

Edmund Hillary Retirement Village Limited - Edmund Hillary Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Edmund Hillary Retirement Village Limited

Premises audited: Edmund Hillary 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: 24 October 2017 End date: 24 October 2017

Proposed changes to current services (if any): This partial provisional was completed to assess the current dementia unit of 30 beds to be separated into two separate units of 19-beds and 11-beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 191

Executive summary of the audit

Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

General overview of the audit

Edmund Hillary is a Ryman healthcare retirement village. The care centre is modern and spacious. The facility is built across three floors and is designed around a large atrium and courtyards. The service is certified to provide rest home, hospital and dementia levels of care for up to 235 residents. Occupancy on the day of audit was 191 residents.

This partial provisional was completed to assess the current dementia unit of 30 beds to be separated into two separate units of 19-beds and 11-beds. Currently the unit is operating as an open-plan unit (with a capped total of 21 residents). The audit was conducted against a subset of the Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of staff files, observations and interviews with management

The dementia unit (Tibet special care unit) is currently a 30-bed dementia unit with an occupancy of 21 residents. The service has DHB permission for a total of 21 residents in the unit, so the remaining rooms of nine are currently closed off.

The current unit is fully operational with two separate outdoor landscaped areas. There are electronic doors that can be activated to separate the units as soon as approved. Edmund Hillary has sufficient experienced staff available to staff the two separate units

There is a documented service philosophy that guides quality improvement and risk management in the service. Organisational objectives for 2017 are defined with evidence of monthly reviews and quarterly reporting to head office on progress towards meeting these objectives.

The village manager at Edmund Hillary has been in the role since 2013 and has a background in retail management. An assistant manager carries out administrative functions and a clinical services manager (registered nurse) oversees clinical services. The management team is supported by the wider Ryman management team that includes a regional manager.

This audit identified the environment (including the secure gardens), draft staff rosters, equipment requirements, established systems and processes are appropriate for providing dementia level care across two separate units.

Consumer rights

Organisational management

There is a large management team including a unit coordinator (RN) across the dementia units. During a temporary absence, the clinical services manager undertakes the role of village manager with support by the assistant manager.

The organisation provides documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. There is an implemented 2017 training plan. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior caregiver, registered nurse (RN), and so on. Staff are supported to complete aged care and dementia unit standards. There are experienced staff allocated for the unit. There is

a draft roster for the two dementia units which allows for assessed service type and acuity of residents. The roster reflects the management of the 11-bed dementia unit as a separate unit from the other dementia unit.

Continuum of service delivery

Activities are planned across seven days with input from activity and caregiving staff. The current two diversional therapists that provide activities in the current unit will deliver these activities across the two units with the support of a lounge caregiver who will assist to host activities.

Medications are stored in locked trolleys within a locked room. The dementia unit treatment room is in the main dementia unit and will be used for both units. There are two separate trolleys. All senior caregivers/RNs administering medication complete a medication package.

All kitchen staff have completed food safety and hygiene training relevant to their role. The service has a large workable kitchen that was designed for the large service. The menu is designed and reviewed by a registered dietitian at an organisational level, which is reviewed by the chef at Edmund Hillary weekly.

The servery/kitchenette in the original dementia unit is open plan and the hot water is behind a locked cupboard. Food is transported by kitchen staff to the dementia unit in food carriers and served to residents from the bain marie. Advised that a hot box will then carry trays of food through to the dining room of the new 11-bed dementia unit. A drinks trolley will be located in the dining room to provide refreshments for residents.

Safe and appropriate environment

There are documented processes for waste management. Chemical safety training is a component of the compulsory two yearly training and orientation training. All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the scheduled quality programme. The current

dementia unit of 30 beds is to be separated into two separate units by secure electronic doors. Both units have separate open-plan lounge/dining areas.

The original dementia unit has a centrally located nurse station directly off the open plan aspect of the dining and lounge area. The entrance to the small 11-bed unit is next to the office of the main dementia unit.

Both units have separate outdoor landscaped areas with paths that lead to seats and inside, raised gardens, and shaded sitting areas. The outdoor secure garden area has been extended in size.

All resident rooms have a private ensuite which have access to a hand basin and paper towels. There is also a well-placed communal toilet off both the communal areas. Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Laundry is completed in the care centre. Laundry and cleaning audits are completed as per the quality programme. Laundry is transported between the dementia unit and the laundry in closed trolleys.

There is an approved fire evacuation plan and fire drills are completed. There are emergency management plans and two generators are available. Call bells are evident in resident's rooms, lounge area, and toilets/bathrooms. General living areas and resident rooms are appropriately heated and ventilated. There is thermostatically controlled central heating throughout the unit.

