

Beckenham Courts Retirement Village Limited

Current Status: 28 May 2014

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

General overview

Beckenham Courts is a Ryman Healthcare facility, situated in Christchurch. A newly purpose-built facility is attached to part of the current facility. The new facility is modern, spacious and extends across three levels. The service plans to open each floor at various stages between August and October 2014. Level one (ground level) includes a 30 bed wing that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and is due to open in June 2014.

The village manager (RN) is an experienced aged care manager. A recently appointed nurse manager (RN) will be overseeing the new care centre. She has worked as a senior registered nurse at Beckenham for the last two years. The new facility includes a modern call bell system that encourages independence/supervision and all resident rooms have single en-suites.

The audit identified the facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital - geriatric and medical level care and in meeting the needs of the residents.

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

HealthCERT Aged Residential Care Audit Report (version 3.92)

Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of an aged residential care service provider. The audit has been conducted by an auditing agency designated under the Health and Disability Services (Safety) Act 2001 for submission to the Ministry of Health.

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

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

Audit Report

Legal entity name:	Beckenham Courts Retirement Village Limited
Certificate name:	Beckenham Courts Retirement Village Limited
Designated Auditing Agency:	Health and Disability Auditing New Zealand Limited
Types of audit:	Partial Provisional Audit
Premises audited:	Beckenham Courts Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care);
Dates of audit:	Start date: 28 May 2014 End date: 28 May 2014

Proposed changes to current services (if any):

A newly purpose-built facility has been built and attached to part of the current facility. The new facility is modern, spacious and extends across three levels. The service plans to open each floor at various stages between August and October 2014. Level one (ground level) includes a 30 bed wing that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and are due to open 10 June 2014.

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

Lead Auditor	XXXXX	Hours on site	3	Hours off site	3
Other Auditors		Total hours on site		Total hours off site	
Technical Experts		Total hours on site		Total hours off site	
Consumer Auditors		Total hours on site		Total hours off site	
Peer Reviewer	XXXXX			Hours	1

Sample Totals

Total audit hours on site	3	Total audit hours off site	4	Total audit hours	7
Number of residents interviewed		Number of staff interviewed		Number of managers interviewed	2
Number of residents' records reviewed		Number of staff records reviewed	1	Total number of managers (headcount)	2
Number of medication records reviewed		Total number of staff (headcount)	39	Number of relatives interviewed	
Number of residents' records reviewed using tracer methodology				Number of GPs interviewed	

Declaration

I, XXXXX, Director of Christchurch hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of the Designated Auditing Agency named on page one of this report (the DAA), an auditing agency designated under section 32 of the Act.

I confirm that:

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

Dated Friday, 6 June 2014

Executive Summary of Audit

General Overview

Beckenham Courts is a Ryman Healthcare facility, situated in Christchurch. A newly purpose-built facility has been built and attached to part of the current facility. The new facility is modern, spacious and extends across three levels. The service plans to open each floor at various stages between August and October 2014. Level one (ground level) includes a 30 bed wing that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and are due to open 10 June 2014.

The village manager, registered nurse (RN) is an experienced aged care manager. A recently appointed nurse manager (RN) will be overseeing the new care centre. She has worked as a senior registered nurse at Beckenham for the last two years. The new facility includes a modern call bell system that encourages independence/supervision and all resident rooms have single en-suites.

The audit identified the facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital - geriatric and medical level care and in meeting the needs of the residents.

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

Outcome 1.1: Consumer Rights

Outcome 1.2: Organisational Management

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

There are documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has a well-established induction/orientation programme which includes packages specifically tailored to the position such as caregiver, senior caregiver, RN, and so on. There is a 2013/14 training plan implemented at Beckenham.

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters are in place and are adjustable depending on resident numbers. There is a planned transition around opening each of the areas and this is reflective in the draft rosters and processes around employment of new staff. The service has enough caregivers and registered nurses to provide 24 hour cover on opening of the ground floor.

