

# Charles Upham Retirement Village Limited - Charles Upham 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:** Charles Upham Retirement Village Limited

**Premises audited:** Charles Upham 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: 9 November 2016      End date: 9 November 2016

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

three of the build. This included (2 x 20 bed dementia units) on level one (ground floor) and level three (40 bed hospital unit). The intention is to open level one on 5 December 2016 and level three when level two is full.

**Total beds occupied across all premises included in the audit on the first day of the audit: 3**

# 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

Charles Upham Retirement Village is a new Ryman Healthcare facility located in Rangiora. The building is modern and spacious and extends across three levels. The service has been opening each floor in stages. Level one (serviced apartments and service areas) opened on 30 September 2016 and level three (40 bed hospital and rest home) and serviced apartments opened on 7 October 2016. There are currently three residents in the dual-purpose unit on level two.

This partial provisional audit included verifying stage three of the build. This included (2 x 20 bed dementia units) on level one (ground floor), and level three (40 bed hospital). At the completion of the building, the service will have a total of 150 beds. The service intends to open the dementia units (one at a time) on the 5 December 2016 and level three hospital (when resident numbers in the dual-purpose unit on level two increase).

The facility and clinical managers are experienced in management and have completed specific Ryman inductions for their role. A Ryman regional manager supports them.

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**

N/A

## **Organisational management**

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The staff and newly purpose-built facility are appropriate for opening of two more floors including adding dementia 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. Each floor has a medication treatment room. The service has implemented an electronic medication system and this will also be implemented in the dementia and hospital units.

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 in each area. Food will be transported between floors in lifts. Nutritional profiles are to be completed on admission and provided to the head chef. The kitchenettes in the dementia unit allow for the storage of snacks.

## **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. Twelve-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 areas currently open at Charles Upham. 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 unit. Open-plan living areas are spacious and allow for a number of activities. The external courtyards off the dementia units are in the process of being completed. Each dementia unit has wide corridors and areas for wandering.

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

N/A

## **Infection prevention and control**

Infection prevention and control (IPC) is currently the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Head Office policy in place. Monthly collation tables are forwarded to Ryman Head office for analysis and benchmarking. IPC is an agenda item in meetings.

## 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	27	0	9	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>Charles Upham Retirement Village is a new Ryman Healthcare facility located in Rangiora. The building is modern and spacious and extends across three levels. The service has been opening each floor in stages. Level one (serviced apartments and service areas) opened on 30 September 2016 and level two (40 bed hospital and rest home) and serviced apartments opened on 7 October 2016. There are currently three residents in the dual-purpose unit on level two. There are no rest home residents in serviced apartments.</p> <p>This partial provisional audit included verifying stage three of the build. This included (2 x 20 bed dementia units) on level one (ground floor), and level three (40 bed hospital). At the completion of the building, the service will have a total of 150 beds. The service intends to open the dementia units (one at a time) on 5 December 2016 and level three hospital when resident numbers on level two increase. It is intended that the hospital residents in the dual-purpose unit on level two will transfer to the hospital unit on level three. The dual-purpose unit on level two will then be run as a rest home unit only.</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</p>

		<p>service by way of the TeamRyman programme that includes a schedule across the year. Quality objectives have been developed at Charles Upham 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 Charles Upham commenced in March 2016 and has a background in health management roles particularly occupational health. The manager has completed specific manager orientation within Ryman and attended the annual Ryman managers' conference.</p> <p>The clinical manager (RN) has many years' experience in clinical management as a midwife. She has been working with a Ryman clinical manager (CM) since August 2016 and has completed the CM induction. It has been identified that the CM has had no management experience in aged care or experience working in aged care. The CM will be supported by another Christchurch based CM. The managers are to be supported by a unit coordinator in each area. A unit coordinator is in place in the dual-purpose unit on level two and one has been appointed for the dementia units.</p> <p>The Ryman management team including the regional manager supports the management team.</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. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<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 have been employing staff for the opening of the first 20-bed dementia unit and hospital unit.</p>