Restraint minimisation and safe practice

The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were four residents with restraint and ten using enablers. There were no residents in the dementia unit with restraint or enablers. Staff training has been provided around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place. 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. The IPC programme is set out annually from head office and is directed via the Ryman quality programme annual calendar. Infection control is also an agenda item in the two monthly H&S committee and other clinical focused meetings. The programme is reviewed annually through head office.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	17	0	0	0	0	0
Criteria	0	37	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Edmund Hillary is a Ryman healthcare retirement village. The care centre is modern and spacious. The facility is built across three floors and is designed around a large atrium and courtyards. The service is certified to provide rest home, hospital and dementia levels of care for up to 235 residents.</p> <p>The units are broken down into the following. (i) Aoraki unit (43 bed dual-purpose unit) with 30 hospital and 13 rest home residents; (ii) Ollivier unit is a 42-bed hospital unit with an occupancy of 41 residents; (iii) Kathmandu unit is a 30-bed hospital unit with full occupancy; (iv) Himalaya unit is a 50-bed rest home unit with an occupancy of 48 residents; (v) There are currently eight rest home residents in the serviced apartments; (vi) Tibet special care unit is a 30-bed dementia unit with an occupancy of 21 residents. The service only has DHB permission for a total of 21 residents in the unit with email approval for an increase of an extra resident.</p> <p>This partial provisional was completed to assess the current dementia unit of 30 beds to be separated into two separate units of 19-beds and 11-beds. Currently the unit is operating as an open-plan unit (with a capped total of 21 residents). In May 2015, Ryman contracted the services of a Professor, the Director of dementia services developmental centre Scotland to complete a review of the dementia unit at Edmund Hillary. As a result of the review of the dementia unit, the service</p>

		<p>implemented a number of the recommended environmental changes as suggested by the Professor. The current unit is fully operational with two separate outdoor landscaped areas. There are electronic doors that can be activated to separate the units as soon as approved. The service currently has a waiting list.</p> <p>There is a documented service philosophy set at head office that guides quality improvement and risk management in the service. Specific values have been determined for the facility. Organisational objectives for 2017 are defined with evidence of monthly reviews and quarterly reporting to head office on progress towards meeting these objectives. Evidence in staff and management meeting minutes reflect discussions around the 2017 objectives.</p> <p>The village manager at Edmund Hillary has been in the role since 2013 and has a background in retail management. An assistant manager carries out administrative functions and a clinical services manager (registered nurse) oversees clinical services. The management team is supported by the wider Ryman management team that includes a regional manager. There is a total of six-unit coordinators across each unit including one overseeing the dementia unit. The village manager and clinical services manager have maintained at least eight hours of professional development activities relating to managing a village</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>	FA	<p>During a temporary absence, the clinical services manager undertakes the role of village manager with support by the assistant manager. Both would be supported by the regional manager.</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>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Four staff files were reviewed of staff currently working in the dementia unit. All files included (but not limited to); reference checks, signed employment contract, a job description relevant to the role the staff member was in, police checks, and evidence of completed general and job-specific induction programmes. All files reviewed included annual performance appraisals with eight-week reviews completed for newly appointed staff.</p> <p>A register of registered nurse practising certificates is maintained within the facility. Practicing certificates for other health practitioners are retained to provide evidence</p>

		<p>of registration.</p> <p>The organisation provides documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for (but not limited to) infection control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.</p> <p>There is a 2017 training plan being implemented at Edmund Hillary that exceeds eight hours annually. The training programme includes; (but not limited to) key clinical sessions such as continence, pain management, wound care, manual handling, medication management and de-escalation techniques. A number of competencies are completed annually by staff. 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.</p> <p>There is a total of 27 registered nurses' including six-unit coordinators at Edmund Hillary. There are 11 interRAI trained RNs including the unit coordinator in the dementia unit. Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that meets two monthly and subjects covered include (but not limited to) warfarin, wound management, end of life care etc. Training requirements are directed by Ryman head office and reviewed as part of the quality programme 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.</p> <p>There is a unit coordinator (RN) for the dementia units that has many years' experience working in dementia.</p> <p>There are currently 11 caregivers that work in the current dementia unit, nine have completed the required dementia standards, and two are in the process. There is a pool of caregivers employed at Edmund Hillary that will also be rostered for the dementia units. Those that have the dementia standards will be rostered. There is a Ryman educator employed at Edmund Hillary to support caregivers to complete required standards.</p>
Standard 1.2.8: Service Provider Availability	FA	Determining Staffing Levels and Skills Mix Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery.

