

# Bert Sutcliffe Retirement Village Limited - Bert Sutcliffe Retirement Village

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## 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:** Bert Sutcliffe Retirement Village Limited

**Premises audited:** Bert Sutcliffe Retirement Village

**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: 15 February 2017      End date: 15 February 2017

**Proposed changes to current services (if any):** Bert Sutcliffe Retirement Village is a modern, spacious, purpose built facility on a sloping section. The care centre is across three levels (level 2, 3, 4,) with serviced apartments across six levels. The service continues to open in planned stages. The level 4 dual-purpose unit (41 beds initially opened 31 October 2016. This partial

provisional included verifying stage three of the build. This included level two (2 x 19 bed dementia units) and level three (41 bed hospital unit). The intention is to open the first dementia unit on level two and level three hospital unit on the 13 March 2017.

**Total beds occupied across all premises included in the audit on the first day of the audit: 26**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Bert Sutcliffe Retirement Village is a new Ryman Healthcare facility located in Birkenhead. The care centre is modern and spacious and extends across four levels (including the entrance/reception floor) and the serviced apartments across six levels. The service has been opening each floor in stages.

Level four and serviced apartments opened on 31 October 2016. There are currently 26 residents in the dual-purpose unit on level four and no rest home residents in serviced apartments.

This partial provisional audit included verifying stage three of the build. This included level two (2 x 19 bed dementia units), and level three (41 bed hospital). The service will have a total of 150 beds (including 30 serviced apartments suitable to provide rest home level care). The service intends to open the first dementia unit (level two) and the hospital unit (level three) on the 13 March 2017.

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 environment, draft staff rosters, equipment requirements, established systems and processes are appropriate for providing dementia level care (as well as the current 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, dementia unit outdoor areas and implementation of the new service.

## **Consumer rights**

N/A

## **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 units are appropriate for providing dementia and hospital (medical and geriatric) 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. Staff are supported to complete aged care and dementia unit standards.

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. The draft staffing roster also allows for assessed service type and acuity of residents.

## **Continuum of service delivery**

Activities are planned across seven days with input from activity and caregiving staff.

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 floor has a medication treatment room. The service utilises an electronic medication system.

The facility has a large workable kitchen in the service areas. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the unit's kitchenettes. Food will be transported between floors in lifts. Nutritional profiles are to be completed on admission and provided to the head chef.

## **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 and a service lift between the floors that are large enough for mobility equipment and staff. The organisation has purchased all new equipment, and furniture. Two 12-seater vehicles are available for use by residents. The facility includes a modern call bell system that encourages independence. The building is near completion. A certificate for public use has been obtained for all floors except level two. The landscaping of external areas has been completed in some areas and is in the process of being completed for all areas.

All bedrooms across the hospital and dementia units have ensembles 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.

All 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 in the dementia units and the hospital unit. Open-plan living areas are spacious and allow for a number of activities. The external courtyards off the dementia units are in the process of being completed. Each dementia unit has wide corridors and areas for wandering.

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 have commenced being monitored for effectiveness.

There are emergency and disaster policies and procedures. There is an approved evacuation scheme.

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

## **Restraint minimisation and safe practice**

N/A

## **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 quality, staff and H&S 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)
<b>Standards</b>	0	13	0	3	0	0	0
<b>Criteria</b>	0	32	0	4	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: 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>Bert Sutcliffe Retirement Village is a new Ryman Healthcare facility located in Birkenhead. The care centre is across four levels (level 2, 3, 4, &amp; 5). The entrance/administration area is on level five with serviced apartments across six levels.</p> <p>The service has been opening each floor in stages. Level four (41 bed dual-purpose unit) and serviced apartments opened on 31 October 2016. There are currently 26 residents in the dual-purpose unit on level four (15 rest home and 11 hospital) and no rest home residents in serviced apartments.</p> <p>This partial provisional audit included verifying stage three of the build. This included level two (2 x 19 bed dementia units), and level three (41 bed hospital). The service will have a total of 150 beds (this includes 30 serviced apartments certified to provide rest home level care if required). The service intends to open the first dementia unit and level four hospital unit on 13 March 2017. When the hospital unit opens, the current hospital residents in the dual-purpose unit on level four will transfer to the hospital unit on level three. The current dual-purpose unit on level four will then be run as a rest home unit only.</p> <p>The facility and clinical manager are experienced in management and have</p>

