

# Murray Halberg Retirement Village Limited - Murray Halberg Retirement Village

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## 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:** Murray Halberg Retirement Village Limited

**Premises audited:** Murray Halberg Retirement Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 7 November 2019      End date: 7 November 2019

**Proposed changes to current services (if any):** The care centre is across three levels (level 1, 2, 3) with serviced apartments across six levels (3, 4, 5, 6, 7, 8). The service has been opening in planned stages. Stage 1 opened 16 October 2019. This partial provisional audit included verifying stage two of the build which included verifying 2x 19 bed dementia units on level 1, a 46-bed

dual-purpose unit on level 3 and serviced apartments across level 3, 4 and 5. Up to 30 serviced apartments will provide rest home level care if needed and 9 of the 30 serviced apartments located adjacent to the hospital on level 3 will be able to provide rest home or hospital level care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 3**

# Executive summary of the audit

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## Introduction

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

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

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

## Key to the indicators

## General overview of the audit

Murray Halberg Retirement Village is a new Ryman Healthcare facility located in Lynfield. The facility is modern and spacious and extends across a sloping section. The level two 46-bed dual-purpose unit opened on 16 October 2019. There are currently three residents in the dual-purpose unit on level two.

This partial provisional audit included verifying stage two of the build. This included verifying two 19-bed dementia units on level 1 of the building, a 46-bed dual-purpose unit on level 3 (used as hospital level). Thirty serviced apartments across level 3, 4, and 5 were also verified as suitable to provide rest home level care. Nine of the 30 serviced apartments adjacent to the hospital on level 3 were also verified as suitable to provide hospital level care.

On completion of stage two of the care centre, there will be a total of 130 beds in the care centre across levels one, two and three and up to 30 serviced apartments. The total number of certified beds being 160. It is intended that the first 19-bed dementia unit will be opened 18 November 2019 with the next 19-bed dementia unit opening as resident numbers increase. Once level three is certified, the service plans to move the current residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase.

The village manager is supported by an experienced aged care clinical manager. A registered nurse unit coordinator experienced in dementia level care has been appointed for the dementia unit. All staff have been employed for the opening of the dementia unit. An enrolled nurse unit coordinator has been employed for the serviced apartments.

The audit identified the dual-purpose unit, dementia units, serviced apartments, staff roster, equipment requirements, 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 implementation of the new service.

## **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 is a quality plan with key objectives. The Ryman quality and risk management programme has been commenced.

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 dementia units, hospital unit, certified serviced apartments and this is reflective in the draft rosters. The draft staffing roster also allows for assessed service type, acuity of residents and the location of residents.

## **Continuum of service delivery**

The medication management system includes medication policy and procedures that follow recognised standards and guidelines for safe medicine management practice in accord with the guidelines. The two dementia units have a shared medication treatment room between the two units. The hospital unit treatment room/medication management will also provide for hospital residents within the nine serviced apartments. There is a locked medication cupboard for rest home residents in serviced apartments located in the village communal lounge. The service is using an electronic medication system with this set up across the care centre.

There are activity staff employed daily across seven days. A diversional therapist has been employed for the dementia units. 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 two. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the unit kitchenettes in the dementia unit, hospital unit and village lounge. Nutritional profiles are completed on admission and available to the chef. Snacks will be available across 24/7 for residents in the dementia units.

## Safe and appropriate environment

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. The care centre is completed and furnished, and the IF2 – Commercial final checklist has been completed. There is a current WOF. 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. There are two secure garden areas off each of the dementia units that are in the process of being completed.

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

The two dementia 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 in ensuites and hallways. The units design and equipment purchased, specifically consider residents with confused state. Each unit is designed in an L-shape with long hallways for wandering and a home-style lounge at the end of the hallway.

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

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

There are emergency and disaster policies and procedures. The fire evacuation plan has been approved by the fire service. An on-site generator is available.

General living areas and resident rooms are appropriately heated and ventilated. Residents rooms are air conditioned and there are large windows. Communal areas are air conditioned.

