

Linda Jones Retirement Village Limited - Linda Jones 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 BSI Group New Zealand Ltd, 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:	Linda Jones Retirement Village Limited
Premises audited:	Linda Jones 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: 28 May 2021 End date: 28 May 2021

Proposed changes to current services (if any): Linda Jones Retirement Village is a purpose-built facility which has been opening in stages. This is the third and final partial provisional audit around the opening of the care centre. Stage one of the care centre opened 8 January 2021. This included level two (ground level) which included one 18-bed dementia unit and one 18-bed

hospital dual-purpose unit. Stage two opened 17 April 2021 which included level three (40-bed dual purpose unit that opened as a rest home unit).

This partial provisional includes verifying stage three of the care centre which includes verifying level four (40-bed dual purpose unit that will open as a hospital unit) and verifying the current 18-bed dual-purpose unit on level two as an 18-bed dementia unit of which it was initially designed for. On opening of the level four hospital, the current hospital residents in the level two 18-bed unit will move to the level four hospital unit.

The service is planning to open level four from 14 June 2021. With the opening of stage three, the care centre will be complete, and the service will have a total of 146 beds (2 x 18-bed dementia units on level two (ground floor), 40-bed rest home (dual-purpose) unit on level three and a 40-bed hospital (dual-purpose) unit on level four and serviced apartments across levels 1, 2, 3 and 4 verified as suitable for rest home level care for up to 30 residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 39

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

Linda Jones Retirement Village is a new Ryman Healthcare facility located in Hamilton. The facility is a modern, spacious, purpose-built facility on a sloping section. The service originally opened 8 January 2021 and each floor has been opening in stages. The service is certified to provide rest home, hospital and dementia level care for up to 146 residents across three levels including rest home level care across serviced apartments. On the day of audit there were 39 residents including one rest home resident in serviced apartments.

This partial provisional includes verifying stage three of the care centre which includes verifying level four (40-bed dual purpose unit that will open as a hospital unit) and verifying the current 18-bed dual-purpose unit on level two as an 18-bed dementia unit of which it was initially designed for. On opening of the level four hospital, the current hospital residents in the level two 18-bed unit will move to the level four hospital unit.

The service is planning to open level four from 14 June 2021.

The village manager and clinical manager are experienced in managing aged care. They are supported by a Ryman regional manager.

The audit identified the 40-bed (dual-purpose) hospital unit on level four, the 18-bed dementia unit on level two, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care.

There are improvements required by the service around the completion of the building, code of compliance, reviewing the dementia garden fence, activating call bells and securing the dementia unit.

Consumer rights

[Click here to enter text](#)

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. There are set 2021 objectives for Linda Jones. Management meetings, clinical meetings, full staff meetings, health & safety meetings and infection control meetings have commenced. The Ryman quality programme has commenced including (but not limited to) analysis of quality data and internal audits.

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 of the 4th floor hospital unit and the 2nd dementia unit, and this is

reflective in the draft rosters and processes around employment of new staff. The draft staffing roster also allows for assessed service type and acuity of residents.

Continuum of service delivery

The Ryman 'Engage' programme is being implemented within the dementia, rest home and hospital unit. This is directed by head office. The programme is designed for residents with memory loss. There are activities provided across seven days.

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. There is a secure treatment room in each of the areas. There is a secure medication cupboard in the serviced apartment nurses' station. The service will continue using an electronic medication system in the hospital and dementia unit. Staff have completed medication competencies.

The facility has a large workable kitchen in the service area on the lower ground level. There is a walk-in chiller and freezer and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Nutritional profiles are 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 is new equipment and furniture purchased for the hospital unit. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. A certificate of public use has been obtained for the first three levels.

All resident rooms have ensuites and there is a communal toilet near communal areas. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment. There are handrails in ensuites. There are

landscaped areas for residents to access around the care centre. There are dementia unit gardens off the lounge of the dementia unit.

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 several activities.

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. There is an approved 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. The restraint coordinator is the clinical manager. The quality committee is overseeing restraint. The service is restraint free. There is a Ryman head office restraint committee that reviews any restraint and restraint practices across the organisation.

Staff training was completed at induction days around restraint minimisation and enablers, falls prevention, and management of challenging behaviours.

