

William Sanders Retirement Village Limited - William Sanders 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:	William Sanders Retirement Village Limited
Premises audited:	William Sanders Retirement Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 11 September 2020 End date: 11 September 2020
Proposed changes to current services (if any):	William Sanders Retirement Village is a modern, spacious, purpose-built facility on a sloping section. The care centre is to operate on four levels (level 1, 2, 3, 4) with serviced apartments across five levels. This partial provisional included verifying the care centre which includes level one (reception, serviced areas and village common

areas); level 2 which includes two 18-bed dementia units; level 3 (38 bed dual purpose unit); level 4 (38 bed dual purpose unit) and 30 serviced apartments. The care centre is planning to open in two stages. Level three dual-purpose unit will open on 30 September 2020 with the first residents planned to move in on 5 October 2020. Level four dual-purpose units will open as beds are required. The first 18-bed dementia unit on level two is planned to open 19 October 2020. The total number of beds at the facility and verified at this audit were 142, which includes 30 serviced apartments at rest home level of care; 76 rest home /hospital beds (dual purpose beds) and 36 dementia beds.

This audit also included verifying the service as suitable to provide hospital – medical 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

William Sanders Retirement Village is a new Ryman Healthcare facility located in Devonport. This partial provisional audit verified the care centre to provide hospital, rest home and dementia level care and serviced apartments to provide rest home level care. The audit included verifying level one (reception and common areas); level 3 (38 dual-purpose beds); level 4 (38 dual-purpose beds); and 30 serviced apartments as being appropriate for rest home level care. The care centre is planning to open these levels on 30 September 2020 with the first residents prepared to move in on the 5 October 2020. The audit also verified level two (special care dementia units) which are planning to open on 19 October 2020. The total number of beds at the facility and verified at this audit were 142. This audit also included verifying the service as suitable to provide hospital – medical level care. The service has appropriate equipment and allied health input to support hospital - medical level care.

The village is on a sloping site with a basement already open for car parking and the main entrance and reception on level one of the care centre.

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 that the design of the 38-bed dual-purpose units on level three and level four, the design of the dementia unit on level two, location and care suitability of the serviced apartments, staff rosters, equipment requirements, and established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) and 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 facility.

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

Consumer rights

Nil entry

Organisational management

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

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. The dementia unit has staff who are trained in dementia.

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.

There are activity staff employed daily across seven days. A diversional therapist has been employed for the dementia units and a diversional therapist is employed to provide activities for the hospital/rest home residents. The Ryman 'Engage' programme is planned to be implemented within the dementia units. The programme is designed for residents with memory loss.

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. 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. The organisation has purchased all new equipment, and furniture. A 12-seater vehicle is available for use by residents with specialised drivers. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. The levels are not yet completed. The final council checklist is yet to be signed off. The landscaping of external areas that will be accessible for residents on opening, 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. There is a draft fire evacuation plan. An on-site generator is available.

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

Restraint minimisation and safe practice

Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. William Sanders is currently restraint-free and there are no residents using enablers.

Staff training is continuing to be provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours

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	13	0	4	0	0	0
Criteria	0	30	0	7	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>William Sanders Retirement Village is a new Ryman Healthcare facility located in Devonport. The care centre is to operate on four levels (level one, two, three, four) with serviced apartments across five levels. The service is opening in planned stages. This partial provisional included verifying all of the care centre and serviced apartments, noting not all floors are opening at the same time. This verification included level 3 (38 dual-purpose beds); level 4 (38 dual-purpose beds) and service areas on each level; along with level one which includes reception and common areas. This audit also certified 30 serviced apartments as being appropriate for rest home level care on levels one-four. This audit also included verifying the service as suitable to provide hospital – medical level care. The service has appropriate equipment and allied health input to support hospital - medical level care.</p> <p>The care centre is planning to open levels one, three and four on 30 September 2020 with the first residents planning to move in on the 5 October 2020. The first floor to be occupied with residents will be level three. Level four of the care centre is planning to open as the numbers of residents increases. The service is planning to open level two of the care centre (special care dementia unit) on 19 October 2020 when the building is completed. On completion of the care centre,</p>

