

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 October 2018 End date: 4 October 2018

Proposed changes to current services (if any): Logan Campbell Retirement Village is a modern, spacious, purpose-built facility. The care centre is across three levels (level 2, 3, 4,) with serviced apartments across six levels. The service has been opening in planned stages. This audit included verifying stage four of the build which included verifying 2x 15 bed dementia units on level four.

Total beds occupied across all premises included in the audit on the first day of the audit: 29

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

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

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 level two dual-purpose unit and serviced apartments opened on 5 June 2018. There are currently 29 residents in the dual-purpose unit on level two. A partial provisional audit was completed for level three hospital unit on 17 August 2018. The service is still awaiting the sign out of the IF2-Commercial final checklist and therefore level three has not been approved to be open yet.

This partial provisional audit included verifying stage four of the build. This included verifying two 15-bed dementia units on level four of the building. On completion of stage four of the care centre, there will be a total of 122 beds in the care centre across level two, three and four and 30 serviced apartments certified for rest home level care (total of 152 certified beds on completion). It is intended that the first 15-bed dementia unit will be opened 5 November 2018 with the next 15-bed dementia unit opening as resident numbers increase.

The village manager is supported by an experienced aged care clinical manager. A unit coordinator experienced in dementia level care has been appointed for the dementia unit. All staff have been employed for the opening of the first unit. The majority have completed or are in the process of completing the dementia standards.

The audit confirmed the staff roster, equipment requirements, environment, established systems and processes are appropriate for providing dementia 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 new dementia units.

This audit identified an improvement required to ensure the IF2-Commercial final checklist for level four, landscaping is completed prior to occupancy.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The management team is supported by the Ryman management team including the regional manager. Ryman has also introduced new roles to support management teams in the opening of new villages, this includes the operations project manager and operations project clinical manager. These two managers have been onsite frequently through the transition of opening.

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. All staff have been employed for the opening of the first dementia unit.

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 of and the dementia units and this is reflective in the draft rosters. The draft staffing roster also allows for assessed service type, acuity of residents and the activity needs of residents with dementia.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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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 two dementia units have a shared medication treatment room between the two units. The service is using an electronic medication system with this set up across the care centre.

There are activity staff employed daily across seven days. The Ryman 'Engage' programme is planned to be implemented within the dementia units. 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. Both units sighted were fully furnished. Both units have a second lounge (sensory room). The sensory room while designed as a home-styled lounge, included a number of objects and distractions for residents such as (but not limited to) knitting baskets, games, books and old turn-table record players.

The facility has a large workable kitchen in a service area on level one. 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 kitchenettes. Nutritional profiles are completed on admission and available to the chef. Snacks will be available across 24/7 for residents in the dementia units.

Safe and appropriate environment

<p>Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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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 enables residents to call for assistance. The building is completed and furnished, and the service is waiting for an updated IF2 – Commercial final checklist to be completed. The landscaping of external areas is completed in some areas with one of the two decks off the dementia units still in the process of being completed.

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. The unit’s design and equipment purchased, specifically consider residents with confused state. Each unit is designed in an L-shape with long hallways for wandering.

There are finding decals in place. To encourage residents to find their way around the unit and turn at the end of corridors, there are extensive use of “cues” such as decals, framed prints, textural and ornamental wall fixtures and various wall paint colours.

All resident rooms 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.


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 are 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. Communal areas are air conditioned.

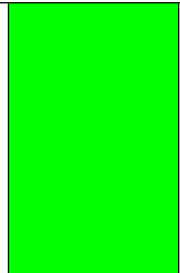
Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. Logan Campbell is currently restraint-free and there are no residents using enablers.

