

Bert Sutcliffe Retirement Village Limited - Bert Sutcliffe Retirement Village

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 - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 13 October 2016 End date: 13 October 2016

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 to operate on three levels (level 2, 3, 4,) with serviced apartments across six levels. The service is opening in planned stages. This partial provisional including verifying level 4 (41 bed hospital/rest home), 30 serviced

apartments verified as suitable to provide rest home level care and level 5 (reception/ entrance off car park) which includes serviced areas and serviced apartments communal area. The care centre is planning to open level four on 31 October 2016.

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

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

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 village is on a sloping site with a ground level car park, entrance and reception on level five of the care centre. The service is planning to open each floor in stages.

This partial provisional audit included verifying stage two of the build. This includes verifying level four and level five of the facility. Level five (entrance and reception) includes communal lounge/dining area for residents in the village and serviced apartments. Level four of the facility includes a 41-bed dual-purpose hospital and rest home unit and service areas (kitchen, laundry and staffroom). The service plans to open level four of the care centre on the 31 October and there will be a total of 71 beds initially (this includes 30 serviced apartments certified to provide rest home level care if required).

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

It is planned that all other stages will be completed by end of November including level two (2 x 19 bed dementia units), and level three (41 bed hospital). At the completion of the building, the service will have a total of 150 beds.

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.

The audit identified the design of the 41-bed dual-purpose unit on level four, the serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

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

Consumer rights

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Organisational management

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

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

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. The dual-purpose floor has a medication treatment room. The service is planning to use an electronic medication system. The serviced apartment office area has a locked cupboard for storage of medication trolleys.

The facility has a large workable kitchen in a service area on level four. 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 kitchenette. Food will be transported between floors in lifts. Nutritional profiles are to be completed on admission and provided to the cook.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There 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. A 12-seater vehicle is available for use by residents. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. The building is not yet completed. A certificate for public use has been obtained for partial areas of the facility. The landscaping of external areas is in the process of being completed.

All resident rooms 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.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities.

The Ryman group has robust housekeeping and laundry policies and procedures in place. There is a large laundry in the service area including a separate area for clean linen to be sorted. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

There are emergency and disaster policies and procedures. There is a draft fire evacuation plan that is currently with the fire service.

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

Restraint minimisation and safe practice

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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.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	0	0	0
Criteria	0	29	0	6	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bert Sutcliffe Retirement Village is a new Ryman Healthcare facility located in Birkenhead. The care centre is to operate on four levels (level 2, 3, 4, & level 5 is the entrance/administration area) with serviced apartments across six levels.</p> <p>This partial provisional audit included verifying stage two of the build. This includes level 4 (41 bed dual-purpose - hospital/rest home unit), 30 serviced apartments verified as suitable to provide rest home level care and level 5 (reception/entrance/administration off car park); which also includes serviced areas and serviced apartments communal area. The care centre is planning to open level four on 31 October 2016. The village is on a sloping site with a ground level car park, entrance and reception on level five of the care centre. The service is planning to open each floor in stages as the building on each floor is completed.</p> <p>There will be a total of 71 beds initially (this includes 30 serviced apartments certified to provide rest home level care if required).</p> <p>It is planned that all other stages will be completed by end of November including level two (2 x 19 bed dementia units), and level three (41 bed hospital). At the completion of the building, the service will have a total of 150 beds. There are currently 25 people on the waiting list for places in the dual-purpose unit.</p>

		<p>This audit also included verifying the service as suitable to provide 'medical' level care under the hospital certification.</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, setting up of systems 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 been working with other Ryman clinical managers (CM) and has completed the CM induction. The managers are to be supported by a unit coordinator in each area. The unit coordinator (UC) has been appointed for the dual-purpose unit.</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) level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<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 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 in the process of employing staff for the opening of the</p>