Outcome 1.3: Continuum of Service Delivery

The medication management system includes Medication Policy and Procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines. All senior staff have current medication competencies. It is planned to implement a safe implementation of the medication system in the new building. There is an improvement required around completing the medication storage area.

The new building has a large workable kitchen in a service area off the care centre on the ground floor. There is a walk-in chiller and pantry. The menu is designed and reviewed by a Registered Dietitian at an organisational level. Food is to be transported in food carriers to the kitchenettes in the main dining room. All residents have a nutritional profile completed on admission which is provided to the kitchen. The food service is to be fully established in the new building.

Outcome 1.4: Safe and Appropriate Environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

There are handrails in ensuite and hallways. The service has purchased all new equipment, and furniture including (but not limited to), hoists, pressure relieving mattress's and mobility equipment. The building is not yet completed and therefore the certificate for public use has not yet been signed off. The landscaping of the external areas are due to be completed.

All bedrooms have en-suites and there is communal 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.

The communal area is 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 clean linen and sorting room. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes are monitored for effectiveness in the current laundry and will continue in the new laundry.

The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. The fire evacuation plan is in draft and a requirement of the CPU.

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

Outcome 2: Restraint Minimisation and Safe Practice

Outcome 3: Infection Prevention and Control

There are clear lines of accountability to report to the IC team on any infection control issues including a Reporting and Notification to Head Office policy. As per Ryman policy, the Infection Control team is integrated as part of the two monthly IC/H&S meeting. Monthly collation tables are to be forwarded to Ryman Head office for analysis and benchmarking. Infection control is an agenda item in the monthly staff meeting.

Summary of Attainment

	CI	FA	PA Negligible	PA Low	PA Moderate	PA High	PA Critical
Standards	0	11	0	3	1	0	0
Criteria	0	30	0	4	1	0	0

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

Corrective Action Requests (CAR) Report

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 1.3.12.1	A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	The medication cupboard is not yet locked and storage shelves and CD safe yet installed. There is a medication fridge in the nurse's office; the office is not yet secure.	Ensure the medication cupboard has appropriate shelves for storage and the CD safe installed. Ensure the nurse's office is secure.	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	PA Low			
HDS(C)S.2008	Criterion 1.3.13.5	All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	The kitchen and food service is to be fully established at Beckenham.	To get the kitchen fully operational including checking of temperatures, menu planning and delivery.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.1	All buildings, plant, and equipment comply with legislation.	PA Low	The building is in the process of being completed and therefore the certificate for public use has not yet been signed off.	A Certificate of Public Use (CPU) must be sighted by DHB/HealthCERT prior to opening	Prior to occupancy
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The external landscaping is yet to be completed.	Ensure there is safe external areas for residents to access.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Moderate			
HDS(C)S.2008	Criterion 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Moderate	The fire evacuation plan is yet to be approved. Advised that this will be forwarded to the fire service once the CPU has been obtained	Ensure the service has an approved fire evacuation scheme and the DHB/HealthCERT are notified when approved.	90

Continuous Improvement (CI) Report

Code	Name	Description	Attainment	Finding

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

Outcome 1.2: Organisational Management

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

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

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

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

Attainment and Risk: FA

Evidence:

A newly purpose-built facility has been built and attached to part of the current Beckenham Courts facility. The new facility is modern, spacious and extends across three levels. The service plans to open each floor at various stages between August and October 2014. Level one (ground level) includes a 30 bed wing that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and is due to open 10 June 2014. (To make way for the new building, parts of the original building were knocked down. Originally the service provided rest home level care for 68 residents; currently the part of the original rest home remaining can provide care for up to 18 residents. The facility currently has full occupancy of 18 residents. There are also eight rest home residents in serviced apartments).

At the completion of the facility (October 2014), the service will have a total of 125 beds; including a 30 bed rest home/hospital unit on level one (reviewed as part of this audit), a 41 bed hospital unit on level two, 24 bed dementia unit on level three and a further 10 serviced apartments will also be certified to provide rest home level care should they be required (level two and three were not assessed at this audit, as they are still in early stages of completion).