Staff training has been provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours. These topics have also been completed in the induction training of all staff employed for the dementia units.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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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	16	0	1	0	0	0
Criteria	0	35	0	2	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 care centre is across three floors and the serviced apartments across six levels. The village is on a sloping site with a basement carpark, entrance and reception on level two of the care centre. The service has been opening each floor in stages. Currently the dual-purpose unit on level two is the only care centre unit open. The level two dual-purpose unit and serviced apartments opened on 5 June 2018. There are currently 29 residents in the dual-purpose unit on level two (19 rest home and 10 hospital) and one rest home resident in serviced apartments. All residents are under the ARCC contract.</p> <p>A partial provisional audit was completed for level three hospital unit on 17 August 2018. The service is still awaiting the sign off of the IF2 – Commercial final checklist by Auckland Council and therefore has not been approved to be opening. Advised they are planning to open the unit and serviced apartments on that floor on 15 October 2018. It is intended that the current 10 hospital residents in level two dual-purpose unit will transfer to the specific hospital floor.</p> <p>This partial provisional audit included verifying stage four of the build. This included verifying two 15-bed dementia units on level four of the building. On completion of stage four of the care centre, there will be a total of 122 beds in the care centre across level two, three and four and 30 serviced apartments certified for rest home level care.</p> <p>It is intended that the first 15-bed dementia unit will be opened 5 November 2018 with the next 15-bed dementia unit opening as resident numbers increase.</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives</p>

		<p>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 are being implemented at Logan Campbell Retirement Village. These have been reviewed in August 2018 to reflect progress to date.</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.</p> <p>The village manager at Logan Campbell has leadership experience in the service industry, and aged care management. The manager commenced 12 March 2018 and completed the specific manager orientation in another Ryman facility prior to opening and has also completed a health and wellbeing in dementia course (UK based).</p> <p>The clinical manager (CM) commenced June 2018 and has many years' experience with another Ryman village as a unit coordinator. The assistant manager commenced June 2018 and has a background in project work including community housing. The managers are supported by a unit coordinator in each area. The unit coordinator across the dementia units has been appointed. The unit coordinator (RN) has five years' experience in the role in another Ryman dementia unit.</p> <p>The management team is supported by the Ryman management team including the regional manager. Ryman has also introduced new roles to support management teams in the opening of new villages, this includes the operations project manager and operations project clinical manager. These two managers have been onsite frequently through the transition of opening.</p> <p>The management team have scheduled to meet with the ADHB Mental Health representative. The service plans to establish a relationship to work with their team to best support the needs of their residents. There have been significant changes to Logan Campbell original design to meet DHB preferences including increasing the dementia unit deck space (added 2 new decks at ends of corridors) and adding quiet rooms on each unit.</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,</p>	<p>FA</p>	<p>The clinical manager will fulfil the manager's role during a temporary absence of the village manager with support by the assistant manager and regional operations manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>

