

# Possum Bourne Retirement Village Limited - Possum Bourne Retirement Village

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Possum Bourne Retirement Village Limited

**Premises audited:** Possum Bourne Retirement Village

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

**Dates of audit:** Start date: 25 October 2016      End date: 25 October 2016

**Proposed changes to current services (if any):** Possum Bourne Retirement Village is a modern, spacious, purpose built facility that extends across four levels. The service continues to open in planned stages. This partial provisional included verifying stage

three of the build. This included level two (2 x 20 bed dementia units) and level three (41 bed hospital unit). The intention is to open level two on the 14 November 2016 and level four 19 November 2016.

**Total beds occupied across all premises included in the audit on the first day of the audit: 17**

# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Possum Bourne Retirement Village is a new Ryman Healthcare facility located in Pukekohe. The service has been opening each floor in stages. Level one on 5th August 2016 and level three opened on 26 September 2016. Level one (ground floor) includes service areas and serviced apartments. Level three of the facility includes a 41 bed hospital and rest home unit and serviced apartments. There are currently 17 residents in the dual-purpose unit on level three.

This partial provisional audit included verifying stage three of the build. This included level two (2 x 20 bed dementia units), and level four (41 bed hospital). At the completion of the building, the service will have a total of 152 beds. The service intends to open the dementia units (one at a time) on the 14 November 2016 and level four hospital around the 19 December 2016.

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 environment, draft staff rosters, equipment requirements, established systems and processes are appropriate for providing dementia level care (as well as the current rest home and hospital level care). Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

The improvements required by the service are all related to the completion of the building, dementia unit outdoor areas and implementation of the new service.

## **Consumer rights**

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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. Staff are supported to complete aged care unit standards.

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening each of the floors and this is reflective in the draft rosters and processes around employment of new staff. The draft staffing roster also allows for assessed service type and acuity of residents.

## **Continuum of service delivery**

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. The floor has a medication treatment room. The service is planning to use an electronic medication system.

The facility has a large workable kitchen in a service area on level one (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 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 head chef.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There are handrails in ensuites. There are two lifts between the floors that are large enough for mobility equipment. The organisation has purchased all new equipment, and furniture. Two 12-seater vehicles are available for use by residents. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. The building is not yet completed. A certificate for public use has been obtained for level one, two and three. The landscaping of some external areas has been completed.

All bedrooms across the hospital and dementia units have ensuites and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

All resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

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

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

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

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

## **Restraint minimisation and safe practice**

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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. IPC is an agenda item in the monthly staff meeting.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	12	0	4	0	0	0
<b>Criteria</b>	0	28	0	8	0	0	0

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Possum Bourne Retirement Village is a new Ryman Healthcare facility located in Pukekohe. The service has been opening each floor in stages. Level one opened 5th August 2016 and level three opened on the 26th September 2016. Level one (ground floor) includes service areas and serviced apartments. Level three of the facility includes a 41 bed hospital and rest home unit and serviced apartments. There is currently 17 residents on level three (13 rest home, four hospital-including one under ACC).and no rest home residents in serviced apartments.</p> <p>This partial provisional audit included verifying stage three of the build. This included level two (2 x 20 bed dementia units), and level four (41 bed hospital). At the completion of the building, the service will have a total of 152 beds. The service intends to open the dementia units (one at a time) on the 14 November 2016 and level four hospital unit around the 19th December 2016. When the hospital unit opens, the current hospital residents in the dual-purpose unit on level three will transfer to the hospital unit on level four. The dual-purpose unit on level three will be run as a rest home unit only.</p> <p>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. There are currently 15 people on the waiting list for</p>

		<p>places in the dementia units.</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 Possum Bourne around the implementation of the new service, including providing dementia level care, and embedding quality and risk management systems.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The village manager appointed to Possum Bourne has a background in health management roles. He joined Ryman in 2014 and commenced as village manager at the then new Bruce McLaren village. 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 primary care as a nurse manager, and before that she was a nurse educator and charge nurse at a DHB hospital. 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 currently supported by a unit coordinator in the dual-purpose unit. Unit coordinators (UC) are yet to be appointed for the level two dementia units and level four hospital unit (link 1.2.7.3).</p> <p>The previous partial provisional audit identified the clinical management team had lack of aged care experience. This audit identifies there continues to be mentored and support by the CM from Bruce McLaren. The Ryman Auckland based Clinical Services Educator also provides support. The CM has 24-hour telephone access support available from a range of experienced clinicians within the Ryman Group. Interviews with the village manager and regional manager identified this relationship is working well.</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</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. The</p>