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. The IPC coordinator is the serviced apartment coordinator who has completed external training. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. A bi-

monthly IC committee has been established in 2021. There is plentiful supplies of PPE, and hand sanitiser are available. The organisation has a pandemic plan.

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	14	0	3	0	0	0
Criteria	0	32	0	5	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Linda Jones Retirement Village is a purpose-built facility which has opened in stages. This is the third and final partial provisional audit around the opening of the care centre. Stage one of the care centre opened 8 January 2021. This included level two (ground level) which included one 18-bed dementia unit and one 18-bed hospital dual-purpose unit and serviced apartments. Stage two opened 17 April 2021 which included level three (40-bed dual purpose unit that opened as a rest home unit) and serviced apartments.</p> <p>This partial provisional includes verifying stage three of the care centre build which includes verifying level four (40-bed dual purpose unit that will open as a hospital unit) and verifying the current 18-bed dual-purpose unit on level two as an 18-bed dementia unit of which it was initially designed for. On opening of the level four hospital, the current hospital residents in the level two 18-bed unit will move to the level four hospital unit.</p> <p>The service is planning to open level four from 14 June 2021. With the opening of stage three, the care centre will be complete, and the service will have a total of 146 beds (2 x 18-bed dementia units on level two (ground floor), 40-bed rest home (dual-purpose) unit on level three and a 40-bed hospital (dual-purpose) unit on level four and serviced apartments across levels 1, 2, 3 and 4 verified as</p>

		<p>suitable for rest home level care for up to 30 residents.</p> <p>One the day of audit, there were 38 residents in the care centre (eleven residents in the secure dementia unit, nine hospital residents and eighteen rest home). There was one rest home resident in serviced apartments.</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 for 2021 have been developed at Linda Jones around the implementation of services, establishing robust systems and embedding quality and risk management systems. There are specific projects with action plans related to clinical, health & safety, human resources and resident/relative.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The village manager has been in the role at Linda Jones for the last year and has a business/finance background. He has worked in the same role at another Ryman village since 2014. The village manager is supported by a resident services manager, clinical manager and regional manager.</p> <p>The clinical manager (CM) has over four years' experience as a unit coordinator at another Ryman village. This includes unit coordinator roles in dementia and also in the hospital. The CM commenced 5 January 2021. The managers are supported by a unit coordinator in each area. There are three unit coordinators (RNs) across the rest home, hospital, dementia units and, one in the serviced apartments (EN).</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the regional manager and resident services manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment</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 infection prevention control coordinator, restraint</p>

<p>practice and meet the requirements of legislation.</p>	<p>coordinator, in-service educator, health and safety officer, fire officer and quality assistant. All staff files reviewed (two unit coordinators, two caregivers, two registered nurses) included documentation of recruitment processes including a job description relevant to the role, reference checking, criminal vetting and a signed contract.</p> <p>There are currently 83 staff employed including the village manager, clinical manager and resident services manager and 10 RNs (with six interRAI trained). The service has recently employed a further 11 new caregivers. A further three caregivers are about to start and two more waiting on visas. There have been regular blocks of induction days occurring for all new staff. There are sufficient staff employed at Linda Jones for the opening of the 40-bed hospital unit and second dementia unit. However, the management team are in the process of employing a further three RNs. Once level four is certified and opened, the service plans to move the current hospital residents (from level two) and some staff from the level two hospital unit to level four.</p> <p>An induction and training plan is in place. All staff employed have either completed their 'all employees induction package' and have completed their specific role induction packages (some of the staff have come from other Ryman villages). Induction training days were completed for all staff prior to occupancy at each staged opening. All RN/ENs employed completed specific induction training. Medication training and competencies and myRyman training were completed on induction.</p> <p>A clinical team from Ryman Christchurch has completed training days with new and current staff on 6 April 2021. This included (but not limited to) training on nurse call, care planning, VCare roster, documentation and myRyman.</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/Otago Polytechnic (from 2021) programme for caregivers. There is an overall Ryman training plan 2021 that has commenced monthly at Linda Jones.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that has commenced meeting two-monthly February 2021. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting.</p> <p>Ryman has a 'Duty Leadership' training initiative that all RNs, ENs and senior</p>
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		<p>leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations. New registered nurses at Linda Jones are in the process of completing this training. Unit coordinators complete LEAP training (Lead Energise and Perform – across three years).</p> <p>There are 14 caregivers who currently work in the dementia unit. Six have completed the dementia standards and the others are in the process of completing the Ryman dementia online training course (the training course is equivalent to the required dementia standards and the course is to be completed within six weeks). There are sufficient employed caregivers to work across the two dementia units.</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 several draft rosters for increase in resident numbers across new facilities. The clinical manager works full time and supports the unit coordinators in each area. There are three unit coordinators (RN) across the rest home, hospital and dementia units. There is a unit coordinator (EN) across the rest home residents in serviced apartments.</p> <p>A draft roster has been developed for level four (hospital). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>Hospital unit (level four). Includes two wings of 20 beds in each.</p> <p>The roster identifies each wing.</p> <p>For one wing up to 20 residents:</p> <p>There is a hospital coordinator (RN) (Sunday- Thursday). AM shift: RN 0700 – 1530; two caregivers 0700 – 1530 and 0700 – 1330. PM shift: RN 1500 – 2300, two caregivers 1500 – 2300 and 1500 – 2100. Night shift: RN 2300 – 0730; one caregiver 2300 – 0730</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 (EN) employed across five days. A RN employed for the two days the unit coordinator is not there. The roster</p>