## **Restraint minimisation and safe practice**

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

Staff training has been provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours.

## **Infection prevention and control**

Infection prevention and control (IPC) is currently the responsibility of the unit coordinator. 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)
<b>Standards</b>	0	14	0	3	0	0	0
<b>Criteria</b>	0	34	0	3	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Murray Halberg Retirement Village is a new Ryman Healthcare facility located in Lynfield. The facility is modern and spacious and extends across a sloping section. The level two 46-bed dual-purpose unit opened on 16 October 2019. There are currently three residents in the dual-purpose unit on level two (one rest home and two hospital including one resident on a Primary Options Acute Care contract).</p> <p>This partial provisional audit included verifying stage two of the build. This included verifying two separate 19-bed dementia units on level 1 of the building (ground), a 46-bed dual-purpose unit on level 3 (will be used as hospital level). Within the hospital unit, there are 42 spacious resident rooms including four double rooms for married couples if needed. Thirty serviced apartments across level 3, 4, and 5 were also verified as suitable to provide rest home level care. Of those 30 serviced apartments, nine of the apartments adjacent to the hospital on level 3 were also verified as suitable to provide hospital level care.</p> <p>On completion of stage two of the care centre, there will be a total of 130 beds in the care centre across levels one, two and three and up to 30 serviced apartments. The total number of certified beds being 160. It is intended that the first 19-bed dementia unit will be opened 18 November 2019 with the next 19-bed dementia unit opening as resident numbers increase. Once level three is certified, the</p>

		<p>service plans to move the current three residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase.</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 are in place around the implementation of the staged units, setting up of systems and embedding quality and risk management systems. Progress is regularly reviewed. There are specific projects with action plans related to clinical, health &amp; 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 at Murray Halberg has a business consultancy background and commenced December 2018. He is supported by an assistant manager and regional manager. They attended the annual Ryman managers conference June 2019.</p> <p>The clinical manager (CM) has many years' experience in hospice care as a clinical nurse specialist and was clinical manager at another Ryman facility. The CM commenced at Murray Halberg on 7 October 2019. The managers are to be supported by a unit coordinator in each area. Currently there is a unit coordinator (UC) in the level two dual-purpose unit. There is a unit coordinator employed for the dementia units and she commences on 18 November 2019. The UC has a background in dementia and aged care.</p> <p>The management team is supported by the Ryman management team including the regional manager.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<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 assistant 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 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. All staff files reviewed (two caregivers, two registered nurses, one chef) 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 30 staff employed including the village manager, clinical manager and assistant manager and six RNs including two-unit coordinators (three RNs are interRAI trained). Advised that the service is accessing interRAI training asap for RNs that have not completed it.</p> <p>There are sufficient staff employed for the initial opening of the first 19-bed dementia unit. Of the six caregivers employed for dementia, one has completed the dementia standards. All caregivers are required to commence from tomorrow, the online dementia training NZTC (Tertiary Collage). The training course is equivalent to the required dementia standards and the course is to be completed within three months.</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>Once level three is certified, the service plans to move the current residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase. While both units are dual-purpose it is intended that level two will become rest home only and level three will become the specific hospital unit. Due to low resident numbers currently, staff have not yet been employed for the dual-purpose unit that will not be operational (level two).</p> <p>An induction and training plan is in place. 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. An induction training programme was completed 7 October – 11 October which included (but not limited to) fire safety, manual handling, first aid, CPR, fire drill, emergency management, and building site safety. All caregivers have either</p>

		<p>completed or are in progress of the Ryman induction programme.</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 and other training programmes that align with NZQA qualifications for caregivers. There is an implemented annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly (training completed since opening was completed around acutely unwell residents). Training requirements are directed by Ryman head office and reviewed as part of the facility reporting. Other training, such as "Closing the loop" series, is completed at handovers. This training will be delivered as toolbox talks via Skype when topical clinical issues across Ryman need to be 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 Murray Halberg will be encouraged to complete this training.</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>Hospital unit:</p> <p>A draft roster has been developed for level three (hospital/rest home). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. Once level three is certified, the service plans to move the current residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase. While both units are dual-purpose it is intended that level two will become rest home only and level three will become the specific hospital unit.</p> <p>There is a RN rostered 24/7 on level three, supported by caregivers. The RN unit coordinator for level three is currently UC on level two and will move to level three</p>