<p>the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<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 interviewing and in the process of employing staff for the opening of the first 20-bed dementia unit and hospital unit.</p> <p>Currently they have four caregivers working in the dual-purpose unit that have completed dementia specific standards and will commence in the dementia unit on opening. A unit coordinator (RN) experienced in dementia level care is yet to be employed. An experienced aged care RN currently working as an RN in the dual-purpose unit is being primed for the unit coordinator role for the soon to be rest home specific unit and the current unit coordinator in the dual-purpose unit will go to the hospital unit as unit coordinator.</p> <p>There are currently seven RNs (two are InterRAI trained), a clinical manager and unit coordinator (neither are InterRAI trained) employed at Possum Bourne. Two RNs are enrolled for InterRAI training in November 2016. There are a total of 40 staff at Possum Bourne currently.</p> <p>Initially on opening the dementia unit and the hospital unit, the service is planning to utilise a roving Ryman RN (InterRAI trained) to assist with the admission process of new residents to ensure InterRAI assessments are completed within a timely manner.</p> <p>A day induction programme is planned before opening of those units for newly employed staff. All new staff will complete the 'all employees induction' plus fire safety, manual handling and standard precautions. Specific training is provided for staff in the dementia units around de-escalation techniques.</p> <p>Ryman have a national training plan, which is being implemented nationally at present to ensure InterRAI is run in conjunction with their existing platform (ie, VCare Kiosk).</p>

		<p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. There is a training plan that has been commenced at Possum Bourne. Staff education and training includes the Skills NZ programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education. Caregivers rostered for the dementia units that currently do not have dementia standards will be supported to complete them in the first year.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that has commenced meeting monthly. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting.</p> <p>Ryman has a 'Duty Leadership' training initiative that all RNs, ENs and senior leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations. New registered nurses at Possum Bourne will be encouraged to complete this training.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b> 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 two (2x dementia units) and the hospital unit. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. One dementia unit is opening at a time.</p> <p>Dementia units</p> <p>There is a draft roster for the opening of the first 20-bed unit that includes a unit coordinator for five days a week on morning shift and a RN on afternoon shift. Caregivers numbers are rostered to increase as resident numbers increase including having an appointed lounge carer 0900 – 1600 and 1600 - 2000hrs. The roster includes up to five caregivers on a morning and four caregivers on an afternoon shift. At night, there is a duty leader in each unit plus a float carer. A DT is rostered 0930 -1800 hours across seven days; however these positions are not yet in place (link 1.2.7.3).</p>

		<p>Hospital unit</p> <p>There is a draft roster which includes a RN rostered 24/7 supported by caregivers (link 1.2.7.3). An RN is rostered each of the two wings on the morning and afternoon. One RN is rostered at night. The unit is to include a unit coordinator (link 1.2.7.3). Caregiver's numbers are rostered to increase as resident numbers increase.</p> <p>Currently there is an activity coordinator in the serviced apartments and an activity coordinator on level three for 32.5 hours a week. An activity coordinator has not yet been appointed for the hospital unit.</p> <p>A local medical centre is providing medical services, currently three days a week and afterhours. This will increase to five days a week as occupancy increases.</p> <p>There is a contracted physiotherapist (9 -15 hours a week) and an employed physiotherapy assistant.</p> <p>There is a Ryman contracted dietitian available.</p> <p>Due to the large number of residents on the waiting list for the dementia unit, admission is planned to be staggered. Ryman roving RNs will assist with the admission process and RNs from another Ryman village may be used to assist with the admission documentation.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medicines management information has been established at Possum Bourne on level three. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. The clinical services manual includes a range of medicines management policies and associated procedures. The service is utilising four weekly blister packs as per Ryman policy on level three and this system will also be established in the dementia units and hospital unit.</p> <p>Hospital unit</p> <p>There is a dedicated treatment room on the level-four hospital unit (not yet secure). A new medication trolley, and medication fridge has been purchased for the treatment room. The room is still in the process of being furnished. A self-medicating resident's policy is available if required. Locked drawers are to be</p>