		<p>completed specific Ryman inductions for their role. They are supported by a Ryman regional manager. There are currently 10 people on the waiting list for places in the dementia unit.</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 Bert Sutcliffe around the implementation of the new service, including providing dementia level care, and embedding quality and risk management systems.</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 Bert Sutcliffe has a background in hospitality. She has held an assistant manager position in another Ryman village over the last two years and other management roles in aged care centres in Canada. The manager has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference.</p> <p>The clinical manager (CM) has many years' experience in hospice care as a clinical nurse specialist. The CM commenced in July 2016 and has completed the CM induction. The managers are currently supported by a unit coordinator (UC) in the dual-purpose unit. A UC has been appointed for the level three hospital unit and they are currently interviewing for a UC for the dementia units.</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>	<p>FA</p>	<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 and assistant manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>PA Low</p>	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>place for infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.</p> <p>The management team are interviewing and in the process of employing more staff for the opening of the first 19-bed dementia unit and hospital unit. However, they currently have sufficient employed staff to cover the initial rosters in these areas.</p> <p>Currently they have two caregivers working in the dual-purpose unit that have completed dementia specific standards and will commence in the dementia unit on opening. Other caregivers rostered will commence the dementia standards on starting in the unit. A unit coordinator (RN) experienced in dementia level care is yet to be employed. Advised that an experienced roving Ryman RN will start working in the unit for 5 days a week until a UC is employed. Other RNs have been employed to cover the draft roster with an RN on duty across 7 morning shifts. All RNs rostered for the dementia unit have experience in dementia care. Activity staff are yet to be employed for the unit.</p> <p>An experienced aged care RN currently working as a UC in another Ryman facility, will commence in the hospital unit as UC from 10 March 2017. There are currently seven RNs (four are InterRAI trained), and unit coordinator employed to commence in the hospital unit. Two RNs are in process of completing InterRAI training. There are a total of 70 staff at Bert Sutcliffe currently.</p> <p>Initially on opening the dementia unit and the hospital unit, the service is planning to utilise a roving Ryman RN (InterRAI trained) to assist with the admission process of new residents to ensure InterRAI assessments are completed within a timely manner.</p> <p>The majority of the caregivers employed are either foreign-trained nurses that have also completed a level 7 caregiving course in NZ or caregivers with previous caregiving qualifications.</p> <p>A day induction programme is planned before opening of those units for newly employed staff. All new staff will complete the 'all employees induction' plus fire safety, manual handling and standard precautions. Specific training is provided for staff in the dementia units around de-escalation techniques.</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</p>
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		<p>validating professional competencies. Copies of practising certificates are held by the village manager. There is a training plan that has been commenced at Bert Sutcliffe. Staff education and training includes the Skills NZ programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education. Caregivers rostered for the dementia units that currently do not have dementia standards will be supported to commence this in orientation and complete within in the first year.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that has commenced meeting two monthly. 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 Bert Sutcliffe 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>The service currently has sufficient staff employed to cover the roster of the hospital and dementia unit opening 13 March 2017. The management team continue to be in the process of interviewing for further staff including casuals.</p> <p>A draft roster has been developed for level two (2x dementia units) and the hospital unit. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. One dementia unit is opening at a time.</p> <p>Dementia units</p> <p>There is a draft roster for the opening of the first 19-beds unit that includes a unit coordinator for five days a week on morning shift and a RN on afternoon shift. Caregivers numbers are rostered to increase as resident numbers increase including having an appointed lounge carer 0900 – 1600 and 1600 - 2000hrs. The roster includes up to five caregivers on a morning and four caregivers on an afternoon shift. At night, there is a duty leader in each unit plus a float carer. A DT is rostered 0930 -1800 hours across seven days; however these positions are not</p>