	<p>Currently employed at Charles Upham, they have six RNs (two are InterRAI trained), a serviced apartment coordinator (EN), 10 caregivers, three activity therapists (two for village/serviced apartments and one for the dual-purpose unit). There are also housekeepers, laundry, two chefs, maintenance person, two gardeners, van driver and kitchenhand. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy.</p> <p>Dementia unit - Currently they have five caregivers employed 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 transferring from another Ryman village. An experienced aged care RN is also employed with experience in dementia level care.</p> <p>A diversional therapist has been employed (from another Ryman village) for the dementia unit 0930 – 1800 across five days. A second activity coordinator to assist in the unit is yet to be employed and the intention is to provide activities for seven days.</p> <p>Hospital unit – Advised that caregivers and RNs currently employed will be rostered in this unit. A further two RNs and two caregivers are in the process of being employed.</p> <p>Three days induction training is planned before opening of these units for new 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. The village manager holds copies of practising certificates. There is a training plan that has been commenced at Charles Upham. 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 to commence meeting monthly. Training requirements are directed by Ryman head office and reviewed as part of the facility</p>
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		<p>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 Charles Upham will be encouraged to complete this training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed for the ground floor (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 one DT is yet to be employed (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). Staff numbers/hours increase as resident numbers increase. Initially there is one RN rostered. As numbers increase an RN is rostered in 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>A contract for medical services is in place with a medical service. This is currently 2 days a week with 24/7 on-call cover. As resident numbers increase, there will be daily visits by the GP (Monday- Friday). An ambulance service also provides acute paramedic services (link 1.3.12.1).</p>

		<p>There is a contracted physiotherapist (initially 12 hours a week) and an employed physiotherapy assistant. Hours will increase as numbers increase.</p> <p>There is a Ryman contracted dietitian available.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>Medicines management information has been established at Charles Upham on level two. 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 two 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-three 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 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>	FA	<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 Charles Upham. The large workable kitchen is in the service areas on level one (ground floor). There are two chefs supported by a kitchenhand.</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 communal dining area and level two dining room and then served from the hot boxes in the kitchenette. Food is transported between floors in lifts. The kitchenette in each area has access to boiling water, which is stored securely behind a locked cupboard. There is also a boiling water tap with a safety catch.</p> <p>Charles Upham is also providing Ryman's new food service programme. They are now 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 their tables 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>An audit of the kitchen fridge/freezer temperatures and food temperatures has been undertaken. Food in the pantry is kept off the ground. Food in the fridge and chillers is covered and dated. The dining area and lounge in the level-three hospital is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p> <p>There is a separate dining area and lounge area in each of the dementia units. The kitchenettes allow for storage of snacks across 24/7.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is to be a diversional therapist (DT) rostered for the dementia units across seven days a week. Currently one DT has been appointed for five days 0930 – 1800. A further DT is yet to be employed (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. A sample monthly programme was sighted. 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. Since opening, Ryman has identified that all the sluice rooms are large and some are now being divided to include more storage rooms.</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>	PA Low	<p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. The facility is near completion and level two was opened 7 October 2016. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Charles Upham. Equipment is appropriate for hospital and dementia 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</p>

	<p>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 is 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 3 November 2016 for parts of level one, level two and level three. The hospital on level three and one of the dementia units is not yet completed and the CPU is yet to be updated to include that part of level one and three.</p> <p><b>Hospital</b></p> <p>The level three (40-bed hospital) is a mirror image of the level two 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 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. The hospital unit has carpet with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is a covered balcony off the lounge area in the process of being completed</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>
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		<p>The two units connected via a secure entrance foyer before entering through a secure door into the dementia units (a door for each unit). There are handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system, which includes sensor lights in resident rooms; so when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed circuit monitoring system also assists with supervising residents in the long hallways. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. Each unit is designed in a T-shape with long hallways for wandering.</p> <p>There are to be way finding decals in place. 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. 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 has 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. Landscaping is in the process of being completed.</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>	<p>FA</p>	<p>Hospital level three: There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet 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 – ground floor: 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.</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 three hospital is a mirror-image of level two. 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 a covered balcony area off the lounge. 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 both units have doors that open out to the courtyard of the other unit.</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</p>

		<p>cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. A laundry person is employed and a number of housekeeping staff. 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. EcoLab provides chemicals and supporting literature.</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 are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid and CPR certificates have been obtained by newly employed staff to ensure 24/7 is covered.</p> <p>The service has alternative power systems in place to be able to cook in the event of a power failure. Battery operated emergency lighting is in place, which runs for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation. The facility has ordered an onsite diesel generator to run essential services. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The 'Austco Monitoring programme' call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell. When a nurse/carer is in the resident room, a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software is able to be</p>