		<p>includes caregivers in serviced apartments (rostered 0800 – 1630 and 1600 – 2100).</p> <p>Dementia unit:</p> <p>A unit coordinator (RN) Sunday - Thursday across the two 18-bed dementia units. A registered nurse Friday - Saturday. Each 18-bed unit has two AM caregivers 0700- 1500 and 0700 – 1300.</p> <p>On PM shift, each dementia unit has a caregiver 1500 – 2300 and there is a registered nurse across both units 1500 – 2300.</p> <p>A contract with two medical practises is in place. They visit 2x weekly with 24/7 on-call cover.</p> <p>There is a contracted physiotherapist and dietitian.</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 and processes are well established on level two (dementia unit and dual-purpose unit) and level three (rest home). Policies and procedures reflect current medication legislation and residential care facilities. The on-line 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. A self-medicating resident's policy is available if required and locked drawers in resident rooms.</p> <p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. Medication competencies and training were completed as part of induction in January. All new RNs have completed induction training. There is sufficient medication-competent staff already employed at Linda Jones to manage the opening of the new dementia unit and the hospital unit.</p> <p>A contract with a pharmacy is in place. There is a locked cupboard in the medication rooms on each floor with a keyhole delivery for expired medications. There are two medical centres that provide house GPs for the service, currently two days a week plus 24/hr cover.</p> <p>No 2 Dementia unit</p> <p>On level two, there is a dedicated secure treatment room off the nurse's station of</p>