	<p>care centre. Currently they have employed five RNs (two are InterRAI trained), a clinical manager and unit coordinator (InterRAI trained), an experienced serviced apartment coordinator (EN), 15 caregivers, one housekeeper, two chefs, van driver, one laundry staff, and maintenance person. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy. However, there is currently sufficient staff to meet the draft roster of the dual-purpose unit.</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>Advised that the service is accessing InterRAI training in November for the three RNs that have not completed it. Initially on opening, 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>An induction programme has commenced and will be completed before opening. All staff currently employed have completed their 'all employees induction package' and have commenced their specific role induction packages. An induction training day is scheduled for all staff which will include (but not limited to) fire safety, manual handling, first aid, CPR, fire drill, emergency management, and building site safety.</p> <p>Ryman have a national training plan, which is being implemented nationally at present to ensure InterRAI is run in conjunction with their existing platform (ie, VCare Kiosk).</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Staff education and training includes the Careerforce programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly. This group will be established on opening of Bert Sutcliffe. 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>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed for level four (hospital/rest home) and the serviced apartments (if there are assessed rest home residents). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>There is a RN rostered 24/7 on level four supported by caregivers. A RN unit coordinator for level four has also been appointed. Until numbers increase, the unit coordinator is the RN on the morning shift with another RN being rostered on morning as numbers increase. Initially on opening, there will be two caregivers on morning shift, two on afternoon shift and one on night shift (supported by a RN across each shift).</p> <p>In the serviced apartments, a SA coordinator (EN) is rostered five days a week. There is another caregiver rostered on an afternoon shift and one on night shift. The number of caregivers rostered for the serviced apartments will increase as rest home resident numbers increase.</p> <p>An activity coordinator has been employed for level four (Monday - Friday 0930 – 1630) and another one for the serviced apartments (0930 – 1630). A contract for medical services has been confirmed. This will initially be provided 2 days a week with 24/7 on-call cover. As resident numbers increase, there will be daily visits by the GP (Monday- Friday).</p> <p>There is a contracted physiotherapist (9 -15 hours a week) and an employed physiotherapy assistant.</p> <p>There is a Ryman contracted dietitian available.</p> <p>Due to the number of residents on the waiting list, admission is planned to be staggered. A Ryman roving RN will assist with the admission documentation and assessments.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	<p>PA Low</p>	<p>Medicines management information is well established throughout Ryman services. Policies and procedures reflect current medication legislation and residential care</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. The clinical services manual includes a range of medicines management policies and associated procedures. The service is planning to use four weekly blister packs as per Ryman policy. There is a dedicated treatment room in the dual-purpose floor. A new medication trolley, and medication fridge has been purchased for the treatment room. The treatment room has been fully furnished with a keypad lock. 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>A contract with a pharmacy has been established. The pharmacy will provide five day a week service and impress stock is to be available to cover weekends. A contract for medical services across five days plus 24/hr cover has been confirmed. Initially GPs will visit 2 days a week and that will increase to daily Monday – Friday as resident numbers increased.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC agreement (eg, GP visits and medicines).</p> <p>The medicine management system has yet to be fully established in the care centre, as the floor is not yet occupied.</p> <p>There is a locked cupboard in the serviced apartments (level five) for the storage of medication and records should rest home residents live in serviced apartments.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.</p> <p>The food service is operational at Bert Sutcliffe for a few village residents. The large workable kitchen is in the service areas on level three. There are two chefs employed to cover seven days. Kitchen assistants are yet to be employed.</p> <p>The kitchen includes a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is currently transported in hot boxes to the serviced apartment kitchenette. This will also occur in the dual purpose floor and then served from the hot boxes from the kitchenette. Food will be transported between floors in a large service lift. The kitchenette on level four will have access to hot water, which is stored securely behind a locked cupboard.</p>

		<p>Bert Sutcliffe is also going to implement 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 will have nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>The dining area and extended lounge areas on the dual-purpose floor is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice (two) in each of the wings in the 41-bed dual-purpose floor. There are locked cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards in the serviced apartments and in the dual-purpose unit.</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 sluices and cleaners cupboards. MSDS for Ecolab products are in the cleaners cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all employees induction programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that</p>	<p>PA Low</p>	<p>The facility is purpose-built and the design modelled on more recently opened Ryman facilities. The facility is near completion and staged openings are scheduled for the care centre. The building is on a sloped section, which has a number of entrance areas. There is an entrance/reception area from the care park directly into level five of</p>

