

Bob Scott Retirement Village Limited - Bob Scott

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:

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| Legal entity: | Bob Scott Retirement Village Limited |
| Premises audited: | Bob Scott |
| Services audited: | Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 7 July 2016 End date: 7 July 2016 |

Proposed changes to current services (if any): Bob Scott Retirement Village is a modern, spacious, purpose-built facility that extends across five levels. The care centre is to operate on three levels with serviced apartments across four levels. The service is opening in planned stages. This partial provisional, including verifying level three (41 bed hospital/rest home) and serviced apartments and level one (ground floor), which includes serviced areas and serviced apartments. The care centre is planning to open level three on 1st August 2016.

This audit also included verifying the service as suitable to provide medical level care under the hospital certification.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Bob Scott Retirement Village is a new Ryman Healthcare facility located in Lower Hutt. The building is modern and spacious and extends across five levels. The service is planning to open each floor in stages.

This partial provisional audit included verifying stage two of the build. This includes verifying level one and level three of the facility. Level one (ground floor) includes service areas and serviced apartments. Level three of the facility includes a 41-bed hospital and rest home unit and serviced apartments. The service plans to open the care centre 1st August 2016 and there will be 61 beds initially (this includes 20 serviced apartments certified to provide rest home level care if required).

It is planned that all other stages will be completed by end of November including level two (2 x 20 bed dementia units), and level five (34 bed rest home). At the completion of the building, the service will have 145 beds (inclusive of 30 serviced apartments able to provide rest home level care).

The facility and clinical managers, are experienced in management and have completed specific Ryman inductions for their role. A Ryman regional manager supports them.

The audit identified the design of level one and level three, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital 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 facility.

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

Consumer rights

Not audited

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The staff and newly purpose-built facility are appropriate for providing the initial service on opening of rest home and hospital level care.

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

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. The floor has a medication treatment room. The service is planning to use an electronic medication system.

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 hot boxes to the unit kitchenettes. Food will be transported between floors in lifts. There were nutritional profiles completed on admission and provided to the cook.

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. 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 for level one. The landscaping of some external areas has been 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. There is an approved evacuation scheme that currently included level one only.

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

Restraint minimisation and safe practice

Not Audited

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. 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 | 11 | 0 | 4 | 0 | 0 | 0 |
| Criteria | 0 | 26 | 0 | 9 | 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) |
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| 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 |
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| <p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p> | <p>FA</p> | <p>Bob Scott Retirement Village is a new Ryman Healthcare facility located in Lower Hutt. The building is modern and spacious and extends across five levels. The service is planning to open each floor in stages as the building on each floor is completed.</p> <p>This partial provisional audit included verifying stage two of the build (level one and level three of the facility). Level one (ground floor) includes service areas and 10 serviced apartments. Level three of the facility includes (41 bed hospital and rest home) and 26 serviced apartments. The service plans to open the care centre 1st August 2016 and there will be 61 beds initially (inclusive of 20 serviced apartments certified for rest home level).</p> <p>This audit also included verifying the service as suitable to provide medical level care under the hospital certification.</p> <p>It is planned that the remaining building stages will be finished this year including level two (2 x 20 bed dementia units – opening early September 2016) and level five (34 bed rest home – opening November 2016). Level four will be LTOs (serviced and independent apartments). At the completion of the facility, the care centre will have 145 beds (which will include 30 serviced apartments able to</p> |

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| | | <p>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 TeamRyman programme that includes a schedule across the year. Quality objectives have been developed at Bob Scott around the implementation of the new service.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (geriatric and medical) level care. The village manager appointed to Bob Scott commenced in February 2016 and has a background in management roles including some in health. The manager has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference.</p> <p>The clinical manager (RN) has many years' experience in acute and surgical nursing. He has been working with other Ryman clinical managers (CM) since October 2015 and has completed the CM induction. The managers are to be supported by a unit coordinator in each area.</p> <p>The Ryman management team including the regional manager supports the management team.</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) will fulfil 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 and hospital (medical and geriatric) level care.</p> |
| <p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p> | PA Low | <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 educator, health and safety officer, fire officer and quality assistant. The management team are in the process of employing staff for the opening of the care centre. Currently they have employed four RNs (three are InterRAI trained), a serviced apartment coordinator (EN), five caregivers, two housekeepers, two chefs, van driver and kitchen hand. The service is in the</p> |