		<p>yet in place (link 1.2.7.3).</p> <p>Hospital unit</p> <p>There is a draft roster which includes a RN rostered 24/7 supported by caregivers. An RN is rostered each of the two wings on the morning and afternoon. One RN is rostered at night. The unit includes a unit coordinator. Caregiver's numbers are rostered to increase as resident numbers increase.</p> <p>An activity coordinator has been appointed for the hospital unit with further activity staff being interviewed for the cover over the weekend.</p> <p>A medical centre is providing medical services, currently three days a week and afterhours. This will increase to five days a week as occupancy increases.</p> <p>There is a contracted physiotherapist (3 hours a day across 5 days a week) with intention to employ a physiotherapy assistant as resident numbers increase.</p> <p>There is a Ryman contracted dietitian available.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicines management information has been established at Bert Sutcliffe on level four. 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 service is implementing one-chart and medication competencies and training have occurred as part of their induction. The clinical services manual includes a range of medicines management policies and associated procedures. The service is utilising four weekly blister packs as per Ryman policy on level three and this system will also be established in the dementia units and hospital unit.</p> <p>Hospital unit</p> <p>There is a dedicated secure treatment room in the level-three hospital unit. A new medication trolley, and medication fridge has been purchased for the treatment room. The room is fully 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>Dementia Units</p> <p>There is a dedicated treatment room in one of the dementia units that will be shared by both units. The treatment room is fully furnished and secure. Two new</p>

		<p>medication trolleys have been purchased for the treatment room.</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><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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 fully operational at Bert Sutcliffe. The large workable kitchen is in the service areas on level three. There are two chefs and two kitchen assistants currently employed to cover seven days. Further kitchen staff are to be employed as numbers increase.</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 and level four dual-purpose unit. This will also occur on level two (dementia units) and the level three hospital unit and then be served from the hot boxes from each of the unit kitchenettes. Food is transported between floors in lifts. The kitchenette on level three and each kitchenette in the dementia units has access to hot water, which is stored securely behind a locked cupboard.</p> <p>Bert Sutcliffe has partially commenced the Ryman's new food service pilot. The pilot includes 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 resident areas 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 has 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 floor. Food in the fridge and chillers is covered and dated. The dining area and extended lounge areas in each unit is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p>

<p><b>Standard 1.3.7: Planned Activities</b></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 activity staff rostered for the dementia units across seven days a week. These positions have not yet been appointed (link 1.2.7.3). Activities are planned across seven days with input from caregiving staff. The Ryman 'Engage' programme is planned to be implemented within the unit. This is directed by head office. The programme is designed for residents with memory loss. 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. The activity plans utilised by Ryman via VCare allow for individual diversional, motivational and recreational therapy to be identified across 24 hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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 on each floor. The sluices in the dementia units are secure. The sluice in the hospital unit has secure cupboards for storage of chemicals. There are secure cleaning cupboards on each floor. Safety datasheets are in place.</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 on each level. 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><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate,</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 level four was opened 31</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>October 2016. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Bert Sutcliffe. Equipment is appropriate for hospital and dementia level care. There are two 12-seat VW transporters onsite 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 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 all levels (except level two) 7 October 2016. Adjustments to the original dementia units have resulted in some renovations still occurring. The landscaping continues to be in the process of being fully completed off the dementia units and around the care centre. One area has been identified as a risk and was not fenced off.</p> <p>Hospital</p> <p>The level three (41-bed hospital) is a mirror image of the level four dual-purpose unit. The unit 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. 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 paperwork or meetings. There are handrails in ensuites and handrail ledges (dobe) in hallways. All rooms and communal areas allow for safe use of mobility equipment. There is one double room that can be used by a couple. The hospital unit 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 covered outside deck area off the lounge.</p>
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		<p><b>Dementia</b></p> <p>There are two separate dementia wings (19 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 ensuites 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 with supervising residents in the long hallways. The unit’s design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x 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. Each unit is designed in a T-shape with long hallways for wandering.</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 nurse’s 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</p>
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		<p>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. There is a separate quiet lounge in each wing.</p> <p>The dementia unit opening initially has a secure covered deck off the open plan living area and access to a larger outdoor courtyard (ground level) from the second lounge. The second dementia unit has a large external courtyard accessible from the open plan lounge and second lounge. This allows for easy indoor/outdoor flow and supervision. The outdoor areas were in the process of being landscaped and secured.</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>Hospital level three: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet area accessible for staff and visitors. Every resident's room has an ensuite with a disability friendly shower, toilet and hand basin with under floor heating. There is also a well-placed communal toilet near the communal areas.</p> <p>Dementia units - level two: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal lounge and dining room. Communal toilets are set apart by coloured doors and signs. These areas are in the process of being completed (link 1.4.2.1).</p>
<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	<p>Residents rooms in the hospital and dementia units 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. There is one double-room in the hospital.</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>Hospital: Level three hospital is a mirror-image of level four. There is 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 a spacious covered deck off the lounge. There is a centrally-located nurse station directly off the open plan aspect of the dining and lounge area.</p> <p>Dementia Units: Each dementia unit has an open-plan living area. Each living area</p>