		<p>the dual-purpose unit (which will become the second dementia unit). This treatment room is shared by the current dementia unit. There are two medication trolleys for each dementia unit. The fridge and treatment room temperature are monitored daily (sighted). The service has implemented an electronic medication system. Blister packs are delivered four-weekly.</p> <p>Hospital unit level 4 (dual-purpose)</p> <p>There is a dedicated treatment room next to the nurse's station in the 4th floor hospital unit. The treatment unit has a swipe key access. The treatment room is a mirror image of the treatment room on level 3 (rest home). The treatment room is yet to be refurbished.</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 in place. The large workable kitchen is in the service areas on the lower ground. There are two FTE chefs employed to cover seven days and a baker and two kitchen assistants. The service is planning to employ a further chef once resident numbers increase.</p> <p>The kitchen includes two walk-in chillers and a walk-in freezer and pantry. Temperatures are monitored daily. The kitchen is spacious with room for an area for cleaning dishes, an area for cooking and a specific area for dishing up. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is plated in the kitchen and transported in scan hot boxes to the satellite kitchens then served. The hot boxes are heated and have a cooling area for desserts. Temperatures are monitored after dishing and prior to serving. The dining area in the 4th floor hospital unit and dementia unit both have access to hot water and open plan satellite kitchen. Safety measures are in place around hot water and other risk areas in the kitchen.</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 has nutritional information on all residents electronically (sighted). There is access to a community dietitian.</p> <p>The service has a registered food control plan that is due for its initial onsite verification June 2021.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service currently has three employed activity coordinators across the current dementia, rest home and hospital units. Activities are provided seven days a week in the hospital/rest home and seven days a week in the dementia unit. Currently the activities programme across the one open dementia unit is from 1330 to 1730. Once resident numbers increase, and the second dementia unit is open then activities will be across a full day. A newly employed diversional therapist is also set to commence in the dementia unit.</p> <p>Caregivers also provide activities in the dementia unit. The Ryman 'Engage' programme is being implemented within the dementia, rest home and hospital unit. This is directed by head office. The programme is designed for residents with memory loss. 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. There are two vans, and the service is planning to employ a van driver. The lounge areas including two quiet lounges at the end of each wing has seating placed for individual or group activities. The Ryman Engage programme sighted for the dementia unit 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 includes entertainers, speakers, volunteers and visitors bringing in their pets.</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 activity coordinator and registered nurse.</p>
<p>Standard 1.4.1: Management Of Waste And</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control</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>and disposal of waste and hazardous substances. There are two secure sluices, down each wing of the 4th floor hospital unit and a secure sluice in the level two dementia unit. A sanitiser is available in each sluice room. There are locked cupboards within the sluice for storage of chemicals. Waste management audits are part of the internal audit programme.</p> <p>All current staff completed training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training and was completed last week by current staff.</p> <p>Gloves, aprons, and goggles are available in the sluices and cleaners' cupboards on each floor. MSDS for Ecolab products are available in the cleaners' 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. There are hand basins and paper towels available in every resident ensuite. Sanitisers are also readily available in each unit.</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 has been opened in stages. With the final floor (level four) being verified as part of this audit. The building is on a sloped section. There is an entrance/reception area from the car park directly into level two of the care centre. Stage one of the care centre opened 18 January 2021 and stage two opened 17 April 2021. The current CPU (dated 9 April 2021) includes up to level three. A CPU for level four is yet to be obtained.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Linda Jones. Equipment is appropriate for hospital level care. 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 are two 12-seat VW transporters on site available to transport residents. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person and village support person and three gardeners employed. All electrical equipment and other machinery are checked</p>

	<p>as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Ryman quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Hot water is being monitored monthly in resident areas already open.</p> <p>There are landscaped gardens around the facility for residents to access.</p> <p>It was noted that there were several resident rooms with large windows and balconies off the 3rd and 4th floor lounges where residents in the dual-purpose units can look down into the dementia unit gardens. The service will need to consider how this is best managed to ensure the privacy and dignity of the residents that live in the dementia units.</p> <p>There are serviced apartments adjacent to the care centre on levels one, two, three and four. These serviced apartments include a lounge, a separate bedroom and spacious ensuite. Level four serviced apartments were verified as suitable to provide rest home level care at this audit.</p> <p>Level four 40-bed hospital (dual-purpose)</p> <p>The unit is designed with a service area consisting of a centrally located nurses' station that has access to a treatment room and an open-plan nurses hub set up with computer terminals. These service areas are situated near the spacious open plan dining and separate lounge area. The centrally located nurses' station near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. Level four hospital is a mirror-image design of level three rest home. There are handrails in ensuites and handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space and storage rooms for storage of mobility equipment. Hilo and electric beds have been purchased. There are several landing strips purchased and sensor mats. The resident rooms have large windows, and some have Juliet balconies. There is a small, covered deck off the lounge with seating. The level four unit is in the process of being fully furnished with some rooms and communal area still to be completed.</p> <p>No 2 Dementia unit:</p> <p>The 18-bed unit (currently hospital unit) is on level two (ground floor) and is adjacent to the current 18-bed dementia unit which opened 18 January 2021.</p>
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	<p>The service intends to move the current hospital residents from the 18-bed unit to the level four hospital unit when it opens. Then the 18-bed unit will be reconfigured back to a secure 18-bed dementia unit. The unit is currently unsecure with inactivated key pads. The unit has been specifically designed and purpose-built by Ryman's in-house development team. This team also keeps track of international research to ensure appropriate and effective design and flow of the specialised dementia unit. It is a mirror-image of the current adjacent dementia unit.</p> <p>The unit is connected via an entrance foyer, before entering through a secure door into the dementia unit. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia unit also includes 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 and outdoor area. The units design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. The unit is designed in a T-shape with each hallway ending in a homely lounge.</p> <p>The new unit has carpet tiles with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. The unit is designed with a service area consisting of a centrally located nurses' station with secure gate. Access to a nurse's working/computer office is via this nurse's station. The nurse's station is shared between the two dementia units with a wall separating the units. The nurse's station is situated adjacent to the open plan dining and lounge areas of the unit. This design layout enhances the resident's freedom of movement and ensures staff can supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate secure meeting room off the lounge that can also be shared and accessed by the adjacent dementia unit.</p> <p>The dementia unit has a spacious outdoor area off the open plan living area. The outdoor area includes directional paths with raised gardens, water features, seats and gates. The outdoor garden gate is currently not secure (link 1.4.7.6).</p>
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<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Hospital (level 4) - Dual-purpose unit: 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 one communal toilet near the open plan communal lounge and dining room.</p> <p>Serviced Apartments: The serviced apartments have mobility ensuites in each apartment and communal toilets near the communal lounge.</p> <p>Dementia: 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 is a well-placed communal toilet 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>	<p>FA</p>	<p>Hospital Dual-purpose unit and serviced apartments (level 4) - Residents rooms in the level four and serviced apartments level four are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites.</p> <p>Dementia unit: Residents rooms in the dementia unit 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>	<p>FA</p>	<p>Hospital Dual-purpose unit and serviced apartments (level 4) - The 40-bed hospital (dual-purpose unit) has a large open-plan dining area and lounge area. One side is a spacious lounge, and the other side is the dining area and satellite kitchen (link 1.4.2.1). There is a smaller quieter lounge located off the main communal 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. Rest home residents in the serviced apartments on level four can also access the village communal lounges on level two via two well positioned lifts. All serviced apartments also have their own lounge and kitchenette.</p> <p>Dementia unit: The dementia unit has an open-plan living area. The living area is</p>