	<p>with the staff. 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>A diversional therapist is currently on level two (32.5 hours a week) and will move to level three with staff and residents. When the second dual-purpose unit opens further activity hours will be implemented. The service has a contract for medical services. The GP currently visits weekly and provides with 24/7 on-call cover. Hours will increase as resident numbers increase. There is a Ryman contracted dietitian available.</p> <p>A contracted physiotherapist currently provides physiotherapy two days 0900 – 1200, and this will increase five days a week as numbers increase.</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. Caregivers for the rest home residents in serviced apartments are rostered 0800 – 1630 and 1600 - 2100. Staff in the dual-purpose unit are responsible with rest home residents after 2100. The RN and caregivers rostered in the level three hospital unit will be responsible for any hospital residents in the adjacent nine serviced apartments.</p> <p>Dementia unit:</p> <p>A draft roster has also been developed for both units (2 x 19 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 19-bed unit includes a unit coordinator (RN) for five days a week on morning shift and a RN on Saturday and Sunday. There are two caregivers on the morning shift (0700 – 1530). There is a diversional therapist rostered 0930 – 1800. There is one caregiver on the afternoon shift (1500 – 2300). A night duty leader (senior caregiver) is rostered 2245 – 0715.</p> <p>Once the second 19-bed unit opens, a second roster will be implemented for the second unit. Caregivers rostered will increase as resident numbers increase</p>
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		<p>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 that activities cover 7 days a week.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicines management information is established in the current dual-purpose unit. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A register is in place to identify staff designated as medication competent staff. Medication management and competencies are completed as part of induction and annually. All current staff have completed training on one-chart and have up to date competencies. The nine serviced apartments off the current level two dual-purpose unit will be overseen by hospital staff in this unit. Medications will be managed from this treatment room.</p> <p>The clinical services manual includes a range of medicines management policies and associated procedures. The service uses four weekly blister packs as per Ryman policy and an electronic medication system. This will be the system across all floors. There is a shared treatment room between the two dementia units behind the shared nurse's station. Two new medication trollies, and medication fridge are in place. The treatment room is fully furnished with a swipe pad lock on the door.</p> <p>The treatment room in the level three dual-purpose unit is fully furnished and a mirror image of the other treatment units. All three treatment rooms include a heat pump which controls the room temperatures.</p> <p>There is a locked medication cupboard adjacent to the serviced apartment office area/desk which will be used to store medication and the medication trolley for rest home residents across the serviced apartments.</p> <p>A self-medicating resident's policy is available, however residents in the dementia units will not be self-medicating.</p> <p>A contract with a pharmacy is in place. The pharmacy provides five days a week service and impress stock are available to cover weekends. The medicine management system is fully established in the care centre level two.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets. There is a food control plan in place.</p> <p>Murray Halberg is implementing Ryman's food service programme (delicious). The food programme includes offering choices for midday meal and evening meal including a vegetarian, gluten free and diabetic option. All meals are dished in the kitchen by the chef, and then transported to resident areas in hot boxes. The hot boxes are heated and have a cooling area for desserts. Food is transported between floors in a large service lift.</p> <p>The kitchen includes a walk-in chiller and pantry. Temperatures are being monitored daily. The menu is designed and reviewed by a registered dietitian at an organisational level. The kitchenettes in the two dementia units are open plan. Boiling water is stored securely behind a locked cupboard and locked cupboards are available. Snacks will be available 24/7 in the units. Both units have fridges.</p> <p>The dining area in each dementia unit has tables set up for small groups to make the setting more home-like.</p> <p>Food will also be transported in hot boxes to the kitchenette in the dual-purpose unit on level three and then served. The dining area in the dual-purpose unit has access to hot water, which includes safety measures to use.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. This is confirmed as being in place for residents already in the service. The chef has nutritional information on all residents electronically, and this can be updated through myRyman as needed. There is access to a community dietitian.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is currently one DT employed for the dementia unit 5 days a week from 0930 – 1800. A further activity coordinator will provide activities Saturday to Sunday 0930 – 1600. Activities are planned across the week with input from caregiving staff. The Ryman 'Engage' programme is planned to be implemented within the dementia units. This is directed by head office. The programme is designed for residents with memory loss. Advised that residents in the dementia care unit will</p>