	<p>the service will have a total of 112 beds in the care centre and 30 certified serviced apartments (total 142). This audit verified the 142 beds (including 30 serviced apartments at rest home level of care and 76 rest home /hospital beds (dual purpose beds) and 26 dementia beds (two units of 18 beds in each). There are currently 24 people on the waiting list for places in the dual-purpose unit i.e. level three and 18 residents on the waiting list for the dementia beds.</p> <p>The village is on a sloping site with a basement already open for car parking and the main entrance and reception on level one of the care centre.</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.</p> <p>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 William Sanders around the implementation of the new service, setting up of systems and embedding quality and risk management systems. There are specific projects with action plans related to clinical, health and safety, human resources and resident/relative.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, dementia and hospital (geriatric and medical) level care. The village manager appointed to William Sanders has a senior management and leadership background in education. He started in the role on the 1 April 2019 and completed the Ryman Village manager induction. He also had induction at three other Ryman facilities including relieving experience at one facility. He is supported by a resident services manager and regional manager. They attended the annual Ryman manager's conference June 2019.</p> <p>The clinical manager (CM) has had three years' experience at other Ryman facilities as a rest and hospital home coordinator. Prior to that the clinical manager has had five years' experience in aged care nursing. The CM started working in Ryman services in March 2017 and commenced the clinical coordinator role at William Sanders in June 2020. The managers are to be supported by a unit coordinator in each area. The unit coordinator (UC) has been appointed for the dual-purpose unit (level three).</p> <p>The management team is supported by the Ryman management team including the regional manager.</p>
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<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical manager (CM) will fulfil the manager's role during a temporary absence of the village manager with support by the regional manager and resident services manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home and hospital (medical and geriatric) and dementia level care. The new resident services manager is equivalent to the clinical coordinator role but has an additional component of day to day operational management.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Additional role descriptions are in place for infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.</p> <p>The management team are in the process of employing staff for the opening of the care centre. Currently they have employed six RNs (four are interRAI trained), a clinical manager (interRAI trained) and unit coordinator (interRAI trained), six caregivers, diversional therapist (experience at another Ryman facility), cleaner and maintenance, and gardener. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy. However, there is currently sufficient staff to meet the draft roster of the dual-purpose unit.</p> <p>There are sufficient staff employed for the initial opening of the first 18-bed dementia unit. Of the six caregivers employed for dementia, one has completed the dementia standards.</p> <p>Advised that the service is accessing interRAI training asap for RNs that have not completed it.</p> <p>An induction and training plan has been developed. All staff currently employed have either completed or are in the process of completing their 'all employees induction package' and have commenced their specific role induction packages (some of the staff have come from other Ryman villages). A number of staff are currently working in another role within the independent apartments in the village. An induction training plan 21 September to the 25 September has been developed and is scheduled for all staff which includes (but not limited to) fire</p>

		<p>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. 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. The organisation has recently developed a dementia training programme that has been approved by NZQA. The programme aligns with the ARC contract requirements and will be implemented on orientation and all caregivers supported to complete it.</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 William Sanders. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting. Other training, such as “Closing the loop” series, will be completed at handovers. This training will be delivered as toolbox talks via zoom when topical clinical issues across Ryman need covered.</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 William Sanders will be encouraged to complete this training.</p> <p>Annual practicing certificates were sighted for all health professionals including doctor, physiotherapist, dietitian, pharmacists etc.</p> <p>There is a unit coordinator (EN) employed to oversee rest home residents in the serviced apartment. Management are currently in the process of employing a further afternoon caregiver.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed for each level (noting level three will open first and level four is a mirror image). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of</p>