		<p>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 are two other separate quiet/sensory lounges at the end of the T-shaped 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 ensure all cleaning and laundry services are always maintained and functional. The laundry is in the service area wing on the lower ground level 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 transported to the laundry in covered linen trolleys. Two laundry staff and seven housekeepers are employed. All laundry is completed on site.</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. Linen services audit completed March 2021 resulted in 97% outcome and housekeeping/hygiene audit 96% outcome.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Ecolab.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>The Ryman group emergency and disaster manual includes (but not limited to) dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid training was completed in January 2021 with all new staff. There is a staff member across 24/7 with a current first aid certificate.</p> <p>The service has alternative power systems in place that includes a generator. There is a civil defence kit in each of the nurse's stations and in reception for the whole facility and drinkable water is stored in several large holding tanks. A Civil</p>

		<p>Defence folder includes procedures specific to the facility and organisation.</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. Call bells are operational and have been tested. Call bell response times can be monitored, all caregivers/RNs have a pager. Rest home residents in the serviced apartments are given a bell pendant. There are call bells in the serviced apartment bedrooms and ensuites.</p> <p>The fire evacuation plan has been approved by the fire service 18 November 2020 that covers the whole care centre. Fire training and a fire drill was last completed May 2021 and included levels two and three.</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 at the entrance, medication room and parking block.</p> <p>The door into the shared visitor/meeting room between the two dementia units is secure. There is free access for residents and visitors to the ground floor 18-bed hospital unit. The door to the dementia unit and the unit garden area is not yet secure as hospital residents are still within the unit.</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 are air-conditioning/heating units in the ceilings in common areas and resident bedrooms. These can be individually controlled. 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 are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. The IPC coordinator is the serviced apartment coordinator (EN)</p>