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| | | <p>process of interviewing for more staff with the intention to have these appointed prior to occupancy.</p> <p>A two-day induction programme is planned before opening. All staff will complete the 'all employees induction' and fire safety, manual handling and standard precautions.</p> <p>Ryman have a national training plan, which is being implemented nationally at present to ensure InterRAI is run in conjunction with their existing platform (ie, VCare Kiosk).</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. The village manager holds copies of practising certificates. There is a training plan in preparation for the opening of Bob Scott. Staff education and training includes the Careerforce 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. An RN Journal club is required to meet two monthly. This group will be established on opening of Bob Scott. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting.</p> <p>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 Bob Scott will be encouraged to complete this training.</p> |
| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. 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 three (hospital/rest home) and the serviced apartments (if there are assessed rest home residents). The roster allows for increase in staff as numbers increase.</p> <p>There is a RN rostered 24/7 on level three, supported by caregivers (link 1.2.7.3). A RN unit coordinator for level three will be appointed as numbers increase. In the serviced apartments, a SA coordinator (EN) is rostered five days a week. There is another caregiver rostered 16:30 – 21:00. The number of caregivers rostered for</p> |

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| | | <p>the serviced apartments increases as rest home resident numbers increase. The staff on level three will be responsible for rest home resident serviced apartments after 21:00hrs.</p> <p>An activity coordinator has been employed for the serviced apartments. A further activity coordinator is yet to be employed for level three (link 1.2.7.3).</p> <p>A contract for GP services is in the process of being confirmed (link 1.3.12.1).</p> <p>A contract for physiotherapy services is yet to be confirmed. Advised that set hours will be approved as numbers increase.</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/enrolled nurses/senior 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 planning to use four weekly blister packs as per Ryman policy. There is a dedicated treatment room on level three (not yet secure). A new medication trolley, and medication fridge has been purchased for the treatment room. The room is still in the process of being completed/furnished. A self-medicating resident's policy is available if required. Locked drawers are to be provided for residents' self-administering medicines on an 'as required' basis.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC Agreement (eg, GP visits and medicines).</p> <p>The medicine management system has yet to be fully established in the care centre, as the floor is not yet occupied.</p> <p>There is a locked cupboard in the serviced apartments (level one) for the storage of medication and records, should rest home residents live in serviced apartments.</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</p> | FA | <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.</p> <p>The food service is operational at Bob Scott. The large workable kitchen is in the</p> |

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| <p>service delivery.</p> | | <p>service areas on level one (ground floor). There is a chef supported by other kitchen staff. The service is also planning to employ a second chef. The role will have sole responsibility to cook and dish the evening meal. The morning chef will have responsibility for the midday meal only.</p> <p>The kitchen includes a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is currently transported in hot boxes to the serviced apartment kitchenette. This will also occur on level three and then served from the hot boxes in the kitchenette. Food will be transported between floors in lifts. The kitchenette on level three will have access to hot water which is to be stored securely behind a locked cupboard. The kitchenette on level three is yet to be completed and equipped.</p> <p>Bob Scott will be the pilot for Ryman's new food service. They are now offering choices for midday meal and evening meal including a vegetarian, gluten free and diabetic option. The meal service has also been changed from other Ryman facilities with all meals being dished in the kitchen by the chef and cooks assistant, and then transported to their tables in hot boxes. The hot boxes are heated and also have a cooling area for desserts.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The chef will have nutritional information on all residents electronically. 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. The dining area in the care centre (level three) 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> | <p>FA</p> | <p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. A sluice on level three is in the process of being completed. A key pad (link 1.4.2.1) is replacing the current lock on the door. There are secure cleaning cupboards on level one and level three.</p> <p>Waste management audits are part of the internal audit 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</p> |

