

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:

Legal entity: Bob Scott Retirement Village Limited

Premises audited: Bob Scott

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

Dates of audit: Start date: 25 August 2016 End date: 25 August 2016

Proposed changes to current services (if any): Bob Scott Retirement Village is modern, spacious, purpose built facility. Level one (serviced apartments) and level three (hospital/rest home and serviced apartments) opened on 5th August. This partial provisional including verifying level two which includes two dementia units (two x 20 bed units). The care centre is planning to open level two on the 12th September 2016.

Total beds occupied across all premises included in the audit on the first day of the audit: 13

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. The service has been opening each floor in stages. Level one and three opened on the 5th August 2016. 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.

This partial provisional audit included verifying stage three of the build. This includes verifying two separate dementia unit units on level two (two x 20 bed dementia units). The service plans to open one dementia unit at a time with the initial opening on the 12th September 2016.

This audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a tour of the new facility, review of documentation, medication management and food service and interviews with the director of management and key staff.

It is planned that all other stages will be completed by end of November including level four (34 bed rest home). At the completion of the building, the service will have a total of 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. They are supported by a Ryman regional manager.

This audit identified the dementia units, staff roster, equipment requirements, established systems and processes are appropriate for providing dementia level care.

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

Consumer rights

Organisational management

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

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resources 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. A two-day induction is set for the new staff commencing in the dementia unit.

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 of each of the dementia units 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 accordance with the guideline. The medication system is established in the rest home/hospital. The dementia units have a shared medication treatment room. The service is planning to use an electronic medication system in the dementia unit.

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. There is a separate kitchenette in each dementia unit. Food will be transported between floors in lifts. Nutritional profiles are to be 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 is a secure sluice in each dementia unit and locked cleaners' cupboards. There are two lifts between the floors that are large enough for mobility equipment. The organisation has purchased all new equipment and furniture. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. The dementia units are still in the process of being completed. A certificate for public use has been obtained for level one and three. A code of compliance is yet to be obtained for level two. The landscaping of some external areas has been completed. The external courtyards off the dementia units are in the process of being completed.

All bedrooms have ensembles and there are adequate numbers of toilets which are easily accessible from communal areas. Fixtures, fittings, 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. Each unit has wide corridors and areas for wandering.

Communal areas are well designed and spacious and allow for a number of activities. There are two large lounges.

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 includes level one and three only.

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

Restraint minimisation and safe practice

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	12	0	4	0	0	0
Criteria	0	30	0	6	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>	<p>FA</p>	<p>Bob Scott Retirement Village is a new Ryman Healthcare facility located in Lower Hutt. The service is opening each floor in stages.</p> <p>Level one and three opened on the 5th August 2016. 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.</p> <p>This partial provisional audit included verifying stage three of the build. This includes verifying two separate dementia unit units on level two (two x 20 bed dementia units). The service plans to open one dementia unit at a time with the initial opening on the 12th September 2016.</p> <p>It is planned that all other stages will be completed by end of November including level four (34 bed rest home). At the completion of the building, the service will have a total of 145 care centre beds (inclusive of 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 TeamRyman programme that includes a schedule across</p>

		<p>the year. Quality objectives have been developed at Bob Scott around the implementation of the new service. There is a specific quality objective and plan around the opening of the dementia units.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia 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 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) 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, hospital (medical and geriatric) and dementia 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 dementia units.</p> <p>Currently they have employed two RNs (interRAI trained), one enrolled nurse, four caregivers, one diversional therapist and one housekeeper for the initial opening of the first dementia unit. All four of the caregivers have completed dementia standards and the two RNs have experience working with residents with dementia. The service is in the process of interviewing for more staff with the intention to</p>

		<p>have these appointed prior to occupancy. Noting the service has sufficient staff to open the dementia unit.</p> <p>There is also sufficient staff employed in the rest home/hospital including 24/7 RN cover.</p> <p>A two-day induction programme is planned before opening. All staff will complete the 'all employees induction', plus 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 (i.e., VCare Kiosk).</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. There is a training plan that has been implemented on opening. Staff education and training includes the Careerforce programme for caregivers and there is an 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 has commenced meeting. They will continue two-monthly. Training requirements are directed by Ryman Head Office and reviewed as part of the facility reporting.</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 the dementia units. Initially only one unit will open.</p> <p>There is a RN rostered morning shifts across seven days a week.</p> <p>A diversional therapist has been employed for the dementia units and initially will provide activities across 24 hours a week. Hours will increase as resident numbers increase.</p> <p>A contract for GP services 2 days a week and after-hours is in place. Another GP has also been contracted to provide extra medical services.</p> <p>A contract for physio services has been confirmed.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medicines management and one-chart (electronic medication system) is established in the rest home/hospital on level three. 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. Training is to occur during induction for senior staff in the dementia unit. 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 in the dementia units. There is a dedicated secure treatment room shared between the two units.</p> <p>A new medication fridge has been purchased for the treatment room and temperatures are to be commenced.</p> <p>A contract with a pharmacy is established.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>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 service areas on level one (ground floor). There is a chef supported by kitchen staff.</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 apartments kitchenette and level three. This will also occur in the dementia units on level two and then be served from the hot boxes in the kitchenette. Food will be transported between floors in lifts. The dining area in the units will have access to hot water which is to be stored securely behind a locked cupboard.</p> <p>Bob Scott is the pilot for Ryman's new food service. They are now offering choices for the 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 cook's assistant and then transported to their tables in hot boxes. The hot boxes are heated and</p>