<p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>This defines staffing ratios to residents.</p> <p>A draft roster has been developed for the new dementia unit and is adjusted as resident numbers increase. The roster reflects the management of the 11-bed dementia unit as a separate unit from the other dementia unit.</p> <p>Dementia unit. (11 beds)</p> <p>1 RN coordinator Sunday – Thursday 0700 – 1530 (responsible for the two dementia units)</p> <p>1 RN two days/week across the two units 0700 – 1530.</p> <p>1x caregiver 0700 – 1530</p> <p>Diversional Therapist 0930 – 1800 (across the two units, 7 days a week)</p> <p>1 x lounge carer 0730 – 1600 (support across the two units)</p> <p>PM</p> <p>1 RN seven days/week 1500 – 2300 (responsible for the two dementia units)</p> <p>1 x caregiver 1500 – 2300</p> <p>1 x lounge carer 1600 – 2100 (support across the two units)</p> <p>N</p> <p>1x caregiver 2245 – 0715</p> <p>1x caregiver 2300 – 0700 (to assist across the two dementia units)</p> <p>1 x Housekeeper 0900 – 1100.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service has in place policies and procedures for ensuring all medicine related recording and documentation is: a) legible, b) signed and dated and c) able to meet acceptable good practice standards.</p> <p>The facility uses monthly blister packs and an electronic medication system. Medications are checked on arrival and any pharmacy errors are recorded and fed back to the supplying pharmacy. Registered nurses and senior healthcare assistants who have passed their medication competency administer medications in the dementia unit. Medication competencies are updated annually, and staff attend annual education. Registered nurses have syringe driver training completed</p>

		<p>by the hospice. The medication fridge temperature is checked weekly. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on an electronic administration signing system. Controlled drugs are checked out by two people. The CD register is checked weekly.</p> <p>Medications are stored in locked trolleys within locked rooms in the dementia unit. The dementia unit treatment room is in the main dementia unit and will be used for both units. There are two separate trolleys.</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>The service has nine kitchen staff in total (including two chefs) who between them cover all shifts and days. All have current food safety certificates. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site.</p> <p>There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked at all meals. These were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a kitchen whiteboard. The four-weekly seasonal menu cycle is approved by a dietitian.</p> <p>Diets are modified as required. There is a choice of foods at meal times and the kitchen can cater to specific cultural requests if needed. Kitchen fridge, food and freezer temperatures are monitored and documented daily.</p> <p>There is a servery/kitchenette in the current dementia unit which is open plan and the hot water is behind a locked cupboard. There are also other lockable cupboards. Food temperatures are conducted before food is sent out of the main kitchen. Food is transported by kitchen staff to the dementia unit in food carriers and served to residents from the bain marie. Advised that a hot box will then carry trays of food through to the dining room of the new 11-bed dementia unit and once food is delivered the hot box will be removed immediately. There is a credenza for the storage of crockery & cutlery and drinks are provided on a drinks trolley located</p>

		<p>in the dining area. There is a caregiver designated to float between the two units as a lounge carer. The floater will carry a phone, to aid with meal times and to source additional resources as required. Additional snacks are available at all times in the dementia unit.</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>	<p>FA</p>	<p>There is an activities coordinator on each unit and they work 32.5 hours weekly. Four of the activities coordinators are registered diversional therapists. Each unit also has an activities assistant for 2.5 hours a day.</p> <p>There are currently two diversional therapists from 0900 – 1800 across 7 days a week in the current dementia unit (both have completed the dementia standards). Advised that hours will be shared by the current staff across the two units when the unit separates from one to two units. The diversional therapists will be assisted by the lounge carer in the morning and afternoon. The Ryman 'Engage' programme is implemented within the unit. The activity programme is designed for residents with memory loss and a large weekly copy is on the noticeboards in each resident room. 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. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day and Anzac Day are celebrated.</p> <p>Activity assessments are completed for residents on admission to the dementia unit and an individualised activities plan is 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>Residents have the choice of a variety of activities, in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, knitting, walks outside, crafts, games and quizzes.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the comprehensive individual activity plan is based on this assessment. Activity plans are evaluated at least six monthly at the same time as the review of the long-term care plan.</p>