		<p>is spacious with a separate assigned dining area. The spacious open plan area allows for quiet areas and group activities. 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. There is a second separate quiet lounge in each of the units.</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 will ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area wing on level four 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 transported to the laundry in covered linen trolleys. Laundry staff are employed. The number of laundry staff will be increased as 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. Chemicals and supporting literature are provided by Ecolab.</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>	PA Low	<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 programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There is staff with a first aid certificate across 24/7. Further CPR + AED training is scheduled for 5 April 2017 for other new staff.</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 generator available. 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.</p>

		<p>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 monitored. Call bell pendants are available for hospital residents in their rooms. The call bell system is not yet operational on level two.</p> <p>The fire evacuation plan has been approved by the fire service (email sighted). Fire warden training was completed 14 Feb 2017 and a fire drill/emergencies training was completed with new staff 27 October 2017. Further fire training and drills are scheduled with the induction training 6 March 2017.</p> <p>The doors of the village automatically lock down at 6pm to 7am with keypad access after-hours. There are documented security procedures and CTV cameras.</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 and resident bedrooms. General living areas and resident rooms are appropriately heated and ventilated (ie, through external windows which open and individual heat pumps in each resident room). 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. 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</p>

		Quality Programme annual calendar. Infection control is also an agenda item in the two monthly H&S committee. The quality committee has met and IC has been an agenda item. The programme is reviewed annually through head office.
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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)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The management team are interviewing and in the process of employing more staff for the opening of the first 19-bed dementia unit and hospital unit. However, the service currently has sufficient employed staff to cover the initial rosters.</p> <p>Currently they have two caregivers working in the dual-purpose unit that have completed dementia specific standards and will commence in the dementia unit on opening. Other caregivers rostered will commence the dementia standards on starting in the unit. A unit coordinator (RN) experienced in dementia level care is yet to be employed. Advised that an experienced roving Ryman RN will start working in the unit for 5 days a week until a UC is employed. An activity coordinator has been employed for the hospital unit; another one to cover weekends</p>	<p>A designated person skilled in assessment, implementation and evaluation of diversional and motivational recreation, such as a diversional therapist has not yet been employed for the dementia unit.</p>	<p>Ensure a designated person skilled in assessment, implementation and evaluation of diversional and motivational recreation, such as a diversional therapist is employed for the dementia unit.</p> <p>Prior to occupancy days</p>

		is yet to be employed. The service is currently interviewing for activity staff for the dementia unit.		
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and level four was opened 31 October 2017. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Bert Sutcliffe. Equipment is appropriate for hospital and dementia level care. A certificate for public use has been issued for level three, four, five and six. The dementia units on level two are not yet fully completed and the CPU is yet to be updated to include level two.	Dementia units: The units are still in process of being completed and therefore the CPU has not yet been signed out for that floor.	<p>Ensure the CPU is completed prior to occupancy and forward a copy to DHB and HealthCERT.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	Building continues onsite and tradesmen and equipment are in the grounds. The landscaping for some areas around the care centre are still in the process of being completed. There are completed areas available for residents. Those still being completed are fenced off. One area has been identified as a risk and was not fenced off.	(i) One outside area has been identified as a risk due to the lawn ending with a fall away. While landscapers were working in the area, this was not fenced off. (ii) The external courtyards off the two dementia units is in the process of being completed and secured.	<p>(i) Ensure outdoor areas identified as unsafe are fenced off to residents. (ii) Ensure external courtyards off the dementia units are completed and secure.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon</p>	PA Low	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	The call bell system on level two is not yet operational.	Ensure the call bell system is operational.

<p>assistance when required.</p>		<p>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 monitored. Hospital residents will be given call bell pendants. The call bell system on level two is not yet fully operational.</p>		<p>Prior to occupancy days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.