		<p>monitored. Residents in the serviced apartments will be given call bell pendants.</p> <p>The fire evacuation plan is currently in draft and with the fire service. Fire training is scheduled for induction (link 1.2.7.4) and a fire drill is to be completed on opening.</p> <p>A security camera is also installed at the entrance. There are documented security procedures.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<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>	FA	<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 next month). 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. (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>Dementia unit - Currently they have five caregivers employed 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 transferring from another Ryman village. An experienced aged care RN is also employed with experience in dementia level care.</p> <p>A diversional therapist has been employed (from another Ryman village) for the dementia unit 0930 – 1800 across five days. A second activity coordinator to assist in the unit is yet to be employed and the intention is to provide activities for seven days.</p> <p>Hospital unit – Advised that caregivers and RNs currently employed will be</p>	<p>The hospital unit does not have all positions on the roster filled for opening. A further two RNs and two caregivers are in the process of being employed.</p>	<p>Hospital Unit: Ensure there is sufficient staff employed to cover the roster including 24/7 RN cover.</p> <p>Prior to occupancy days</p>

		rostered in this unit. A further two RNs and two caregivers are in the process of being employed. A unit coordinator has yet to be appointed for this unit.		
<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 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-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>Advised, that the newly employed staff commencing in the dementia unit and hospital unit, will all complete any induction/training at the facility the days before opening. This will include fire safety/drill, moving &amp; handling, one chart, standard precautions. Call bell system and an orientation to the facility.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to</p>	PA Low	<p>A four weekly blister pack system and an electronic medication system is established at Charles Upham and this</p>	<p>The treatment room in the hospital is yet to be fully completed and furnished.</p>	<p>Ensure the treatment room is fully complete, equipped and functional.</p>

<p>manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>will continue in the dementia unit's and hospital unit. There is a dedicated treatment room on level three hospital unit. The one in the hospital unit is still in the process of being refurbished. 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 each 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. A contract with a medical centre has also been established. They are currently visiting 2x weekly and cover 24/7 on-call. The service also has a contract with Horizon ambulances to complete assessments as needed by qualified paramedics. Horizons also provide non-emergency transfers. This is a pilot scheme with the ambulance service.</p> <p>These processes are well established throughout Ryman services.</p>		<p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the</p>	<p>PA Low</p>	<p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. There are competent staff</p>	<p>New staff rostered for the hospital and dementia units are not all trained in one-chart.</p>	<p>Ensure that newly employed staff who will be responsible for administration of</p>

function for each stage they manage.		on level two that have completed 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.		medications complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.  Prior to occupancy days
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose-built and is across three levels. For the purpose of the audit, level one dementia units (ground floor) and level three were assessed. There are two lifts and a service lift between the floors that are large enough for mobility equipment. Hilo and electric beds have been purchased for all rooms on level two. 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.  A certificate for public use has been issued 3 November 2016 for parts of level one, level two and level three. The hospital on level three and one of the dementia units is not yet completed and the CPU is yet to be updated to include that part of level one and three.	The hospital on level three and one of the dementia units is not yet completed and the CPU is yet to be updated to include that part of level one and three.	Ensure the CPU is completed prior to occupancy.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external	PA Low	The building has yet to be fully completed and tradesmen and equipment are still onsite. Many external areas have been landscaped to	(i) The hospital balcony is still in the process of being completed. (ii) The secure external areas off the two dementia units are still in	Ensure the hospital balcony area and secure courtyards off the dementia units are

<p>areas that meet their needs.</p>		<p>provide residents with safe and accessible external areas. The landscaping for all areas around the care centre is still in the process of being completed as building of the village is still in process. Those areas still being completed are fenced off.</p> <p>Hospital: There is a covered balcony off the lounge area in the process of being completed</p> <p>Dementia units: Each of the dementia wings has 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. Unit one -The outdoor areas off this unit is mapped out for landscaping and in the process of being completed. It was noted that the fence line for this outdoor area could be extended further to make a larger area and the service should consider this.</p> <p>Unit two - The second dementia unit has a large outdoor courtyard off the open plan lounge area. This spacious outdoor area can also be accessed from the dining room off the other unit as well. This outdoor area can therefore be shared between the two units; or the door locked, so only unit two can access it. Unit two also has a covered outdoor porch area that is in the process of being completed</p>	<p>the process of being landscaped.</p>	<p>completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p>	<p>PA Low</p>	<p>Emergencies, first aid and CPR are included in the mandatory in-services</p>	<p>A fire drill is yet to be held for the staff in the dementia units and</p>	<p>Ensure a fire drill occurs</p>

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.		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.	new hospital unit.	with newly appointed staff.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan is currently in draft and been submitted to the fire service.	The fire evacuation plan is currently in draft and with the fire service.	Ensure the fire evacuation plan is approved by the fire service.  60 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 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. The call bell system is not yet fully operational in all areas.	The call bell system in the dementia unit and on level three is not yet operational.	Ensure the call bell system is operational.  Prior to occupancy days

## 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.

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End of the report.