<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for Waste Management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaner's cupboard and a sluice with lockable cupboards within the unit. The sluice will be shared between the two units as needed.</p> <p>Waste management audit are part of the quality 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. All new staff complete waste management training and PPE at orientation through the employees' induction programme. Gloves, aprons, and goggles are installed in the sluice and cleaner's cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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>FA</p>	<p>The facility is purpose built. The dementia unit of 30 beds was built and opened in 2011. There is a Building WOF dated 13 August 2018. Initially on opening 10 of the 30 beds were officially closed off as directed by the DHB. The unit has been built to comply to legislation.</p> <p>This partial provisional was completed to assess the current dementia unit of 30 beds to be separated into two separate units of 19 beds and 11 beds. Both units have separate open-plan lounge/dining areas. The original dementia unit has a centrally located nurse station directly off the open plan aspect of the dining and lounge area, which ensures that staff are in close contact with residents even when attending to paper work or meetings. The secure entrance to the small 11-bed unit is next to the office off the main dementia unit. Advised that records of residents in the 11-bed unit will be kept in the main dementia unit office. The original 30-bed dementia unit has 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 reflect resident, relative and staff feedback from other Ryman dementia units.</p> <p>The main dementia unit connects via a secure entrance. There is a foyer before entering through a secure door into the dementia unit. Entrance to the 11-bed unit</p>

		<p>is via the main dementia unit.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. The unit has carpet (lift able tiles) with vinyl/tiled surfaces in bathrooms/toilets. There is adequate space in the larger dementia unit for storage of mobility equipment.</p> <p>The furnishings of both lounges include colour and interest. General household ornaments are used to creatively present the communal lounge areas as home-like and interesting. Contrasting colours provide easier visibility and identification of furniture. Action boards are utilised for residents around the walls. Decals are used around the corridors to distract residents from locked rooms and doors. There is a closed-circuit monitoring system with a four or six screen split located on the nurse station desk. This system monitors the corridors and consequently staff are able to unobtrusively monitor residents who may be mobilising in corridors.</p> <p>There is a large internal courtyard that a number of resident rooms can open in to from the main dementia unit (19 rooms). There is a separate spacious landscaped courtyard off the combined lounge/dining area of the smaller 11-bed unit. The courtyard includes a raised garden, shaded seats, astro turf and a walking track. Larger plants have been planted around the edge of the fence as a more natural barrier. This courtyard has been extended in size and has been landscaped specifically for residents with dementia.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Memory boards on bedroom doors assist residents to find their room. All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. Medical equipment calibration and servicing is captured within the quality programme and completed annually.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All residents' rooms have a private ensuite which have access to a hand basin and paper towels. There is also a well-placed communal toilet off the communal areas. Communal toilets are set apart by coloured doors and sign.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal</p>	FA	<p>Resident rooms 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>

space/bed areas appropriate to the consumer group and setting.		
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	The 11-bed unit has a small combined dining/lounge area. The lounge/dining area will be sufficient for 11 residents to be involved in activities. The other connecting 19-bed dementia unit has a large open plan dining/lounge area.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	There are dedicated cleaning and laundry persons on duty each day. All linen and personal clothing is laundered on-site. The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are completed as per the Ryman quality programme. The service has a secure area for the storage of cleaning and laundry chemicals in the laundry. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are displayed in the cleaning cupboards. Laundry is transported between the dementia unit and the laundry in closed trolleys. Material safety datasheets are displayed in the cleaning cupboards. Chemicals were secure in the dementia unit.
<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>	FA	<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. There is staff with a first aid certificate across 24/7.</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. There are two generators available. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A Civil Defence folder includes procedures specific to the facility and organisation. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The fire evacuation plan was approved by the fire service 11 January 2012. Fire</p>

		<p>warden training has been completed and a fire drill/emergencies training was completed in the dementia unit with staff 18 January 2017. Secure doors are connected to the fire alarms.</p> <p>The doors of the village automatically lock down in the evening with keypad access after-hours. There are documented security procedures and CTV cameras.</p> <p>The "Austco Monitoring programme" is available in each bedroom and ensuite to ensure the resident is effectively monitored with dignity and limited interruption. The system includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night the light in their ensuite automatically turns on. This prompts the resident to go to the toilet and then on leaving the ensuite the light above the resident's bed illuminates and encourages the resident to go back to bed. This system is controlled by a timer and therefore can be set to meet the individual needs of each resident. The door to each bedroom is also reed switched and should the resident open their door at night (or after their sensor system has been set) the alarm activates on the staff members pager. This way the staff member is alerted to which residents are up and wandering.</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 good interior light in communal areas and the use of contrast colours to assist residents with dementia. There is thermostatically controlled central heating throughout the unit. All rooms have external windows with access to natural sunlight.</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 quality coordinator (RN). The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. Infection control is also an agenda item in the two monthly H&S committee and other clinical focused meetings. The programme is reviewed annually through head office. There have been no outbreaks since previous audit.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. On the day of audit, there were four residents with restraint and ten using enablers. There are no residents in the dementia unit with restraint or enablers.</p> <p>Staff training has been provided around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviours.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.