appropriate, and safe services to consumers.		
<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 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 prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, and fire officer. All staff files reviewed (five caregivers, one housekeeper, one diversional therapist) included documentation of recruitment processes including a job description relevant to the role, reference checking, criminal vetting and a signed contract. All these staff are rostered to commence in the dementia units.</p> <p>There are currently 55 staff employed including the village manager and assistant manager and nine RNs include three-unit coordinators (clinical manager, rest home coordinator and two RNs are interRAI trained). The unit coordinator employed for the dementia units is also interRAI trained. There is also a further RN employed for Saturday and Sunday in the dementia unit. This person is currently working in another Ryman village dementia unit and she is also interRAI trained.</p> <p>Staff have been employed for the first 15-bed dementia unit. Of the 11 caregivers employed for dementia, four have completed the dementia standards, six are in progress of completing and one hasn't commenced. All have either completed or are in progress of the Ryman induction programme. Three come from other Ryman dementia units.</p> <p>An orientation and induction programme is in place with seven staff records reviewed for staff that are rostered to work in the dementia unit. All seven files confirmed that all those employed have completed orientation and induction. There is at least one staff member on duty with a current first aid certificate and many of the staff rostered also have current first aid certificates.</p> <p>Ryman have a national training plan, which is being implemented nationally to ensure interRAI is run in conjunction with their existing platform (ie, VCare Kiosk and myRyman). Individual training needs are also identified through the appraisal process.</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 a programme for caregivers and there is a 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 has commenced, meeting two monthly as per the meeting calendar. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting.</p> <p>The service has completed a large number of in-services since opening.</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>The roster is currently being implemented across the dual-purpose rest home unit. The draft roster for the hospital is ready for implementation once that unit is opened.</p> <p>The service has employed all required staff to cover the roster of the first dementia unit (15-beds) due to open 5 November 2018.</p> <p>A draft roster has also been developed for both units (2 x 15 beds). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>The draft roster for the opening of the first 15-bed unit includes a unit coordinator (RN) for five days a week on morning shift and a RN on Saturday and Sunday. There are two caregivers on the morning shift (0700 – 1530 and 0700 – 1500). There is a diversional therapist rostered 0930 – 1800. There are two caregivers on the afternoon shift (1500 – 2300 and 1500 – 2100). A night duty leader (senior caregiver) and another caregiver are rostered 2300 – 0700.</p> <p>Once the second 15-bed unit opens, a second roster will be implemented. Caregivers rostered will increase as resident numbers increase including having an appointed lounge carer 0900 – 1600 and another RN on morning in each unit. At night, there will be a duty leader in each unit plus a float carer.</p> <p>A contract for medical services is in place. Currently the GP visits 2x weekly and on-call as needed. Advised that once all areas of the care centre are opening, the house GP will visit daily (Monday - Friday).</p> <p>There is a contracted physiotherapist (0900 – 1230 daily Monday – Friday). As numbers increase a physiotherapy assistant will be employed.</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</p>	<p>FA</p>	<p>Medicines management information is established in the current dual-purpose unit. 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. A register is in place to identify staff designated as medication competent staff. Medication management and competencies are completed as part of induction and annually.</p> <p>The clinical services manual includes a range of medicines management policies and associated procedures. The service uses four weekly blister packs as per Ryman policy and an electronic medication system. This will be the system across all floors. There is a shared treatment room between the two dementia units behind the shared nurses station. Two new medication trollies, and medication fridge are in place. The treatment room is fully</p>

<p>safe practice guidelines.</p>		<p>furnished with a swipe pad lock on the door.</p> <p>A self-medicating resident's policy is available, however residents in the dementia units will not be self-medicating.</p> <p>A contract with a pharmacy is in place. The pharmacy provides five day a week service and impress stock is available to cover weekends. The medicine management system is fully established in the care centre level two.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual. The food service is operational at Logan Campbell. The large workable kitchen is in the service areas on level one and has specific areas for cooking/baking, preparing and traying meals and an area for cleaning up. There are three chefs employed who are supported by kitchen staff. The food control plan has been verified and due to expire May 2019.</p> <p>Logan Campbell is implementing 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. All meals are 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 have a cooling area for desserts. Food is 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. The kitchenettes in the two dementia units are open plan. Boiling water, is stored securely behind a locked cupboard and locked cupboards are available. Snacks will be available 24/7 in the units.</p> <p>The dining area in each dementia unit has tables set up for small groups to make the setting more home-like.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. This is confirmed as being in place for residents already in the service. The chef has nutritional information on all residents electronically, and this can be updated through myRyman as needed. There is access to a community dietitian.</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</p>	<p>FA</p>	<p>There are two activity staff employed for the dementia units. One is a trained diversional therapist rostered 0930 – 1600. A further activity coordinator (diversional therapist in training) will provide activities Saturday to Sunday 0930 – 1600. Activities are planned across the week with input from caregiving staff. The Ryman 'Engage' programme is planned to be implemented within the dementia units. This is directed by head office. The programme is designed for residents with memory loss. Advised that residents in the dementia care unit will be taken for supervised walks outside as part of the activity programme.</p> <p>The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group including Triple A exercises, themed events and celebrations, baking, sensory activities including pets coming to visit, outings and drives. A facility van is available for outings for all residents. The lounge areas including the sensory rooms (second lounge) in each unit has seating placed for individual or group activities. The Ryman</p>