	<p>residents.</p> <p>Rest home/hospital level of care:</p> <p>A RN unit coordinator for level three has also been appointed. The unit coordinator is supported by a further rostered 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 by shift (supported by a RN across each shift). Further caregivers are rostered as numbers increase from 5 to 10 to 15 residents and so on.</p> <p>Serviced Apartments:</p> <p>There is a draft roster that includes increase in caregiver numbers as resident numbers increase. There is a unit coordinator (enrolled nurse) employed across seven days (0800-1630). Two caregivers for the rest home residents in serviced apartments are rostered 0700 – 1300, a dining assistant 0930-1300, a caregiver – duty leader 1600-2100, dining assistant 1630-1830. Staff in the dual-purpose unit (level three) are responsible for providing support to rest home residents after 2100. The roster reviewed has staff already allocated to shifts with the regional manager confirming that other staff are actively being appointed to ensure the roster is fully operational prior to opening.</p> <p>Dementia unit:</p> <p>A draft roster has also been developed for the dementia unit. both units (2 x 18 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 18-bed unit includes a unit coordinator (registered nurse with seven years' experience in a psycho-geriatric care facility) 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). There is a diversional therapist rostered 0930 – 1800 and the DT has extensive experience in a sister facility with a dementia unit. There is two caregivers on the afternoon shift (1500 – 2300). A night duty leader (senior caregiver) is rostered 2245 – 0715.</p> <p>Once the second 18-bed unit opens, a second roster will be implemented for the second unit. Caregivers rostered will increase as resident numbers increase including having an appointed lounge carer 0900 – 1600 and another RN on morning and afternoon across the two units. At night, there will be a duty leader in each unit plus a float carer. There will be a further activity person employed so</p>
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		<p>that activities cover 7 days a week.</p> <p>A diversional therapist has been employed for level two dementia units (32.5 hours a week initially).</p> <p>A contract for medical services has been confirmed. This will initially be provided as needed by the two GPs with 24/7 on-call cover.</p> <p>There is a contracted physiotherapist, hours yet to be confirmed but will be reflective of resident needs and numbers.</p> <p>There is a Ryman contracted dietitian available.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<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 both dual-purpose floors. Two new medication trolleys, and medication fridge have been purchased for both treatment rooms. The treatment rooms have been fully furnished with a swipe lock.</p> <p>A contract with a pharmacy has been established. There is a locked cupboard in the medication rooms with a keyhole delivery for expired medications. A contract for medical services across five days plus 24/hr cover has been confirmed.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC agreement (eg, GP visits and medicines).</p> <p>A self-medicating resident's policy is available if required. Locked drawers are available in resident rooms for residents' self-administering medicines. Residents in the dementia units will not be self-medicating.</p> <p>There is a shared treatment room between the two dementia units behind the shared nurse's station. Two new medication trolleys, and medication fridge are ready to be put in place. The treatment room is fully furnished with a swipe pad lock on the door.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.</p> <p>The food service is not yet operational. The large workable kitchen is in the service areas on level one. There are two chefs employed to cover seven days. Kitchen assistants are not required to be employed initially until numbers increase.</p> <p>The kitchen includes two walk-in chillers and a walk-in freezer and pantry. The kitchen is spacious with room for an area for cleaning dishes, an area for cooking and a specific area for dishing up. The kitchen has the latest Southern hospitality equipment. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be plated in the kitchen and transported in hot boxes to the kitchenette in the dual-purpose unit and then served. The hot boxes are heated and also have a cooling area for desserts. The dining area in the dual-purpose unit has access to hot water, which includes safety measures to use.</p> <p>William Sanders will also implement Ryman's delicious food programme. The programme includes offering choices for midday meal and evening meal, including a vegetarian, gluten free and diabetic option.</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 extended lounge areas on the dual-purpose floor is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p> <p>The service has registered their food control plan which is due to expire May 2021.</p> <p>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. Both units have fridges.</p>
<p>Standard 1.3.7: Planned Activities</p>	<p>FA</p>	<p>There is currently one diversional therapist (DT) employed for the dementia unit 5 days a week from 0930 – 1800. A further activity coordinator will provide</p>

<p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>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 also 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 a quiet lounge and another lounge at end of each wing unit has seating placed for individual or group activities. The Ryman 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 completed for residents on admission and an individualised activities plan is developed from this. 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. The activities plan is integrated within the overall care plan. 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>Relative meetings are to be commenced six monthly in the dementia units.</p> <p>There is currently a diversional therapist providing activities across five days in the dual-purpose unit. Further activity hours are also rostered for the level three rest home/hospital residents.</p>
<p>Standard 1.4.1: Management Of Waste And</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies</p>

<p>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>document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There are two sluice rooms on each of the levels three and four. There are locked cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards 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-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaners' cupboards. MSDS for Ecolab products are in the cleaner's cupboards. 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. PPE competency is built into the orientation programme.</p> <p>There is one sluice in each of the dementia units. There is a sanitiser with an internal chemical system. The room is secure and the door the same colour as the walls to distract residents from it being a room.</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 sloped section, which will have a number of entrance areas. There is an entrance/reception area from the car park directly into level one via the lift and an entrance to level one on ground level. The hand over is scheduled for 30 September 2020.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for the facility. Equipment is appropriate for hospital, dementia and rest home level care. This includes rest home level of care in serviced apartments. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents. Policies relating to provision of equipment, furniture and amenities are documented in the Ryman library.</p> <p>There is a 12-seat VW transporter on site available to transport residents. There will be two employed people that are available to drive the van. In addition, the</p>