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 Ryman Accreditation Programme (RAP) that includes a schedule across the year for the following areas: a) RAP Head Office, b) general management, c) staff development, d) administration, e) audits/infection control/quality/compliance/health and safety and f) Triple A/activities.

Each service also has their own specific RAP project/objectives and for Beckenham Courts in 2014 this includes; a) Reduce falls rates, b) Management of hazards within an on-going construction site, c) The successful transition to the new facility, and d) Rebuilding staff team.

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

The management team is supported by the Ryman management team including Regional Manager. The management resource manual includes a number of documented responsibilities of the manager including a list of reporting requirements. There is a manager's job description that includes authority, accountability and responsibility including reporting requirements. The Ryman Manager's complete a Leadership and Management courses (an initiative by Ryman) that includes a number of modules. Management development programme includes self-directed learning packages.

The village manager (RN) maintains an annual practicing certificate and attends professional development and clinical education each year. The nurse manager has attended in excess of eight hours of professional development in the past 12 months including the Ryman manager's conference, seminars on human resource management and managing adverse events. She has been in the role for over seven years.

There is a registered nurse that has been in the role for the last two years and is commencing as clinical manager with the addition of hospital level care. She is in the process of completing the clinical manager induction programme. She has been receiving orientation to the role working alongside an experienced Clinical manager at another Ryman village.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

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

The service has a house GP that visits 2x weekly and as required. Advised that 12 hours of physio will be provided a week with the introduction of hospital care.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

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

Policy: Health practitioners and competencies outlines the requirements for validating professional competencies. Copies of practising certificates are obtained.

Policy 2.7.1 Staff Administration identifies manager availability including on call requirements. The policy also includes the requirements of skill mix, staffing ratios, rostering etc.

The manager advised that there are currently three Ryman employed aged care registered nurses working in other Ryman facilities in Christchurch that will cover 24/7 initially. They will share RNs with other facilities and employ more RNs as required to cover 24/7, if they have any hospital residents. There are enough caregivers to cover the new facility. Many of the Beckenham caregivers have been working in other Ryman facilities (including hospital units) in Christchurch while the new facility has been built.

There is a 2013/14 training plan developed for Beckenham has been implemented. The training programme includes (but not limited to) key clinical sessions such as continence, pain management, wound care, manual handling, medication management and de-escalation techniques. .

Staff education and training includes the aged care education (ACE) programme for caregivers.

Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that meets two monthly and subjects covered include (but not limited to) warfarin, wound management, Liverpool care pathway etc. Training requirements are directed by Ryman head office and reviewed as part of the RAP reporting.

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

Ryman has a 'Duty Leadership' training initiative that all RNs, enrolled nurses (EN)s and Senior Leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

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

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

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

Attainment and Risk: FA
Evidence: <p>Determining Staffing Levels and Skills Mix Policy 2.8.1 provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed and is to be adjusted as resident numbers increase. Roster sighted for up to 30 residents (10 hospital and 20 rest home). There is a roster to cover the serviced apartments.</p>
AM
Clinical manager/RN 0730-1600
1x RN 0700-1530 (as hospital numbers increase)
Senior caregiver 0700 - 1530
1x caregiver 0700 - 1500
1x caregiver 0700 - 1300
1x caregiver 0800 - 1300
PM

1 x RN 1500 – 2330 (if hospital residents)

2x caregivers 1500 - 2300

1x caregiver 1630 - 2030

N

1 x RN 2245 - 0715

2x caregivers 2300 – 0730

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

Outcome 1.3: Continuum of Service Delivery

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

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

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

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

Attainment and Risk: PA Low

Evidence:

The organisations Clinical Services Manual includes a range of medication policies.

The service uses four weekly blister packs as per Ryman policy. There is a temporary nurses office (will eventually be a resident room) in the new wing. Advised that this room will be used as nurses office/treatment room until the next stage of the build is completed in August. This locked room will also hold the medication. There is a new lockable medication trolley and a cupboard in the nurse's office that will hold stock medication and the controlled drug safe. This cupboard is not yet locked and storage shelves and CD safe yet installed.