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| | | <p>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 level 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> | <p>PA Low</p> | <p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and staged openings are scheduled for the care centre. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Bob Scott. There is a 12-seat VW transporter on site available to transport residents. There is an employed van driver. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full time maintenance person employed. 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 Ryman quality programme and is 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 the Management Resource Manual.</p> <p>A certificate for public use has been issued for level one and expires 6th December 2016. The building is not yet completed and the code of compliance is yet to be obtained for level three. Resident rooms have ceiling fans. These fans are currently sitting low and there is a risk for staff and residents when standing if they put their arms up. The landscaping is in the process of being completed around the care centre.</p> <p>The level three (rest home hospital) is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and staff rooms set up with computer terminals. There is also another meeting room available. 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</p> |

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| | | with residents even when attending to paper work or meetings. There are handrails in ensuites 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 another spacious quiet lounge room. A Juliet balcony gate ensures when the sliding doors are open off the large open plan lounge that it is safe. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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. | FA | 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 (including serviced apartments) 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. These areas are still being completed (link 1.4.2.1). |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Residents rooms in the level three hospital/rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. The two lounge areas on level three are spacious. There is one double-room suited for a married couple. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Level-three rest home/hospital has a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There is also another large lounge. The centrally located nurse station is directly off the open plan aspect of the dining and both lounge areas. The serviced apartments have their own dining and lounge area that is large enough for residents with mobility equipment, with different areas for group or individual use. |
| Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic | FA | 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 |

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| <p>cleaning and laundry services appropriate to the setting in which the service is being provided.</p> | | <p>entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The EcoLab manual includes instructions for cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. A laundry person is yet to be employed. 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 Ryman quality 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 datasheets are available. EcoLab provides chemicals and supporting literature.</p> |
| <p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p> | <p>PA Low</p> | <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 are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Currently staff employed to commence work on opening do not have a current first aid certificate.</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 is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation. The facility has ordered an onsite diesel generator to run essential services. 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 resident room. There are call bells and emergency 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 unit coordinator, to the clinical</p> |

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| | | <p>manager and to the village manager. The system software is able to be monitored.</p> <p>The fire evacuation plan is currently approved for level one dated 25th May 2016. An updated fire evacuation plan is yet to be approved to include level three. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening.</p> <p>There is a security guard at reception across 24/7. A security camera is also installed at the entrance. There are documented security procedures.</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> | FA | <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 (ie, through external windows which open). Each room has an external window with plenty of natural light. There are fans installed in resident rooms on level three (link 1.4.2.1).</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> | FA | <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. 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. An IPC responsibility policy includes chain of responsibility and an IPC officer job description. The clinical manager is currently managing IPC. The IPC programme is set out annually from head office and is directed via the Ryman Quality Programme annual calendar. Infection control is to be an agenda item in the two monthly head office H&S committee. The programme is reviewed annually through head office.</p> <p>The IPC manual includes a policy on (i) Admission of Resident with Potential or Actual Infections policy, (ii) Infectious hazards to staff policy, (iii) Outbreak Management, (iv) Staff health policy, and (v) Isolation policy.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|--|-------------------|--|---|--|
| <p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p> | PA Low | The management team are in the process of employing staff for the opening of the facility. Currently they have employed four RNs (three are InterRAI trained), a serviced apartment coordinator (EN), five caregivers, two housekeepers, two chefs, van driver and kitchen hand. The service is currently interviewing for more staff with the intention to have these appointed prior to occupancy. | The service is currently interviewing for more staff with the intention to have these appointed prior to occupancy. | <p>Ensure there is sufficient staff employed to cover the roster including 24/7 RN cover.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service</p> | PA Low | All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior | Advised that the newly employed staff commencing will all receive a two-day induction/training at the facility the days before opening. The all-employee induction packages will be | <p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p> |