		<p>who has completed external training. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. A bi-monthly IC committee commenced February 2021. There is plentiful supplies of PPE and hand sanitisers are available. The organisation has a pandemic plan. Hand hygiene audit completed April 2021- 100% outcome. A Covid preparedness audit was completed January 2021 – 100% outcome.</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>There is an organisational restraint policy and procedure. Restraint practices are only to be used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The restraint coordinator is the clinical manager. The quality committee is overseeing restraint initially. The service is restraint free. There is a Ryman head office restraint committee that reviews any restraint and restraint practices across the organisation. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. A restraint audit was completed April 2021- 100%.</p> <p>Staff training was completed at induction days around restraint minimisation and enablers, falls prevention, and management of challenging behaviours.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>Medicines management information and processes are well established on level two (dementia unit and dual-purpose unit) and level three (rest home). The medication treatment room on level four is in the process of being furnished. Two medication trolleys have been purchased. The hand basin, sink, fridge and other furnishings are yet to be installed.</p>	<p>The medication treatment room on level four (hospital) is not yet fully furnished.</p>	<p>Ensure the medication treatment room is fully furnished and functional prior to the transfer of the hospital residents from level two.</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 two to level four (level two being the ground floor entrance/reception area). For the purpose of the audit, level four (40-bed rest home/hospital dual-purpose and level two 18-bed secure dementia unit)</p>	<p>(i) Level four is still in progress of being completed and therefore a CPU or code of compliance is yet to be obtained which includes level four.</p> <p>(ii) Individual rooms on level four continue to be furnished with</p>	<p>(i) Ensure an updated CPU or code of compliance is completed for level four with a copy forwarded to the DHB.</p> <p>(ii) – (iv) Ensure communal rooms and</p>

		<p>was verified. Hilo and electric beds have been purchased for all rooms. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents. A Certificate of Public Use (CPU) has been obtained for the building including serviced apartments and care centre level one, level two and level three. A CPU or code of compliance is yet to be obtained for level four.</p>	<p>handrails and door handles being installed where needed.</p> <p>(iii) Furnishings are currently being installed.</p> <p>(iv) The level four satellite kitchen, communal lounge and nurses' station is yet to be fully completed.</p> <p>(v) Monitoring of water temperatures on level four is yet to be completed.</p>	<p>resident rooms are fully furnished.</p> <p>(v) Ensure water temperatures to resident areas are monitored and below 45 degrees.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>Areas around the facility are landscaped and there are plenty of gardens and safe areas for rest home, hospital and serviced apartment residents to access. The hospital unit on level four includes a small covered balcony with seats.</p> <p>Both dementia units have their own external garden areas separated by a high wall. Both outdoor areas (off each dementia unit) are landscaped with paths and artificial grass. Plants, seating and shade are in place. The garden area off the No 2 dementia unit (which is currently being used as a hospital unit) is not yet secure (link 1.4.7.6).</p>	<p>It was noted that there is a large wall separating the two dementia unit gardens. The high wall stretches along the front of the sliding door entrance off the dementia unit lounge allowing a wide pathway between the building and the wall to the landscaped garden area. This wall darkens part of the lounge and gives a closed-in feeling which does not lead to an ideal indoor/outdoor flow for the residents.</p>	<p>Ensure the high wall directly outside the dementia unit lounge does not limit light into the lounge. Consider how best to make it less intrusive and ensure access to the secure garden is more obvious.</p> <p>60 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon</p>	PA Low	<p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in communal areas.</p>	<p>The call bell system is not yet operational in the level four hospital unit.</p>	<p>Ensure the call bell system is operational.</p>

assistance when required.		<p>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. In the dementia unit, the system includes an electronic beam management technology which is used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts are 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. This has been deactivated while the unit is being used for hospital residents and will be reactivated when it opens as a dementia unit.</p> <p>All call bells in the hospital unit on level four are not yet functional. Rest home residents in the serviced apartments are given a bell pendant. There are call bells in the serviced apartment bedrooms and ensuites.</p>		Prior to occupancy days
<p>Criterion 1.4.7.6 The organisation identifies and implements appropriate</p>	PA Low	<p>The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and</p>	<p>The dementia unit is not yet secure due to it currently being used as a hospital.</p>	<p>Ensure the dementia unit is secure once the hospital residents have transferred to level four</p>

<p>security arrangements relevant to the consumer group and the setting.</p>		<p>CTV cameras at the entrance, medication room and parking block.</p> <p>The door into the shared visitor/meeting room between the two dementia units is secure. There is free access for residents and visitors to the ground floor 18-bed hospital unit. The door to the dementia unit and the unit garden area is not yet secure as hospital residents are still within the unit.</p>		<p>and prior to admission of residents assessed as requiring a secure unit.</p> <p>Prior to occupancy days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.