<p>are fit for their purpose.</p>		<p>the care centre. Serviced apartments and the village community centre is also on this floor. Serviced apartments are across all floors except the care centre levels 2, 3 & 4.</p> <p>The 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 rest home) level care. There is a 12-seat VW transporter on site available to transport residents. There is an employed van driver. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full time maintenance person employed. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Ryman quality programme and 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 parts of the care centre including level five (reception). The building is not yet completed and the CPU is yet to be updated to include all of level four. The landscaping is in the process of being fully completed around the care centre.</p> <p>The level four (rest home/hospital) is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and an open-plan staff room 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 in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There are sliding doors that lead out to a covered balcony area.</p>
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<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room (including serviced apartments) has an ensuite with a disability-friendly shower, toilet and hand basin, with under floor heating. There is one communal toilet near the open plan communal lounge and dining room.</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 level four hospital/rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensembles. The communal lounge area on level four is spacious. There is one double-room available that is suited for a married couple.</p> <p>Serviced apartments lounges and bedrooms are spacious enough to manage mobility equipment.</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>Level four rest home/hospital has a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. The centrally located nurse station directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities.</p> <p>The serviced apartments have their own dining and lounge area that is large enough for residents with mobility equipment with different areas for group or individual use.</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 to be transported to the laundry in covered linen trolleys, which have been purchased. A laundry person is 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</p>

		<p>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>	<p>PA Low</p>	<p>The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid training for staff is scheduled for induction on the 13th and 21st October 2016.</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. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software is able to be monitored. Rest home residents in serviced apartments will have a call bell pendant.</p> <p>The fire evacuation plan is in draft and currently with the fire service. Fire training is scheduled for induction and a fire drill is to be completed on the 27th October.</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 Quality Programme annual calendar. Infection control is to be an agenda item in the two monthly head office H&S committee. The programme is reviewed annually through head office.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior caregiver, RN, and so on. Induction days have been planned for Bert Sutcliffe.</p> <p>Recruitment and Induction of staff policy documents the selection process including police and reference checking.</p> <p>Induction and Orientation policy provides guidelines regarding the All Employee Programme (this has been completed by all new staff currently employed for Bert Sutcliffe) and then is separated out into role specific modules.</p> <p>All newly employed caregivers are required</p>	<p>Advised that the newly employed staff commencing will all receive a one-day induction/training at the facility the days before opening. Onsite specific training (such as fire drill/safety, CPR and first aid) is to be provided before opening.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>

		to also complete foundations level two. This is commenced following the All-employee orientation and required to be completed within 1- 3 months. Completion of foundations is monitored by head office.		
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. The regional manager stated only RNs/ENs will be responsible for medication in the level four hospital/rest home unit. The service is planning to implement one-chart on opening and medication competencies and training are to occur as part of their induction.	Newly employed RNs have not yet completed specific one-chart training or their RN induction packages. This is scheduled for 28 October 2016.	<p>Ensure newly employed staff that will be responsible for administration of medications, complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility has been purpose built. The care centre is across level two – level five (level five being the entrance/reception). For the purpose of the audit, level four (41-bed rest home/hospital dual-purpose floor, 30 certified serviced apartments (across six levels) were assessed. There are two lifts and a service lift between the floors that are large enough for mobility equipment. There is a current CPU for parts of the building, which are operational. Hilo and electric beds have been purchased for all rooms on level four. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.	The building is still in progress and therefore the CPU has not yet been signed out for all areas included in this audit.	<p>Ensure the CPU is completed prior to occupancy and forward a copy to DHB and HealthCERT.</p> <p>Prior to occupancy days</p>

		The landscaping is in the process of being completed around the care centre.		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The building has yet to be completed and tradesmen and equipment are still onsite. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed are fenced off.	Landscaping around the care centre is still in the process of being completed.	<p>Ensure there are landscaped areas available for rest home/hospital residents on opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The fire evacuation plan is currently in draft and with the fire service.	The fire evacuation plan is currently in draft and with the fire service	<p>Ensure the fire evacuation plan is approved by the fire service</p> <p>60 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</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 room a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software is able to be monitored. Rest home residents in the serviced apartments will be given call bell pendants. The call bell system is not yet fully operational.	The call bell system on level four is not yet operational.	<p>Ensure the call bell system is operational.</p> <p>Prior to occupancy days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.