		<p>provided for residents' self-administering medicines on an 'as required' basis.</p> <p>Dementia Units</p> <p>There is a dedicated treatment room in one of the dementia units that will be shared by both units. The treatment room is fully furnished with keypad locks. Two new medication trolleys have been purchased for the treatment room.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC agreement (eg, GP visits and medicines).</p>
<p>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 Possum Bourne. The large workable kitchen is in the service areas on level one (ground floor). There are two chefs supported, employed to cover seven days. The service is in the process of recruiting kitchen assistants. The new Ryman menu that includes three choices at lunch and two choices in the evening is proposed to start 14 November 2016.</p> <p>Possum Bourne 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>The kitchen includes a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is currently transported in hot boxes to the serviced apartment kitchenette and level three dual-purpose unit. This will also occur on level two (dementia units) and the level four hospital unit and then be served from the hot boxes from each of unit kitchenettes. Food is transported between floors in lifts. The kitchenette on level four and each kitchenette in the dementia units has access to hot water, which is stored securely behind a locked cupboard. The hot water and tea making area is separate to the kitchenette and located in a walkway in the hospital unit. This is also similar to level three. Advised, the area has been included on the hazard register and to date no issues have been reported. Each kitchenette has fridges</p>

		<p>and extra food/snacks will be available.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The chef will have nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>An audit of the kitchen fridge/freezer temperatures and food temperatures has been undertaken. Food in the pantry is kept off the floor. Food in the fridge and chillers is covered and dated. The dining area and extended lounge areas in the each unit is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There is a diversional therapist (DT) rostered for the dementia units across seven days a week. These positions have not yet been appointed (link 1.2.7.3). Activities are planned across seven days with input from caregiving staff. The Ryman 'Engage' programme is planned to be implemented within the unit. This is directed by head office. The programme is designed for residents with memory loss. Advised that residents in the dementia care unit will be taken for supervised walks outside as part of the activity programme. The service has two vans to take residents on outings.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan will be implemented from that. The activity plans utilised by Ryman via VCare allow for individual diversional, motivational and recreational therapy to be identified across 24 hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys.</p>
<p>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>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice in each wing on each floor. The sluices in the dementia units include keypad locked doors. The sluice in the hospital unit is yet to be fully furnished and secure (link 1.4.2.1). There are locked cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards on each floor.</p> <p>Waste management audits are part of the internal audit programme.</p>

		<p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluice and cleaners cupboards on each level. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all-employees induction programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and level three was opened 26 September. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Possum Bourne. Equipment is appropriate for hospital and dementia level care. There are two 12-seat VW transporters 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 level one, and level two and level three. The hospital on level four is not yet completed and the CPU is yet to be updated to include level four. The landscaping is in the process of being fully completed around the care centre.</p> <p>Hospital</p> <p>The level four (41-bed hospital) is a mirror image of the level three dual-purpose unit. The unit is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and staff rooms set up with computer terminals. There is also another meeting room available. These service</p>

