

Logan Campbell Retirement Village - Logan Campbell Retirement Village

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Logan Campbell Retirement Village

Premises audited: Logan Campbell Retirement Village

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

Dates of audit: Start date: 17 August 2018 End date: 17 August 2018

Proposed changes to current services (if any): Logan Campbell Retirement Village is a modern, spacious, purpose-built facility. The care centre is to operate on three levels (level 2, 3, 4,) with serviced apartments across six levels. The service is opening in

planned stages. This audit included verifying stage three of the build which included verifying 46- bed hospital unit on level three and serviced apartments across level five and six.

This audit also included verifying three double rooms on level two (hospital/rest home dual-purpose unit). This will increase level two from 43 to 46 beds.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

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

This partial provisional audit included verifying stage three of the build. This includes a 46-bed hospital unit on level three and serviced apartments across level five and level six. This audit also included verifying three double rooms on level two (hospital/rest home dual-purpose unit). This will increase level two from 43 to 46 beds. The service plans to open level three of the care centre on the 1 October 2018. On completion of stage three of the care centre, there will be a total of 92 beds across level two and three and 30 serviced apartments certified for rest home level care.

It is planned a further audit will be completed at a later stage to verify level four (2 x 15 bed dementia units). At the completion of the building, the service will have a total of 152 beds.

The village and clinical managers are experienced in management and have completed specific Ryman inductions for their role. They are supported by a Ryman regional manager, a regional operations project manager and clinical projects manager.

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

This audit identified an improvement required to ensure the IF2-Commercial final checklist for level three is received prior to occupancy.

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

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

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

Continuum of service delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. The dual-purpose floor (level two) and level three (hospital level) both have a medication treatment room. The service is using an electronic medication system with this set up for level three. The serviced apartment office area has a locked cupboard for storage of medication trolleys.

The facility has a large workable kitchen in a service area on level one. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is transported in hot boxes to the unit kitchenette on level two, with the same process in place for level three. Food is transported between floors in lifts. Nutritional profiles are completed on admission and provided to the chef on level two with the same processes set up for level three.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There are handrails in ensuites. There are two lifts and a service lift between the floors that are large enough for mobility equipment and staff. The organisation has purchased all new equipment, and furniture. A 12-seater vehicle is available for use by residents. The facility includes a modern call bell system that encourages independence and enables residents to call for assistance. The building is completed, and the service is waiting for an updated IF2 – Commercial final checklist to be completed. A certificate for public use has been obtained for public areas of the facility. The landscaping of external areas is completed in some areas.

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

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

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

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

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

Infection prevention and control

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	0	0	0
Criteria	0	35	0	1	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>Logan Campbell Retirement Village is a new Ryman Healthcare facility located in Greenlane. The facility is six levels in total. The care centre is across three floors and the serviced apartments across six levels. The village is on a sloping site with a basement car park, entrance and reception on level two of the care centre. The service is planning to open each floor in stages.</p> <p>The service has been opening each floor in stages. Level two (dual-purpose unit) and level one serviced apartments opened on 5 June 2018. There are currently 27 residents in the dual-purpose unit on level two (18 rest home and 8 hospital) and one rest home residents in serviced apartments. Of the 27 residents, there are five residents receiving respite care (one at hospital level of care and four requiring rest home level of care).</p> <p>This partial provisional audit included verifying stage three of the build. This included verifying a 46-bed hospital unit on level three of the building. This audit also included verifying three rooms in the 43-room dual-purpose unit (already open on level two) as being suitable as double rooms. This increases bed numbers from 43 to 46 beds on level two. The service plans to open level three of the care centre on the 1 October 2018. On completion of stage three of the care centre, there will be a total of 92 beds across level two and three and 30 serviced apartments</p>

		<p>certified for rest home level care.</p> <p>A further audit is planned to be completed at a later stage to verify the next stage (which will be completed by October 2018). This will be level four (2 x 15 bed dementia units).</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and quality initiatives are set annually. The organisation-wide objectives are translated at each Ryman service by way of the TeamRyman programme that includes a schedule across the year. Quality objectives are being implemented at Logan Campbell Retirement Village. These have been reviewed in August 2018 to reflect progress to date.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (geriatric and medical) level care.</p> <p>The village manager appointed to Logan Campbell has leadership experience in the service industry, and aged care management. The manager commenced 12 March 2018 and completed the specific manager orientation in another Ryman facility prior to opening and has completed a course in dementia.</p> <p>The clinical manager (CM) has many years' experience in aged care and with Ryman as a unit coordinator prior to this role. She has completed the clinical manager orientation at another Ryman facility and commenced at Logan Campbell in May 2018. The managers are supported by a unit coordinator in each area.</p> <p>The management team are also supported by a regional operations project manager who is on-site for approximately six months. This person is an experienced Ryman facility manager and this position has been established to support new managers in the opening of new facilities. There is also support from the clinical projects manager for approximately six months with ongoing support able to be provided in the Auckland region including this facility.</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</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 operations project manager, clinical projects manager and assistant manager. The organisation completes</p>