the service.		<p>Engage programme sighted for the dementia units included (but not limited to); daily walks around the grounds as weather permits. Activities include music, entertainers visit weekly, pet therapy, van outings, visits to the library, triple A exercises twice a day, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents.</p> <p>Community involvement is planned and includes entertainers, speakers, volunteers and visitors bringing in their pets weekly.</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 as part of myRyman allow for individual diversional, motivational and recreational therapy to be identified across a 24-hour period. Assessments identify former routines and activities that the resident is familiar with and enjoys. All the information around activities to engage or distract residents over the 24-hour period are to be documented throughout the care plans in various sections of myRyman by the diversional therapist and registered nurse.</p> <p>Both units sighted were fully furnished. Both units have a second lounge (sensory room). The sensory room while designed as a home-styled lounge, included a number of objects and distractions for residents such as (but not limited to) knitting baskets, games, books and old turn-table record players.</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 one sluice in one dementia unit, and this will be shared as needed. There is a sanitiser with an internal chemical system. The door to the sluice blends with the wall colouring to distract residents from it being a door. The handle is up high and is lockable. There is a secure cleaner's room shared between the two dementia units. The cleaning room has a closed chemical system with MSDS available in the room.</p> <p>Waste management audits are part of the internal audit programme. All staff are required to complete training regarding the management of waste during induction with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the compulsory two yearly training and orientation training.</p> <p>Gloves, aprons, and goggles are installed in the sluices and 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>
Standard 1.4.2: Facility	PA Low	The facility is purpose-built, and the design modelled on more recently opened Ryman facilities. The facility is near completion and staged openings continue to be scheduled for the care centre. The building and plant have been

<p>Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>built to comply with legislation. The organisation has purchased all new equipment for Logan Campbell. Equipment is appropriate for hospital, medical, rest home and dementia level care. There is a 12-seat VW transporter onsite available to transport residents. There is an employed van driver with a current first aid certificate.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery is new and will continue 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. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.</p> <p>A IF2 – Commercial final checklist (previously the certificate for public use) has been issued for level two and serviced apartments level two. The IF2 – Commercial final checklist has not been updated to include level three and level four (dementia units). The regional manager is waiting for the checklist to be returned by Auckland Council.</p> <p>Hilo and electric beds are in place in the dementia unit. The majority of rooms have a Juliet balcony beside sliding doors which look out onto landscaped grounds and courtyards.</p> <p>There are two lifts between the floors that are large enough for mobility equipment. Stairwell entrance in the dementia units are key padded off. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>There is a building site separate to the care centre but next door to the site. The care centre has double glazing and any sliding doors are kept closed to prevent dust coming into the building. Any work areas on other floors are kept separate from resident areas to minimise noise and dust. Hallways are well boarded and closed off to areas builders are working. Double glazed windows minimise any building work and dust. External areas to the side of the care centre are well fenced off to minimise dust.</p> <p>There are two separate dementia wings (15 beds in each). The two dementia units are to be run separately. Both units are complete and fully furnished.</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. A few changes have been made to the design with feedback from dementia specialists from Stirling university.</p> <p>The two units connected via a secure entrance foyer, before entering through a secure door into the dementia units (a door for each unit). There are handrails in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn’t go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways. The unit’s design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research</p>
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		<p>from dementia experts. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. The smaller lounges have circadian lighting installed. There is also plenty of natural light with large windows. Each unit is designed in an L-shape with long hallways for wandering.</p> <p>There are finding decals in place (as per other Ryman dementia units). To encourage residents to find their way around the unit and turn at the end of corridors, there are 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. The toilet seat is a different colour and signs and arrows pointing to communal toilets.</p> <p>The new units have carpet tiles with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new units for storage of mobility equipment. The units are designed with a service area consisting of a centrally located open-nurse station that is accessed from both wings separately. Access to a nurse’s working/computer office is via this service area. These service areas are situated adjacent to the open plan dining and lounge areas of both wings. Each wing has an open plan dining and lounge area. This design layout enhances the resident’s freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate quiet/sensory lounge in each wing.</p> <p>Each dementia unit has a secure covered deck off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor deck is directional paths with raised gardens, seats and gates. There is also a second outdoor garden area at the end of each wing. This is in the process of being landscaped and enclosed.</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</p>	<p>FA</p>	<p>Every resident’s room has an ensuite with a disability friendly shower, toilet and paper towels. The use of different coloured toilet seats and walls makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room. Communal toilets are set apart by coloured doors and signs.</p>