	<p>areas are situated adjacent to the spacious open plan dining and open plan lounge area. The centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensuites and handrail ledges (dobe) in hallways. All rooms and communal areas allow for safe use of mobility equipment. There is one double room that can be used by a married couple. The hospital unit has carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is another spacious quiet lounge room (conservatory). A Juliet balcony gate ensures when the sliding doors are open off the lounge and resident rooms that it is safe.</p> <p><b>Dementia</b></p> <p>There are two separate dementia wings (20 beds in each). The two dementia units are to be run separately.</p> <p>The units have been specifically designed and purpose-built by Ryman's in-house development team. This team also keeps track of international research to ensure appropriate and effective design and flow of these specialised units. Also the designs are a reflection of resident, relative and staff feedback from other Ryman dementia units.</p> <p>The two units connected via a secure entrance foyer before entering through a secure door into the dementia units (a door for each unit). There are handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system, which includes sensor lights in resident rooms; so when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed circuit monitoring system also assists with supervising residents in the long hallways. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. Each unit is designed in a T-shape with long hallways for wandering.</p>
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		<p>There are to be way finding decals in place (as per other Ryman dementia units). To encourage residents to find their way around the unit and turn at the end of corridors, there is to be extensive use of “cues” such as decals, framed prints, textural and ornamental wall fixtures and various wall paint colours. The use of decals down corridors is a useful prompt for residents when returning to their bedroom. Doors are different colours to walls. The wall behind the toilet is darker to assist with making the toilet more noticeable.</p> <p>The new units have carpet tiles with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new units for storage of mobility equipment. The units are designed with a service area consisting of a centrally located open-nurse station that is accessed from both wings separately. Access to a treatment room and nurses working/computer office is via this service area. These service areas are situated adjacent to the open plan dining and lounge areas of both wings. Each wing has an open plan dining and lounge area. This design layout enhances the resident’s freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>Each of the dementia wings will have a secure external courtyard that is situated directly off the open plan lounge and dining areas in each wing. This allows for easy indoor/outdoor flow and supervision. The outdoor areas were mapped out, but landscaping of them had not been completed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Hospital level four: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident’s room has an ensuite with a disability friendly shower, toilet and hand basin with under floor heating. There are also well-placed communal toilets near the communal areas including the lounge and dining room. These areas are still being completed (link 1.4.2.1).</p> <p>Dementia units - level two: Every resident’s room has an ensuite with a disability friendly shower, toilet and paper towels. There are also well-placed communal toilets near the communal areas including the lounge and dining room. Communal toilets are set apart by coloured doors and signs.</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>	<p>FA</p>	<p>Residents rooms in the hospital and dementia units are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. There is one double-room in the hospital.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>Hospital: Level four hospital is a mirror-image of level three. There is a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There is also another large lounge (conservatory). The centrally-located nurse station directly off the open plan aspect of the dining and both lounge areas.</p> <p>Dementia Units: Each dementia unit has an open-plan living area. Each living area is spacious with a separate dining area. The spacious open plan area allows for quiet areas and group activities. The open-plan living area and hallways are spacious and allow maximum freedom of movement while promoting the safety of residents who are likely to wander. The dining room from one unit has sliding doors out to the courtyard of the other unit. These doors are bolted closed.</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>	<p>FA</p>	<p>The organisation provides housekeeping and laundry policies and procedures, which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The EcoLab manual includes instructions for cleaning. Linen is transported to the laundry in covered linen trolleys, which have been purchased. Cleaners/laundry staff have been employed. The number of laundry staff will be increased when occupancy increases.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have commenced as per the Ryman quality programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. 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 was completed on induction for level three (16 staff). It is intended that staff for level two and four will also complete this training at their induction.</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. There is a Civil Defence folder that 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.</p> <p>The fire evacuation plan has been approved 4 August 2016. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening (for level two and four).</p> <p>The doors of the village automatically lock down at 6pm to 7am with keypad access after-hours. There is a security patrol four times per night, of the village. 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. 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&amp;S committee (this meeting is scheduled to have its first meeting next week). The quality committee has met and IC has been an agenda item. The programme is reviewed annually through head office.</p> <p>The IPC manual includes a policy on (i) Admission of Resident with Potential or Actual Infections policy, (ii) Infectious hazards to staff policy, (iii) Outbreak Management, (iv) Staff health policy, and (v) Isolation policy.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The management team are in the process of employing staff for the opening of the first dementia unit and the hospital unit. Currently they have four caregivers working in the dual-purpose unit that have completed dementia specific standards and will transfer and commence in the dementia unit on opening. A unit coordinator (RN) experienced in dementia level care is yet to be employed. An experienced aged care RN currently working as an RN in the dual-purpose unit is being primed for the unit coordinator role in rest home and the current unit coordinator in the dual-purpose unit will go to the hospital unit as unit coordinator. The service is in the process of</p>	<p>The service is currently interviewing for more staff with the intention to have these appointed prior to occupancy. Not all positions in the initial roster are filled.</p>	<p>(i) Dementia Unit: Ensure there is sufficient staff employed to cover the roster. Ensure the unit coordinator (RN position) is filled and the person is experienced in dementia level care. Ensure the DT positions are in place and the DT is skilled in assessment, implementation and evaluation of diversional and motivational recreation.</p> <p>(ii) Hospital Unit: Ensure there is sufficient staff employed to cover the roster including 24/7 RN cover</p> <p>Prior to occupancy days</p>

