

Logan Campbell Retirement Village - Logan Campbell 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: Logan Campbell Retirement Village

Premises audited: Logan Campbell 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: 4 May 2018 End date: 4 May 2018

Proposed changes to current services (if any): Logan Campbell Retirement Village is a modern, spacious, purpose built facility. The care centre is to operate on three levels (level 2, 3, 4,) with serviced apartments across six levels. The service is opening in planned stages. This partial provisional included stage 2 of the build and the initial opening of part of the care centre. This audit

included verifying level 2 (43 bed hospital/rest home dual-purpose unit), and level one serviced apartments verified as suitable to provide rest home level care and serviced areas on level one. This audit verified the services preparedness to provided rest home and hospital (geriatric and medical level care). This audit did not include verifying the service to provide dementia level care.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Logan Campbell Retirement Village is a new Ryman Healthcare facility located in Greenlane. The facility is modern and spacious and extends across six levels. The care centre is to be across three floors and the serviced apartments to be across six levels. The village is on a semi-sloping site with a basement car park, entrance and reception on level two of the care centre. The service is planning to open each floor in stages.

This partial provisional audit included verifying stage two of the build. This includes verifying level one (serviced apartments) and level two of the facility. Level one also includes communal lounge/dining area for residents in the village, serviced apartments and service areas (kitchen, laundry and staffroom). Level two includes reception for the facility and a 43-bed dual-purpose hospital and rest home unit. The service plans to open level one and two of the care centre on the 5 June 2018 and there will be a total of 53 beds initially (this includes 10 serviced apartments certified to provide rest home level care if required).

It is planned a further audit will be completed at a later stage to verify the other stages (which will be completed by August) including level three (43 bed hospital) and level four (2 x 15 bed dementia units) and serviced apartments across all floors. At the

completion of the building, the service will have a total of 146 beds (including 30 serviced apartments certified to provide rest home level care).

The facility and clinical managers are experienced in management and have completed specific Ryman inductions for their role. They are supported by a Ryman regional manager.

The audit identified the design of the 43-bed dual-purpose unit on level two, the serviced apartments, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

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

Consumer rights

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Organisational management

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

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior caregiver, registered nurse (RN), and so on.

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

Continuum of service delivery

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

The facility has a large workable kitchen in a service area on level one. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the unit kitchenette. Food will be transported between floors in lifts. Nutritional profiles are to be completed on admission and provided to the cook.

Safe and appropriate environment

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

All resident rooms have ensembles and there are adequate numbers of toilets, which are easily accessible from communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

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

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

There are emergency and disaster policies and procedures. The fire evacuation plan has been approved by the fire service.

General living areas and resident rooms are appropriately heated and ventilated. Residents rooms are air conditioned and offer windows or juliet balconies for air flow. Common areas are air conditioned.

Restraint minimisation and safe practice

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Infection prevention and control

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	10	0	5	0	0	0
Criteria	0	29	0	6	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Logan Campbell Retirement Village is a new Ryman Healthcare facility located in Greenlane. The facility is six levels in total. The care centre is across three floors and the serviced apartments across six levels. The village is on a sloping site with a basement car park, entrance and reception on level two of the care centre. The service is planning to open each floor in stages.</p> <p>This partial provisional audit included verifying stage two of the build. This includes verifying level one (serviced apartments) and level two of the facility. Level one also includes communal lounge/dining area for residents in the village, serviced apartments and service areas (kitchen, laundry and staffroom). Level two includes reception for the facility and a 43-bed dual-purpose hospital and rest home unit. The service plans to open level one and two of the care centre on the 5 June 2018 and there will be a total of 53 beds initially (this includes 10 serviced apartments certified to provide rest home level care if required).</p> <p>A further audit is planned to be completed at a later stage to verify the other stages (which will be completed by August) including level three (43 bed hospital) and level four (2 x 15 bed dementia units) and serviced apartments across all floors. At the completion of the building, the service will have a total of 146 beds (including</p>