	<p>facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks with confirmation that BV Medical is booked to come on site in September 2020 prior to the handover date . 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. Hot water has been monitored in resident areas i.e. in the apartments already operational and remains at 45 degrees.</p> <p>Council are booked to be on site to complete the checklist towards the obtaining the compliance (An IF2 – Commercial final checklist).</p> <p>The landscaping is in the process of being completed at the front of the care centre. All other areas continue to be art of the construction site and will be fenced off prior to occupancy.</p> <p>Rest home/hospital levels three and four:</p> <p>The levels three and four (rest home/hospital) is designed with a service area consisting of a 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 adjacent to the spacious open plan dining on one side and open plan lounge area on the other side. The centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There is also another quiet lounge off the main lounge. There are planned 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 with vinyl/tiled surfaces in bathrooms/toilets, dining and kitchen areas. There is adequate space in the new units for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is a lift available between floors that is large enough for a stretcher if needed.</p> <p>The resident rooms have large windows that have safety catches.</p> <p>Serviced Apartments:</p>
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	<p>There are serviced apartments adjacent to level two, three and four of the care centre and on level one. The serviced apartments include a lounge, a separate bedroom and spacious ensuite. These serviced apartments were verified as suitable to provide rest home level care for up to 30 residents. A nurse's station is based on level one in the serviced apartment communal area. There is easy access via a lift to the apartments across the floors.</p> <p>Dementia units:</p> <p>There are two separate dementia wings (18 beds in each) on level two. The two dementia units are to be run separately. Both units are almost completed with call bells in place but painting, floor coverings to be laid and furnishings to be put in place. 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 are connected via a secure entrance foyer, before entering through a secure door into the dementia units (a door for each unit). There are handrails to be installed in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. Lighting is a mixture of ceiling and wall lights, which effectively assists in the contrast between night and day. There is also plenty of natural light with large windows. Each unit is designed in an L-shape with long hallways for wandering which end in a homely lounge.</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.</p>
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		<p>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 off the main open-plan living area and a further lounge at the end of the hallways.</p> <p>Each dementia unit has two outdoor areas off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area is to include directional paths with raised gardens, seats and gates a deck area. Outdoor areas are in the process of being landscaped.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Rest home/hospital levels three and four:</p> <p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin, with under floor heating. There is a communal toilet near the open plan communal lounge and dining room on each floor.</p> <p>Serviced apartments:</p> <p>Each apartment has a large ensuite that is easy to access.</p> <p>Dementia units:</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>
<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	<p>Rest home/hospital levels three and four:</p> <p>Residents rooms in the levels three and four 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. There are no double-rooms available.</p> <p>Serviced apartments:</p> <p>Each apartment has a large bedroom area that enables easy access around the</p>

		<p>bed. It also allows for use of mobility equipment if required.</p> <p>Dementia units:</p> <p>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 rooms are large enough for family and friends to socialise with the resident.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Rest home/hospital levels three and four:</p> <p>Levels three and four rest home/hospital areas have a large open-plan dining area and lounge area. One side is a spacious lounge and the other side is the dining area and kitchenette. Another smaller quieter lounge is located off the main lounge. The centrally located nurse station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities.</p> <p>Serviced apartments:</p> <p>Each apartment has a large open plan space that accommodates lounge and dining furniture and a kitchenette that is accessible. Level one includes a large communal dining and lounge area. Meals can be served in the dining area or in the resident's room.</p> <p>Dementia units:</p> <p>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 and an interactive lounge at the end of the wings.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	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 two and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes</p>

		<p>instructions for cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. Laundry staff have been employed. 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. There are templates for laundry and cleaning audits but these have not yet commenced as per the Ryman quality programme as laundry services are not provided to independent apartments.</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>Laundry and cleaning staff are already appointed and have been trained in their role.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. All currently employed RNs are booked to have first aid training (booking schedule sighted for 17 September 2020).</p> <p>The service has alternative power systems in place that includes a generator. There is a civil defence kit for the whole facility and drinkable water is stored in a number of large holding tanks in the basement. 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. This is monitored by head office IT team.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system</p>