		<p>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 an activity coordinator providing activities across five days in the dual-purpose unit. Further activity hours are also rostered for the level three unit.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice (two) in each of the wings in the level three 46-bed dual-purpose floor. There are locked cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards in the dual-purpose unit. The sluice is within close proximity to the potential hospital rooms in the serviced apartments. Procedures are in place</p>

		<p>around transporting to the sluice from the serviced apartments.</p> <p>There is one sluice in one dementia unit, and this will be shared as needed. There is a sanitiser with an internal chemical system. The room is secure and the door the same colour as the walls to distract residents from it being a room.</p> <p>The cleaning room has a closed chemical system with MSDS available in the room.</p> <p>Waste management audits are part of the internal audit programme. All staff are required to complete training regarding the management of waste during induction with this sighted as being completed in staff files reviewed. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles are installed in the sluices and cleaner's rooms. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all employee's induction programme.</p>
<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 village is near completion and staged openings have been completed for the care centre. The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Murray Halberg. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents. Equipment is appropriate for hospital, medical, rest home and dementia level care. There is a 12-seat VW transporter on site available to transport residents. There are two employed people that are available to drive the van. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person employed. All electrical equipment and other machinery are checked as part of the annual maintenance and verification checks. Medical equipment Calibration and Servicing is captured within the Ryman quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Hot water has been monitored in resident areas and remains at 45 degrees.</p> <p>An IF2 – Commercial final checklist (previously the certificate for public use) has been issued for the care centre and serviced apartments included as part of this</p>

		<p>audit 14 October 2019. There is a current building WOF dated 6 August 2019.</p> <p>There continues to be building adjacent to the care centre and near completion. Any building areas are closed off and inaccessible for residents/staff. The care centre has double glazing and any sliding doors are kept closed to prevent dust coming into the building. External areas to the side of the care centre are well fenced off to minimise dust.</p> <p>There are two lifts between the floors that are large enough for mobility equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>Hospital unit (level three):</p> <p>The level three unit is a 46-bed rest home/hospital dual-purpose unit inclusive of four double-rooms for couples. Both level two (rest home/hospital) and level three (rest home/hospital) are designed with a service area consisting of a centrally located nurses' station that has access to a treatment room and an open-plan staff room set up with computer terminals. These service areas are situated near the spacious open plan dining and separate lounge area. The centrally located nurses' station near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There are handrails in ensuites and handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen/dining areas. There is adequate space in the new dual-purpose unit for storage of mobility equipment. Hilo and electric beds are in use on level two and have been purchased for level three. There are a number of landing strips purchased and sensor mats. The resident rooms have large windows with outside railing (Juliette balconies).</p> <p>Once level three is certified, the service plans to move the current residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase. While both units are dual-purpose it is intended that level two will become rest home only and level three will become the specific hospital unit.</p> <p>Serviced Apartments:</p> <p>There are nine serviced apartments adjacent to the level three hospital (dual-purpose) unit. These nine rooms were verified as suitable for hospital or rest home residents. Any hospital residents within those nine serviced apartments will be</p>
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		<p>overseen by the hospital staff on level three.</p> <p>There are a further 17 serviced apartments above on level four and on also on level five. These 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.</p> <p>Dementia units:</p> <p>There are two separate dementia wings (19 beds in each) on level one (ground floor). The two dementia units are to be run separately. Both units are complete and fully furnished. 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. Each door to resident rooms is different colours with different designs.</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 in ensuites and hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units also include the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research 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. Each wing has an open plan dining and lounge area. This design layout enhances the resident's</p>
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		<p>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. 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>Hospital (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. The nine serviced apartments next to the hospital unit have mobility ensuites in each apartment.</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 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>Hospital (dual-purpose unit) and serviced apartments: Residents rooms in the level three hospital/rest home and nine dual-purpose serviced apartments adjacent to the hospital 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 four spacious double-rooms available specifically designed for couples. The double rooms all have been designed for two beds and include two separate call bells. Privacy curtains can be installed for the couples if requested and advised will be discussed and documented on admission. The level three hospital (dual-purpose) is a mirror image of the level two dual purpose unit. All serviced apartments have enough space in the resident bedrooms to allow for mobility equipment.</p> <p>Dementia units: Residents rooms in the dementia units are spacious and allow</p>