<p>manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>annual planning and has comprehensive policies/procedures to provide rest home and hospital (medical and geriatric) level care.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</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 (but not limited to) infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, and fire officer. The assistant to the manager now includes the role of quality support. All staff files reviewed included documentation of recruitment processes including a job description relevant to the role, reference checking, criminal vetting and a signed contract.</p> <p>The management team have employed staff for the care centre level two and are currently recruiting other staff as required. Some staff have been recruited in anticipation of level three opening and are working in other Ryman facilities until the unit is certified.</p> <p>There are currently 43 staff employed including the village manager and assistant manager; six RNs (four are interRAI trained); a clinical manager; two unit-coordinators (both interRAI trained); 14 caregivers; a van driver/gardener; a chef, and maintenance person. Other staff are employed as housekeeping staff, laundry, reception and two activity staff.</p> <p>An orientation and induction programme is in place with seven staff records confirming that all those employed have completed orientation and induction. All staff have also commenced their specific role induction packages that includes fire safety, manual handling, fire drill, emergency management, and building site safety. Most staff have a current first aid certificate and the rosters checked confirmed that there is always at least one staff member on duty with a first aid certificate.</p> <p>Ryman have a national training plan, which is being implemented nationally to ensure interRAI is run in conjunction with their existing platform (ie, VCare Kiosk and myRyman). Individual training needs are also identified through the appraisal process with relevant staff having completed an eight-week performance appraisal.</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager and four relevant health professional staff files checked</p>

		<p>included a current annual practicing certificate. Staff education and training includes a programme for caregivers and there is a planned annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN journal club that has commenced meeting two monthly as per the meeting calendar. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting.</p> <p>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. This has been introduced for those registered nurses who have completed their orientation and induction programme. The village manager stated that other registered nurses at Logan Campbell Retirement Village 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>The staffing and rostering policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A roster has been implemented for level two (hospital/rest home) and the serviced apartments (with one resident assessed as requiring rest home level of care). There is a draft roster in place for level three (hospital) that allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. The service has staff ready to move into the roles with these staff working in other facilities or working in the level two dual-purpose rest home and hospital as casual staff.</p> <p>There is a RN rostered 24/7 on level two supported by caregivers with the same support allocated for level three when this opens. A RN unit coordinator for the 46-bed level three unit is in place. Initially on opening, there will be two caregivers on morning shift, two on afternoon shift and one on night shift (supported by a RN across each shift). The number of caregivers increases as resident numbers increase (ie, up to 10 hospital residents, up to 15 hospital residents). The draft staffing roster also allows for assessed service type and acuity of residents.</p> <p>In the serviced apartments, a SA coordinator is rostered five days a week with another caregiver rostered on an afternoon shift. The number of caregivers rostered for the serviced apartments will increase as rest home resident numbers</p>

		<p>increase. The staff from the dual-purpose unit oversee the apartments at night.</p> <p>An activity coordinator is employed for level two and the serviced apartments. The roster has an activities person on Monday - Friday 9.30 am – 4.30 pm with another for the serviced apartments (9.30 am – 4.30 pm). The activities person in the serviced apartments also is responsible to assist with SA rest home residents at meal times. A contract for medical services is in place. This is currently provided on demand with 24/7 on-call cover and as level three opens and resident numbers increase, there will be daily visits by the GP (Monday - Friday).</p> <p>There is a contracted physiotherapist (9 -15 hours a week). As numbers increase a physiotherapy assistant will be employed.</p> <p>The management team have employed sufficient staff to cover the initial roster including; 24/7 RN cover, activity staff, kitchen staff, and cleaning/laundry staff.</p> <p>There is a Ryman contracted dietitian available.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicines management information is well established throughout Ryman services. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. A review of seven staff files confirmed that relevant staff designated as being able to administer medication have a competency in place.</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. There is a dedicated treatment room in the dual-purpose floor – level two and one ready to open on level three. Two new medication trollies, and medication fridge are in place and used on level two and the same is in place on level three with these ready to use when open in the treatment room. The treatment room is fully furnished with a swipe pad lock on the door.</p> <p>A self-medicating resident's policy is available if required. Locked drawers are to be provided for residents' self-administering medicines on an 'as required' basis. Staff confirmed that there are currently no residents self-administering medication to date.</p> <p>A contract with a pharmacy has been established. The pharmacy provides five day a week service and impress stock is available to cover weekends. A contract for</p>