		<p>has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. The system software is able to be monitored. Call bells are operational and have been tested. Call bell response times can be monitored, all caregivers/RNs have a pager. All call bells in the dementia units, hospital and serviced apartments across levels 1, 2, 3, and 4 are functional.</p> <p>The fire service has completed a check on fire alarms, notices etc. The fire evacuation plan is in draft and has been forwarded to the fire service on 9 July 2020. The service is waiting for a response. Fire training is scheduled for induction of any new staff and fire drills have been completed in the apartments in December 2019 and June 2020 for staff to practice prior to moving to the new build. Fire training is scheduled is to be completed five days before opening.</p> <p>The doors of the village automatically lock down at 7 pm to 7 am with keypad access after-hours. There are documented security procedures and CCTV cameras at the entrance, medication room and parking block.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. There is air-conditioning in common areas and resident bedrooms. These can be individually controlled. There is under-floor heating throughout the facility. Each room has an external window with plenty of natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There 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 to be initially managed by the clinical manager. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. Infection control is to be an agenda item in the two monthly head office H&S committee. 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.</p> <p>Staff training is planned prior to occupancy of levels three and four and the dementia unit around restraint minimisation and enablers, falls prevention and analysis and management of challenging behaviours (link 1.2.7.4).</p> <p>William Sanders is currently restraint-free and there are no residents using enablers.</p>
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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 William Sanders.</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 William Sanders) and then is separated out into role specific</p>	<p>Advised that the newly employed staff commencing will all receive induction/training at the facility the days before opening. On site 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>

		modules. All these inductions are completed online, and completion dates are monitored.		
<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. The regional manager stated only senior staff such as RNs will be responsible for medication in the dual-purpose units. 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>Newly employed RNs, senior caregivers have not yet completed specific one-chart training, or their RN induction packages. This is scheduled prior to opening .</p>	<p>Ensure newly employed staff that will be responsible for administration of medications, complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility has been purpose built. The care centre is across level one (the entrance/reception area) with two dementia units on level two; and dual-purpose units on levels three and four. The service has purchased all new equipment including medical equipment. Hilo and electric beds have been purchased for all rooms. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents. The IF2 – Commercial final checklist is to be signed off.</p> <p>Parts of the extended building are in the process of being completed and tradesmen and equipment are still on site. Those still being completed</p>	<p>(i) The building is still in progress. An IF2 – Commercial final checklist has not been signed off for all areas included in this audit.</p> <p>(ii) Individual rooms continue to be furnished with handrails and door handles being installed where needed.</p>	<p>(i) Ensure the IF2 – Commercial final checklist is updated prior to occupancy with a copy forwarded to the to DHB and HealthCERT.</p> <p>(ii) Ensure rooms are fully furnished including handrails and door handles.</p> <p>Prior to occupancy days</p>

		remain fenced off. There are some completed landscaped areas for rest home and hospital residents to access including the entrance at the front of the facility.		
<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 on site. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed will remain fenced off. Areas to the front of the facility will be landscaped prior to opening.</p> <p>Both dementia units have two secure external areas. One of the areas (off each dementia unit) is landscaped with paths and artificial grass. Plants, seating and shade is yet to be completed. The other external area off each unit is yet to be completed. Advised that this second outdoor area will be locked off until completed within a month after opening.</p>	<p>(i). Landscaping around the care centre is still in the process of being completed.</p> <p>(ii) Both dementia units have two secure external areas off their living areas (one off the lounge and another off the dining area). One of the areas (off each dementia unit) is landscaped with paths and artificial grass. Plants, seating and shade is yet to be completed. The other external area off each unit is yet to be completed. Advised that this will be locked off until completed and prior to occupancy.</p>	<p>(i). Ensure there are landscaped areas available for rest home/hospital residents on opening and all other areas fenced off.</p> <p>(ii). Ensure the external garden areas are fully completed prior to occupancy of each unit.</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 emergency and security situations. This shall include fire safety and emergency procedures.</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 preparedness. All currently employed RNs have a current first aid certificate. Fire training is scheduled for induction and a fire drill is to be completed two days before</p>	<p>Fire training is scheduled for induction and a fire drill is to be completed two days before opening.</p>	<p>Ensure a fire drill is completed prior to occupancy.</p> <p>Prior to occupancy days</p>

		opening.		
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The fire evacuation plan is currently in draft and has been submitted to the fire service.	The fire evacuation plan is currently in draft.	<p>Ensure the fire evacuation plan is approved by the fire service.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	The doors of the village automatically lock down at 1900 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, medication rooms and parking block. The doors to the dementia unit are not yet secure.	Keypads are in place at the entrance to the dementia units, but these are not yet initiated to ensure the unit is secure. The door between the two dementia units is not yet locked.	<p>Ensure the dementia units are secure.</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.