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| <p>provided.</p> | | <p>caregiver, RN, and so on. Induction days have been planned for Bob Scott.</p> <p>Recruitment and Induction of staff policy documents the selection process including police and reference checking.</p> <p>Induction and Orientation policy provides guidelines regarding the All Employee Programme (to be completed by all new staff) and then is separated out into role specific modules.</p> <p>All newly employed caregivers are also required to complete foundations level two. This is commenced following the all-employee orientation and required to be completed within 1- 3 months. Completion of foundations is monitored by head office.</p> | <p>completed. Onsite specific training (such as fire drill/safety) is to be provided before opening.</p> | |
| <p>Criterion 1.3.12.1</p> <p>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.</p> | <p>PA Low</p> | <p>The service is planning to use four weekly blister packs and an electronic medication system. There is a treatment room on the floor (yet to be secure) and locked cupboard in the serviced apartments. New medication trolleys have been purchased for each area. There is a CD safe to be installed in the treatment room.</p> <p>New medication fridge has been purchased for the treatment room and temperatures are to be commenced.</p> <p>A contract with a pharmacy has been established. One medical centre has signed a contract to provide medical services one day a week and on-call one</p> | <p>The treatment room is yet to be fully completed and furnished. A keypad lock is yet to be installed to secure the room. The medication system is yet to be established. The contract with the GP and afterhours is in the process of being confirmed.</p> | <p>Ensure the treatment room is fully complete, equipped and functional. The medication system is to be fully established at Bob Scott including having adequate GP cover for afterhours.</p> <p>Prior to occupancy days</p> |

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| | | <p>day. The manager is currently in the process of negotiating another contract with another medical service to provide a three-day a week service and on-call.</p> <p>These processes are well established throughout Ryman services</p> | | |
| <p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p> | PA Low | <p>All RNs/ENs/senior caregivers responsible for administering medication complete an annual medication competency. The regional manager stated only RNs/ENs will be responsible for medication in the level three hospital/rest home unit. The service is planning to implement one-chart on opening and medication competencies and training are to occur as part of their induction.</p> | <p>Newly employed RNs have not yet completed induction or one-chart training.</p> | <p>Ensure that newly employed staff who will be responsible for administration of medications complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p> | PA Low | <p>The facility has been purpose built and is across five levels. For the purpose of the audit, level one and level three were assessed. There are two lifts between the floors that are large enough for mobility equipment. There is a current CPU for level one, which expires in December. Hilo and electric beds have been purchased for all rooms on level three. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>The landscaping is in the process of</p> | <p>(i) The building is still in progress and therefore the CPU has not yet been signed out.</p> | <p>Ensure the CPU is completed prior to occupancy.</p> <p>Prior to occupancy days</p> |

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| | | being completed around the care centre. | | |
| <p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p> | PA Low | The building has yet to be completed and tradesmen and equipment are still onsite. Some external areas have been landscaped to provide residents with safe and accessible external areas. The landscaping for all areas around the care centre is still in the process of being completed. Those still being completed are fenced off. | Landscaping around the care centre is still in the process of being completed. | <p>Ensure the landscaping is completed.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p> | PA Low | Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. There is currently no staff employed with a current first aid certificate to cover 24/7. It is intended that the clinical manager will complete first aid training in the next few weeks. Orientation includes emergency preparedness. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening. | (i) A fire drill is yet to be held for the care centre. (ii) There is currently no staff employed with a current first aid certificate to cover 24/7. | <p>(i) Ensure a fire drill occurs with newly appointed staff.</p> <p>(ii) Ensure there is a first aid trained staff member across 24/7.</p> <p>Prior to occupancy days</p> |
| <p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p> | PA Low | The fire evacuation plan is currently approved for level one dated 25th May 2016. An updated fire evacuation plan is yet to be approved to include level three. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening (link 1.4.7.1). | An updated fire evacuation plan is yet to be approved to include level three. | <p>Ensure the fire evacuation plan is approved by the fire service.</p> <p>Prior to occupancy days</p> |

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| <p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p> | <p>PA Low</p> | <p>The 'Austco monitoring programme' call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room and 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 unit coordinator, to the clinical manager and to the village manager. The system software is able to be monitored. Residents in the serviced apartments will be given call bell pendants. The call bell system is not yet operational.</p> | <p>The call bell system on level three is not yet operational.</p> | <p>Ensure the call bell system is operational.</p> <p>Prior to occupancy days</p> |

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.

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End of the report.