		<p>30 serviced apartments certified to provide rest home level care).</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 Logan Campbell around the opening and implementation of the new service, setting up of systems and embedding quality and risk management systems.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (geriatric and medical) level care. The village manager appointed to Logan Campbell has leadership experience in the service industry, and aged care management. The manager commenced eight weeks ago and has completed specific manager orientation in another Ryman facility.</p> <p>The clinical manager (CM) has many years' experience in aged care and with Ryman as a unit coordinator. She has completed the clinical manager orientation at another Ryman facility and recently commenced at Logan Campbell. The managers are to be supported by a unit coordinator in each area. A unit coordinator (UC) has been appointed for the dual-purpose unit and has completed the orientation at another Ryman village. The management team are also supported by a 'regional operations project manager'. This person is an experienced Ryman facility manager and this position has been established to support new managers in the opening of new facilities.</p> <p>The management team is supported by the Ryman management team including the regional manager.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the regional operations project manager and assistant manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital (medical and geriatric) level care.</p>
<p>Standard 1.2.7: Human Resource Management</p>	PA Low	<p>There are documented job descriptions for all positions, which detail each</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for (but not limited to) infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.</p> <p>The management team are in the process of employing staff for the opening of the care centre. Currently they have employed two RNs (one is InterRAI trained), a clinical manager and unit coordinator (both interRAI trained), an experienced serviced apartment coordinator (EN), 10 caregivers (currently working casually at Edmund Hillary retirement village), a van driver, a chef, and maintenance person. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy.</p> <p>An induction programme has commenced and will be completed before opening. All staff currently employed have either completed their 'all employee's induction package' or are in the process of completing. They have also commenced their specific role induction packages. A three-day induction training programme is scheduled for all staff prior to opening which will include (but not limited to) fire safety, manual handling, first aid, CPR, fire drill, emergency management, and building site safety.</p> <p>Ryman have a national training plan, which is being implemented nationally to ensure interRAI is run in conjunction with their existing platform (i.e., VCare Kiosk and myRyman).</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Staff education and training includes the Careerforce programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly. This group will be established on opening of Logan Campbell. 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 Logan Campbell will be encouraged to complete this training.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>PA Low</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 (hospital/rest home) and the serviced apartments (if there are assessed rest home residents). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. The service is un the process of interviewing and employing staff for all areas.</p> <p>There is a RN rostered 24/7 on level two supported by caregivers. A RN unit coordinator for the 43-bed dual purpose unit has also been appointed. Until numbers increase, the unit coordinator is the RN on the morning shift with another RN being rostered on morning as numbers increase. Initially on opening, there will be two caregivers on morning shift, two on afternoon shift and one on night shift (supported by a RN across each shift). The number of caregivers increasing as resident numbers increase i.e.: up to 10 hospital residents, up to 15 hospital residents.</p> <p>In the serviced apartments, a SA coordinator (EN) is rostered five days a week. This person has been appointed and is currently working as an enrolled nurse in dementia care at another Ryman site. There is another caregiver rostered on an afternoon shift. The number of caregivers rostered for the serviced apartments will increase as rest home resident numbers increase. The staff from the dual-purpose unit oversee the apartments at night.</p> <p>An activity coordinator has yet to be employed for level two and the serviced apartments. The roster has an activities person rostered Monday - Friday 0930 – 1630. and another one for the serviced apartments (0930 – 1630). The activities person in the serviced apartments also is responsible to assist with SA rest home residents at meal times. A contract for medical services has been confirmed. This will initially be provided on-demand with 24/7 on-call cover. As resident numbers increase, there will be daily visits by the GP (Monday- Friday).</p> <p>There is a contracted physiotherapist (9 -15 hours a week). As numbers increase a physiotherapy assistant will be employed.</p> <p>There is a Ryman contracted dietitian available.</p> <p>There are a number of residents on the waiting list, admission is planned to be</p>