		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>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>Hospital (dual-purpose unit) and serviced apartments: Level three hospital/rest home 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 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. Lounges in the hospital can be utilised by the potential hospital residents across the nine dual-purpose serviced apartments. Rest home residents in the serviced apartments on level 3 &amp; 4 can also access communal lounges in the dual-purpose units on level 2 &amp; 3. All serviced apartments also have their own spacious lounge and kitchenette.</p> <p>Dementia units: 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 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 instructions for cleaning. Linen is observed to be transported to the laundry in covered linen trolleys, which have been purchased also for level one and three. Laundry staff are employed with sufficient staff in place to support the care centre.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have commenced as per the Ryman quality programme.</p> <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</p>

		<p>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>	<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 are 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.</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. 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 communal areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software can be monitored. The system includes an electronic beam management technology which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night the ensuite light automatically comes on. All call bells in the dementia units, hospital and serviced apartments across levels 3, 4 and 5 are functional. Hospital/rest home residents in the serviced apartments will be given a bell pendent if needed. There are call bells in their lounges, resident rooms and ensuites.</p> <p>The fire evacuation plan has been approved by the fire service (1 November 2019). Fire training has been completed at induction for all staff. A fire drill was last</p>

		<p>completed 7 October 2019 and a further one will be completed with the new units opening.</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 rooms and parking block. The doors to the dementia unit are not yet secure.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. There is 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>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.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>There 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. The hospital coordinator is the IC coordinator. 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 quality committee and IPC meeting. The IPC committee met 31 October 2019.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The restraint committee has met with the GP on 28 October 2019. The restraint coordinator is the clinical manager. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. Murray Halberg is currently restraint-free and there are no residents using enablers.</p>

		Staff training has been provided around restraint minimisation and enablers, falls prevention, and management of challenging behaviours. These topics have also been completed in the induction training of all staff employed for the opening of the first dementia unit.
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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)
Criterion 1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Once level three is certified, the service plans to move the current residents and staff from level two to the hospital (dual-purpose) unit on level three. Level two dual-purpose unit will be closed until resident numbers on level three increase. Hospital unit staff will be rostered for any hospital residents in the adjacent nine apartments. While both units are dual-purpose it is intended that level two will become rest home only and level three will become the specific hospital unit. Due to low resident numbers currently, staff have not yet been employed for the dual-purpose unit that will not be operational (level two).	Due to low resident numbers currently, staff have not yet been employed for the dual-purpose unit that will not be operational (level two).	Ensure sufficient staff including 24/7 RN cover is employed, prior to the opening of the dual-purpose unit that will currently not be utilised.  Prior to occupancy days
Criterion 1.4.2.6	PA Low	Parts of the extended building are in the	Both dementia units have two secure	Ensure the main

<p>Consumers are provided with safe and accessible external areas that meet their needs.</p>		<p>process of being completed and tradesmen and equipment are still on site. Those still being completed 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> <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>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 within a month after opening.</p>	<p>external garden area is completed (including available shade) prior to occupancy.</p> <p>Ensure the second external garden area is secured off until fully completed. Ensure the second external area is available to residents in a timely manner.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.</p>	<p>PA Low</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 rooms and parking block. The doors to the dementia unit are not yet secure.</p>	<p>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>	<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

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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
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End of the report.