyral (PVB) layer. Laminated glass offers greater protection for people by providing an effective barrier. The glass will break under sustained and strong/heavy smashing forces; however the interlayer resists penetration, ensuring any attempt to exit a premise will be slow and noisy. When subjected to human or</p>	<p>The external courtyards off the dementia units have yet to be fully completed.</p>	<p>Ensure there are safe and accessible external areas for residents.</p> <p>Prior to occupancy</p>

		<p>other impact the bond between the glass and interlayer adheres any broken fragments, keeping the glass intact and resisting penetration]. This outdoor area links directly off the lounge and dining room areas. This area is of adequate size and the design is used successfully in other Ryman villages</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.