		staggered with two new residents daily. A Ryman roving RN can assist with the admission documentation and assessments as needed.
<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 is well established throughout Ryman services. 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 planning to use four weekly blister packs as per Ryman policy. There is a dedicated treatment room in the dual-purpose floor. Two new medication trollies, and medication fridge has been purchased for the treatment room. The treatment room is in the process of being furnished (link 1.4.2.1). There is a swipe pad lock on the door. A self-medicating resident's policy is available if required. Locked drawers are to be provided for residents' self-administering medicines on an 'as required' basis.</p> <p>A contract with a pharmacy has been established. The pharmacy will provide five day a week service and impress stock is to be available to cover weekends. A contract for medical services across five days plus 24/hr cover has been confirmed. Initially GPs will visit on demand and that will increase to daily Monday – Friday as resident numbers increased.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC agreement (e.g., GP visits and medicines).</p> <p>The medicine management system has yet to be fully established in the care centre, as the floor is not yet occupied.</p> <p>There is a locked cupboard in the serviced apartments (level one) for the storage of medication and records should rest home residents live in serviced apartments.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	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 in the process of being furnished at Logan Campbell (link 1.4.2.1). The large workable kitchen is in the service areas on level one. The large kitchen has specific areas for cooking/baking, preparing and traying meals and an</p>

		<p>area for cleaning up. All kitchen equipment is new from southern hospitality. There is one chef employed currently with further kitchen staff yet to be employed (link 1.2.8.1).</p> <p>Logan Campbell is also going to implement Ryman's new food service programme (delicious). The food programme 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 cook's assistant, and then transported to resident areas in hot boxes. The hot boxes are heated and also have a cooling area for desserts. Food will be transported between floors in a large service lift.</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 (2018 winter menu review report dated 26 March 2018 sighted). The kitchenette on level two has access to boiling water, which is stored securely behind a locked cupboard.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The chef will have nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>The dining area and lounge on the dual-purpose floor is spacious enough to allow for lazy boy chairs, extra staff and extra equipment. The village communal centre has a dining area that rest home residents in the serviced apartments will utilise.</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 are two sluices' in the 43-bed dual-purpose floor. There is a sanitizer with an internal chemical system. There are currently no locked cupboards within the sluice for storage of any chemicals and the sluice doors do not have locks. Advised that no chemicals will be kept in the sluice all chemicals will be stored with the cleaner's trolley. There are secure cleaner's rooms/cupboards in the serviced apartments and in the dual-purpose unit.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two</p>

		<p>yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaner's rooms. MSDS for Ecolab products are in the cleaner's rooms. 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 employee's 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 staged openings are scheduled for the care centre. The building is on a semi-sloped section, which has a number of entrance areas. There is an entrance/reception area from the care park directly into level two of the care centre. Serviced apartments and the village community centre is on level one and this can also be accessed from the ground. Serviced apartments are across all floors.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Logan Campbell. Equipment is appropriate for hospital (and rest home) level care. There is a 12-seat VW transporter on site available to transport residents. There is an employed van driver with a current first aid cert. 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 (new job description and role-facilities manager). All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Ryman quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented in the Management Resource Manual.</p> <p>A certificate for public use has been issued for parts of the care centre (stage one). The building is not yet completed, and the CPU is yet to be updated to include all of level two and serviced apartments level two. The landscaping is in the process of being fully completed around the care centre.</p> <p>The level two (rest home/hospital) is designed with a service area consisting of a</p>

		centrally located nurse station that has access to a treatment room and an open-plan staff room set up with computer terminals. These service areas are situated near the spacious open plan dining and separate lounge area. The centrally located nurse station near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensuites and handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining 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. The majority of rooms have a Juliet balcony beside sliding doors which look out onto courtyards currently being landscaped.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities 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.	FA	There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room (including serviced apartments) has an ensuite with a disability-friendly shower, toilet and hand basin. There is one communal toilet near the communal lounge and dining room. There are communal toilets near the village communal lounge.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	Residents rooms in the level two hospital/rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. The communal lounge area on level two is spacious. There are three double-room available that are suited for a married couple should they be required. Serviced apartments lounges and bedrooms are spacious enough to manage mobility equipment.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their	FA	Level two rest home/hospital has a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There is a centrally located nurse station near the dining and lounge areas. The open plan lounge is large enough for individual or group activities. The serviced apartments have their own dining and lounge area that is large enough for residents with

relaxation, activity, and dining needs.		mobility equipment with different areas for group or individual use. There is also a large recreation room and movie theatre that village residents and rest home/hospital residents can utilise.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The organisation provides housekeeping and laundry policies and procedures, which are robust and will ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area wing on level one and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes instructions for cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. Laundry staff are yet to be employed (link 1.2.8.1). The number of laundry staff will be increased as occupancy increases.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits 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>	PA Low	<p>The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid training for staff is scheduled for induction for RNs that have not got current first aid certs.</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 onsite. 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</p>