A Self-Medicating Residents Policy is available if required. This process is well established throughout Ryman services. Locked drawers are provided in resident rooms.

The Ryman policies identify that medication errors are treated as an incident and captured as part of the incident management system and a medication error analysis is to be completed.

Medicine management information is well established at Beckenham Courts. Policies and procedures reflect medication legislation and the safe management of medicines- a guide for managers of old people's homes and residential care facilities and D 16.5 and D19.2. Advised that only those deemed competent are responsible for administration of medication. Senior caregivers have completed medication competencies annually and a register is maintained. Registered nurses also complete competencies and those currently employed by Ryman that are due to commence at Beckenham have up to date competencies.

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

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

Attainment and Risk: PA Low

Evidence:

The service uses four weekly blister packs as per Ryman policy. There is a temporary nurses office (will eventually be a resident room) in the new wing. Advised that this room will be used as nurses office/treatment room until the next stage of the build is completed in August. This locked room will also hold the medication. There is a new lockable medication trolley and a cupboard in the nurse's office that will hold stock medication and the controlled drug safe. This cupboard is not yet locked and storage shelves and controlled drugs (CD) safe yet installed. There is a medication fridge in the nurse's office; the office is not yet secure.

Finding:

The medication cupboard is not yet locked and storage shelves and CD safe yet installed. There is a medication fridge in the nurse's office; the office is not yet secure.

Corrective Action:

Ensure the medication cupboard has appropriate shelves for storage and the CD safe installed. Ensure the nurse's office is secure.

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: PA Low

Evidence:

There is a food service manual that includes (but not limited to); food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.

The new building has a large workable kitchen in a service area off the rest home wing. There is a walk-in chiller and pantry.

The menu is designed and reviewed by a Registered Dietitian at an organisational level.

Food is to be transported in food carriers to the kitchenette in the main dining room and also the serviced apartment dining room. Meals are to be served to residents from the bain maries in the kitchenettes. The hot water is behind a locked cupboard in the kitchenette.

There are two cooks(food safety certs completed) and other kitchen staff are in place.

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

Regular audits of the kitchen fridge/freezer temperatures and food temperatures are undertaken and documented as part of the RAP programme. Advised the kitchen is due to open next week. The kitchen and food service is to be fully established at Beckenham

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: PA Low

Evidence:

The organisation has a comprehensive food services manual. This documents a range of policies relating to all aspects of food procurement, storage, handling, menus, dishwashing, sanitation, personal hygiene and special diets. Policies are based on acceptable industry standards. Regular audits of the kitchen fridge/freezer temperatures and food temperatures will be undertaken and documented for the new kitchen as part of the RAP programme.

Finding:

The kitchen and food service is to be fully established at Beckenham.

Corrective Action:

To get the kitchen fully operational including checking of temperatures, menu planning and delivery.

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

Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

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

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

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

Attainment and Risk: FA

Evidence:

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

Waste management audit are part of the RAP programme.

All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employees induction programme. Gloves, aprons, and goggles have been purchased and to be installed in the sluice and cleaners cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: PA Low

Evidence:

The facility is purpose built and the design modelled on previously opened Ryman facilities. The facility is near completion. All building and plant have been built to comply to legislation. The organisation has purchased all new equipment for the Beckenham unit.

Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. The organisation has purchased all new equipment, and furniture.

All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the RAP programme and scheduled annually. This process is well established at Beckenham. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.

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

The "Austco Monitoring programme" is available in each bedroom. 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 new building has been purpose built and is divided into three levels. Level one (ground level) contains a 30 bed care centre that will provide care for rest home and hospital residents and the main service areas for the facility. These areas were assessed as part of this partial provisional audit and are due to open 10 June 2014.

There are a number of landing strips, hoists purchased and sensor mats. There are handrails in en-suites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The building has carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen area. There is adequate space in the new unit for storage of mobility equipment. The building is not yet completed and therefore the certificate for public use has not yet been signed off. The external landscaping is yet to be completed, advised this will be completed before opening.