hygiene requirements.		
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Residents rooms in the 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. Residents can personalise their rooms and the room is large enough for family and friends to socialise with the resident.
<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	Each dementia unit has an open-plan living area. Each living area is spacious with a separate assigned 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. There is a second separate quiet/sensory lounge in each of the units.
<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</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 observed to be transported to the laundry in covered linen trolleys, which have been purchased also for level four. Laundry staff are employed with sufficient staff in place to support the care centre.</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>

which the service is being provided.		
<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. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a staff member on duty at all times with a current first aid certificate.</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 on-site. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in 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 can be monitored. The system includes an electronic beam management technology which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night the ensuite light automatically comes on. All call bells in the dementia unit are functional and a test report was sighted.</p> <p>The fire evacuation plan has been approved by the fire service (12 April 2018). Fire training has been completed at induction for all staff. A fire drill was last completed 28 May 2018.</p> <p>The doors of the village automatically lock down at 1800 to 0700 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</p>	FA	<p>There is air conditioning/air heating system throughout the dementia units. Each resident room can be individually controlled. Living areas are temperature controlled. The lounge includes large windows and overhead air conditioning units which can ensure the room remains cool in summer and warm in winter. The resident rooms in the unit have large external windows with Juliet balconies. There is plenty of natural light in all areas.</p> <p>The lighting is 2 x the normal lighting due to research from dementia experts. Lighting is a mixture of ceiling and wall</p>

<p>provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>lights, which effectively assists in the contrast between night and day. The smaller lounges have circadian lighting installed. There is also plenty of natural light with large windows.</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 an agenda item in the two-monthly head office H&S committee and teamRyman meetings. The programme is reviewed annually through head office.</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. Logan Campbell is currently restraint-free and there are no residents using enablers.</p> <p>Staff training has been provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours. These topics have also been completed in the induction training of all staff employed for the dementia units.</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)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose built. The facility is across six levels. There is a current CPU for parts of the building, which are operational and used by the public. There is a IF2 – Commercial final checklist in place for level two, however this has not been updated for level three and level four. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.	The organisation is waiting for the IF2 – Commercial final checklist to be updated by Auckland Council for level three and four.	Ensure the IF2 – Commercial final checklist is updated prior to occupancy with a copy forwarded to the to DHB and HealthCERT. Prior to

				occupancy days
<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 landscaping has been completed around the care centre. Each of the dementia wings have a secure external courtyard that is situated directly off the open plan lounge and dining areas in each wing. This allows for easy indoor/outdoor flow and supervision. The two outdoor areas are co-joined and separated by a gate, so that residents can visit each other. This area includes planter garden boxes and built-in outdoor seating that are to be strong, sturdy and secure and at a reasonable height to assist residents' use and mobility. Advised that all flooring surfaces on the outdoor courtyard are maintained in a safe, non-slip and obstacle free manner to encourage enjoyment of the outdoor area. The area has a track for walking, and artificial grass. The trellis is custom made in a heavy weight timber which is screwed together and designed to resist horizontal forces that comply with the NZ Building Code. There is a 600mm overhang off the trellis, so residents are unable to climb over this trellis. [Advised that the windows fixed within the trellis are constructed from Safelite PVB which is a laminated safety glass with a Polyvinyl Butyral (PVB) layer. Laminated glass offers greater protection for people by providing an effective barrier]. This outdoor area links directly off the lounge and dining room areas. This area is of adequate size and the design is used successfully in other Ryman villages. The second outdoor balcony area is off the end of each wing. This outdoor area is in the process of being completed.</p>	<p>The second outdoor balcony off the two dementia units are in the process of being completed.</p>	<p>Ensure the outdoor balconies are completed.</p> <p>Prior to occupancy days</p>

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.