		<p>also have a cooling area for desserts. The manager advised this has been working well with the opening of level three.</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.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is a diversional therapist (DT) employed for the dementia units. The DT will commence on 24 hours a week until numbers increase. Activities are planned across seven days with input from caregiving staff. The DT has completed dementia standards. The Ryman 'Engage' programme is planned to be implemented within the unit. Advised that residents in the dementia care unit will be taken for supervised walks outside as part of the activity programme. The service has two vans to take residents on outings.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan will be implemented from that.</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. There is a sluice in each wing with high door handles. There are locked cupboards in the sluices. There are secure cleaning cupboards in each wing.</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-yearly training and orientation training.</p> <p>Gloves, aprons and goggles have been purchased and to be installed in the sluice and cleaners' cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is</p>

		included in the 'all employees' induction programme.
<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. Level one and three were opened in August 2016. Level two (dementia units) are near completion. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for level two. There is a 12 seat VW transporter on-site available to transport residents. There is an employed van driver.</p> <p>There is a full-time maintenance person employed. Medical equipment calibration and servicing is captured within the Ryman quality 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>A certificate for public use has been issued for level one and level three. Level two dementia units are not yet completed and the code of compliance is yet to be obtained.</p> <p>Resident rooms have ceiling fans. These fans are an appropriate height. Fans on level three have been raised since the previous partial provisional audit. The landscaping is completed at the front of the service and still in the process of being completed at the rear of the service.</p> <p>There are two separate dementia wings (20 beds in each). The two dementia units are to be run separately.</p> <p>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.</p> <p>The two units connected via a secure entrance foyer before entering through a secure door into the dementia units (a door for each unit). There are handrails in ensembles 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</p>

		<p>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 with supervising residents in the long hallways. The unit's 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.</p> <p>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.</p> <p>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 nurses working/computer 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.</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. Completion of the safety walls and landscaping of the courtyards 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</p>	<p>FA</p>	<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. These areas are still being completed (link 1.4.2.1). Communal toilets are set apart by coloured</p>

hygiene requirements.		doors and signs.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Residents rooms across the two dementia units are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids and wandering. Mobility aids can be managed in ensuites.
<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>Each dementia unit has an open-plan living area. Each living area is spacious with a separate dining area. There is also another quiet lounge in close proximity to the open plan lounge.</p> <p>The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander.</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. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. A laundry person is in place. 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 data sheets are available. Chemicals and supporting literature are provided by EcoLab. There are storage areas in the dementia units for linen trolleys.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	PA Low	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

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are staff employed across 24/7 with 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. There is a Civil Defence folder that includes procedures specific to the facility and organisation. The facility has ordered an on-site 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 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 25 May 2016 and level three, dated 3 August 2016. An updated fire evacuation plan is yet to be approved to include level two. Fire training and drill occurred on opening of level three. Fire training is scheduled for induction of staff into the unit (link 1.2.7.4) and a fire drill is to be completed on opening of the dementia units.</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 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. Each room has an external window with plenty of natural light. There are fans installed in resident rooms at an appropriate height. These fans</p>

		have been lifted in level three since the previous partial provisional audit.
<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 is 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. 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 IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. Infection control is 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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>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 caregiver, RN and so on. Induction days were completed at the time of opening Bob Scott in August.</p> <p>All newly employed caregivers are required to also 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. Staff working in the dementia unit will be supported to complete level three dementia standards</p>	<p>Advised that the newly employed staff commencing will all receive a two-day induction/training at the facility, the days before opening of the first dementia unit. The ‘all-employee’ induction packages will be completed. On-site specific training (such as fire drill/safety) is to be provided before opening.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>

		as per the ARCC contract. Induction days are also planned for the opening of the dementia units.		
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 RNs/ENs/senior caregivers responsible for administering medication complete an annual medication competency. The service is planning to implement one-chart in the dementia units and medication competencies and training are to occur as part of their induction. Medication training including competencies occurred on opening of the rest home/hospital.	Senior caregivers/RNs have not yet completed training around one chart training. Advised this will occur at the induction.	Ensure senior staff that will be responsible for administration of medications complete medicine competencies and one chart training prior to administering medicines to residents. Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose-built and level one and three opened 5th August. For the purpose of the audit, level two was assessed (two secure dementia units). There are two lifts between the floors that are large enough for mobility equipment. There is a current CPU for level one and level three. Hilo and electric beds have been purchased for all rooms. 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. The landscaping is in the process of being completed behind the care centre and the completion of the safety walls and landscaping of the courtyards is yet to be completed.	(i)Level two building is still in progress and therefore the CPU or code of compliance has not yet been signed out; (ii) Not all window stays are in place	(i)Ensure the CPU or code of compliance is completed prior to occupancy; (ii) Ensure all window stays are in place. Prior to occupancy days

Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The building of the village and level two/four has yet to be completed and tradesmen and equipment are still on-site. There are some external areas that have been landscaped to provide residents with safe and accessible external areas. The landscaping for all areas around the care centre are still in the process of being completed. Those still being completed are fenced off.	Completion of the safety walls and landscaping of the courtyards off the lounges in the dementia units are yet to be completed.	Ensure the landscaping around the village and the courtyards off the dementia units are completed. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. There is staff employed across 24/7 with a current first aid certificate. 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.	A fire drill is yet to be held for the staff in the dementia unit.	Ensure a fire drill occurs with newly appointed staff. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan is currently approved for level one, dated 25 May 2016 and level three, dated 3 August 2016. An updated fire evacuation plan is yet to be approved to include level two.	An updated fire evacuation plan is yet to be approved to include level two.	Ensure the fire evacuation plan is approved by the fire service. Prior to occupancy days

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.