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

All buildings, plant, and equipment comply with legislation.

Attainment and Risk: PA Low

Evidence:

The building is purpose built and the design modelled on previously opened Ryman facilities. Stage one of the building is near completion. All building and plant have been built to comply to legislation. The organisation has purchased all new equipment.

Finding:

The building is in the process of being completed and therefore the certificate for public use has not yet been signed off.

Corrective Action:

A Certificate of Public Use (CPU) must be sighted by DHB/Healthcert prior to opening

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: PA Low

Evidence:

Landscaping and pathing is in the process of being completed externally.

Finding:

The external landscaping is yet to be completed.

Corrective Action:

Ensure there is safe external areas for residents to access.

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

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

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

ARC E3.3d ARHSS D15.3c

Attainment and Risk: FA

Evidence:

There are adequate numbers of toilets and showers with access to a hand basin and paper towels. All residents' rooms have a private ensuite (toilet/shower/hand basin). There are also well placed communal toilet near the communal area.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

Residents rooms on the ground floor are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites. There are two lounge areas on the ground floor and one whanau room.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

ARC E3.4b ARHSS D15.3d

Attainment and Risk: FA

Evidence:

The ground floor has a large lounge and connecting open-plan dining room. The communal living area is large enough for mobility equipment and lazy-boy chairs.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: FA

Evidence:

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area and has an entrance for dirty laundry and an exit for clean. 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 as per current practice. Laundry will initially be managed by the housekeepers. Laundry staff will be employed as resident numbers increase.

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

The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety data sheets are available and to be displayed in the cleaning cupboards, laundry and sluice. The laundry and cleaning areas have hand-washing facilities.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

Attainment and Risk: PA Moderate

Evidence:

The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. Fire drills are completed six monthly at Beckenham. The fire service is also completed fire training for the new building 6 June 2014. All registered nurses and senior caregivers have current first aid certificates.

The service has alternative cooking facilities (gas cooker) available in the event of a power failure. Battery operated emergency lighting is in place for two hours. There are also extra blankets available. There is a civil defence kit for the whole facility and stored water. There is a Civil defence folder that includes procedures specific to the facility and organisation.

Call bells are evident in resident's rooms, lounge area, and toilets/bathrooms. Senior caregivers will carry a pager and all calls are signalled on a screen with the room number at varied places throughout the facility.

The facility includes the Austco call bell system. When residents ring a light shines outside their room, on a control panel and also goes to staff pages. There is also a certain call sound. When a staff member is in a resident room a green light shines above the resident's door. This allows for staff to know where other staff are. If the staff member with a resident rings the bell for another staff member assist, this ring is different and allows for staff to alert other staff for assistance without leaving the resident unattended.

The fire evacuation plan is yet to be approved. Advised that this will be forwarded to the fire service once the CPU has been obtained.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

Where required by legislation there is an approved evacuation plan.

Attainment and Risk: PA Moderate

Evidence:

The fire evacuation plan is in draft and a requirement of the CPU. Fire exit signs are in place

Finding:

The fire evacuation plan is yet to be approved. Advised that this will be forwarded to the fire service once the CPU has been obtained

Corrective Action:

Ensure the service has an approved fire evacuation scheme and the DHB/Healthcert are notified when approved.

Timeframe (days): 90 (e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

ARC D15.2f ARHSS D15.2g

Attainment and Risk: FA

Evidence:

General living areas and resident rooms are appropriately heated and ventilated. There is under-floor heating throughout the facility. All rooms have external windows with plenty of natural sunlight.

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

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

ARC D5.4e ARHSS D5.4e

Attainment and Risk: FA

Evidence:

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

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

The programme is reviewed annually through head office. The IC programme is fully established at Beckenham. The RN is the IC Coordinator. Infection control is included as part of the combined IC/H&S committee.

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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

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

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

Attainment and Risk: FA

Evidence:

Finding:

Corrective Action:

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