		<p>interviewing for more staff with the intention to have these appointed prior to occupancy. Advised that the following positions need to be filled before opening; Unit coordinator for dementia units; two RNs for hospital, six caregivers for dementia and hospital, three housekeepers and one physiotherapy assistant.</p> <p>The service has a waiting list of 15 residents for the dementia unit. Advised they will stagger their admission.</p>		
<p>Criterion 1.2.7.4 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 completed for the opening of the dual-purpose unit.</p> <p>Induction and Orientation policy provides guidelines regarding the All Employee Programme (to be completed by all new staff) and then is separated out into role specific modules.</p> <p>All newly employed caregivers are required to also complete foundations level two. This is commenced following the all-</p>	<p>Advised that the newly employed staff commencing in the dementia unit and the hospital unit, will all receive an induction/training at the facility the days before opening. The all-employee induction packages will be completed. Onsite specific training (such as fire drill/safety) is to be provided before opening.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>

		<p>employee orientation and required to be completed within 1-3 months. Completion of foundations is monitored by head office. Caregivers that are to be employed for the dementia unit have already completed dementia standards or will be supported to complete the dementia standards.</p>		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>A four weekly blister pack system and an electronic medication system is established at Possum Bourne and this will continue in the dementia unit's and hospital unit. There is a dedicated treatment room on the level four hospital unit which is not yet secure. The room is still in the process of being furnished. New medication trolleys have been purchased for each area. There is a CD safe to be installed in the treatment room. A new medication fridge has been purchased for the treatment room and temperature monitoring is to be commenced.</p> <p>There is a dedicated treatment room in one of the dementia units that will be shared by both units. The treatment room is fully furnished with keypad locks.</p> <p>A contract with a pharmacy has been established.</p>	<p>The treatment room in the hospital is yet to be fully completed and furnished. A keypad lock is yet to be installed to secure the room. The medication system is yet to be established.</p>	<p>Ensure the treatment room is fully complete, equipped and functional.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>PA Low</p>	<p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. Currently in the dual-purpose unit on level three there are 18 senior staff (RNs, caregivers) training on one-chart. The service is planning to implement one-chart in the dementia units and hospital unit and medication competencies and training are to occur as part of their induction.</p>	<p>New staff rostered for the hospital and dementia units are not all trained in one-chart.</p>	<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>	<p>PA Low</p>	<p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and level three was opened 26th September. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Possum Bourne. Equipment is appropriate for hospital and dementia level care. A certificate for public use has been issued for level one, level two and level three. The hospital on level four is not yet completed and the CPU is yet to be updated to include level four.</p>	<p>Hospital: The unit is still in progress of being completed and therefore the CPU has not yet been signed out for that floor.</p>	<p>Ensure the CPU is completed prior to occupancy and forward a copy to DHB and HealthCERT.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external</p>	<p>PA Low</p>	<p>The building has yet to be fully completed and tradesmen and equipment are still onsite. There are some external areas that have been</p>	<p>Hospital: Landscaping around the care centre is still in the process of being completed.</p>	<p>Hospital: Ensure the landscaping is completed.</p> <p>Dementia: These could not be</p>

areas that meet their needs.		landscaped to provide residents with safe and accessible external areas. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed are fenced off. There is a creek through the grounds. The creek is well fenced off.	Dementia: Each of the dementia wings will have a secure external courtyard that is situated directly off the open plan lounge and dining areas in each wing. Due to the sloping of the site, one unit opens out onto a ground level outdoor area, the other unit opens out to a level one balcony outdoor area. The outdoor areas were mapped out, but landscaping of them had not been completed.	sited as they have not been commenced yet. Ensure that these are fully completed, landscaped and secure and sited by the DHB.  Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. There is staff employed across 24/7 with a current first aid certificate. Orientation includes emergency preparedness. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening	A fire drill is yet to be held for the staff in the dementia units and new hospital unit.	Ensure a fire drill occurs with newly appointed staff.  Prior to occupancy days
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	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	The call bell system on level two and four is not yet operational.	Ensure the call bell system is operational.  Prior to occupancy days

		<p>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.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.