		<p>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 communal areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software is able to be monitored. Rest home residents in serviced apartments will have a call bell pendant. The call bell system has been checked and is fully operational.</p> <p>The fire evacuation plan has been approved by the fire service (12 April 2018). Fire training is scheduled for induction and a fire drill is to be completed during the induction days and 6 monthly thereafter.</p> <p>The doors of the village automatically lock down at 6pm to 7am with keypad access after-hours. There are documented security procedures and CTV cameras.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. The organisation has installed an air conditioning/air heating system throughout the facility. Each resident room can be individually controlled. Living areas are temperature controlled. The lounge does not have any windows that can be opened, however the air conditioning unit can ensure the room remains cool in summer and warm in winter. The resident rooms in the unit have either external windows or sliding doors with a Juliet balcony. There is plenty of natural light in all areas.</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 is 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</p>

		the two-monthly head office H&S committee and meetings will be commenced at Logan Campbell on opening. The programme is reviewed annually through head office.
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Specific results for criterion where corrective actions are required

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

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

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

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

		to also complete foundations level two. This is commenced following the All-employee orientation and required to be completed within 1- 3 months. Completion of foundations is monitored by head office.		
<p>Criterion 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	<p>A draft roster has been developed for level two (hospital/rest home) and the serviced apartments (if there are assessed rest home residents). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. The management team is in the process of interviewing and employing staff for all areas. There is a unit coordinator and two RNs currently employed, further interviews are in the process of occurring to ensure there is 24/7 RN cover on opening. There are eight caregivers employed and working casually at another Ryman village and will transfer to Logan Campbell prior to opening. Other auxiliary staff are yet to be employed.</p>	<p>The management team are in the process of employing new staff. However, not all staff have yet been employed to cover the initial roster including; 24/7 RN cover, activity staff, kitchen staff, and cleaning/laundry.</p>	<p>Ensure staff are employed to cover the initial roster including ensuring 24/7 RN cover.</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>	PA Low	<p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. Advised that only RNs/ENs will be responsible for medication in the level two hospital/rest home unit. The service is planning to implement one-chart on opening and medication competencies and training are to occur as part of their induction.</p>	<p>Specific one-chart training is scheduled prior to opening for those RN/ENs employed that have not already completed training at another Ryman village.</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>

				Prior to occupancy days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility has been purpose built. The facility is across six levels. For the purpose of this audit only level one (serviced apartments) and level two (43-bed dual-purpose unit) were verified. There are two lifts between the floors that are large enough for mobility equipment. There is a current CPU for parts of the building, which are operational. Hilo and electric beds have been purchased for all rooms on level 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.</p> <p>The landscaping is in the process of being completed around the care centre.</p>	<p>The building is still in progress and therefore the CPU has not yet been signed out for all areas assessed as part of this audit. The kitchen and medication room are still in the process of being furnished.</p>	<p>Ensure the CPU is completed prior to occupancy and forward a copy to DHB and HealthCERT. Ensure the furnishing of the kitchen and medication room is completed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>The building has yet to be completed and tradesmen and equipment are still onsite. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed are fenced off. Shade and seating is available.</p>	<p>Landscaping around the care centre is still in the process of being completed.</p>	<p>Ensure there are landscaped areas available for rest home/hospital residents on opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified</p>	PA Low	<p>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</p>	<p>Not all staff have a current first aid certificate to cover 24/7. Fire drill and fire safety training is planned for induction and yet to occur</p>	<p>Ensure there is a staff member on 24/7 with a current first aid cert. Ensure a fire drill and training occurs during</p>

<p>emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>preparedness. First aid training for staff is scheduled for induction for RNs that have not got current first aid certs. Induction training is scheduled for the week prior to opening.</p>		<p>induction Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.