		<p>medical services across five days plus 24/hr cover is in place. Initially GPs visit on demand and that will increase to daily Monday – Friday as resident numbers increase.</p> <p>Residents who have been ‘needs assessed’ are not be charged additional charges for services under the ARCC agreement (eg, GP visits and medicines).</p> <p>The medicine management system is fully established in the care centre level two. A review of 12 medication records for residents on level two confirmed that medication is administered as per policy. Controlled drugs are kept in a locked safe in the locked treatment room. Any controlled drug is recorded as being given on OneChart and in the controlled drug register. A review of balances of controlled drugs confirms that these are documented correctly. Any eye drops or others in use are dated when opened. Staff observed to administer medication on the day of audit, followed policy.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.</p> <p>The food service is operational at Logan Campbell. The large workable kitchen is in the service areas on level one and has specific areas for cooking/baking, preparing and traying meals and an area for cleaning up. All kitchen equipment is new from a supplier. There is one chef employed with further kitchen staff with back up provided as required.</p> <p>Logan Campbell is also going to implement Ryman’s new food service programme (delicious). The food programme includes offering choices for midday meal and evening meal including a vegetarian, gluten free and diabetic option. The meal service has also been changed from other Ryman facilities, with all meals being dished in the kitchen by the chef and cook’s assistant, and then transported to resident areas in hot boxes. The hot boxes are heated and have a cooling area for desserts. Food is transported between floors in a large service lift.</p> <p>The kitchen includes a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level (2018 winter menu review report dated 26 March 2018 sighted). The kitchenettes on level two and level three have access to boiling water, which is stored securely behind a locked cupboard.</p>

		<p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. This is confirmed as being in place for residents already in the service. The chef has nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>The dining area and lounge on the dual-purpose floor and on level three is spacious enough to allow for lazy boy chairs, extra staff and extra equipment. Equipment on level three is already in the dining room. The village communal centre (level one) has a dining area that rest home residents in the serviced apartments utilise.</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>	FA	<p>There is activity staff rostered for the level two, level three and serviced apartments currently open across five days a week. These positions have been appointed and are operational with staff working with residents on level two and in the serviced apartments. Activities are planned across the week with input from caregiving staff. The Ryman 'Engage' programme is planned to be implemented within the level three unit. This is directed by head office. The service has a van to take residents on outings.</p> <p>Activity assessments are to be completed for residents on admission and an individualised activities plan will be implemented from that. The activity plans utilised by Ryman via VCare 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.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There are two sluices on the 46-bed dual-purpose floor and the same on level three. There is a sanitiser with an internal chemical system on both levels two and three. There are locked areas for storage of any chemicals and the cleaning trolleys have a lock. There are secure cleaner's rooms/cupboards in the serviced apartments, in the dual-purpose unit and on level three.</p> <p>Waste management audits are part of the internal audit programme.</p>

		<p>All staff are required to complete training regarding the management of waste during induction 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 on both level two and three. MSDS for Ecolab products are in the cleaner's rooms. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all employee's induction programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built, and the design modelled on more recently opened Ryman facilities. The facility is near completion and staged openings continue to be scheduled for the care centre. The building is on a semi-sloped section, which has a number of entrance areas. There is an entrance/reception area from the car park directly into level two of the care centre. A Certificate for Public Use is current and in place for public areas. Serviced apartments and the village community centre is on level one and this can also be accessed from the ground. Serviced apartments are across all floors.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Logan Campbell. Equipment is appropriate for hospital, medical and rest home level care. There is a 12-seat VW transporter on-site available to transport residents. There is an employed van driver with a current first aid certificate. 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 is new and will continue to be checked as part of the annual maintenance and verification checks. Medical equipment calibration and servicing is captured within the Ryman quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented in the Management Resource Manual.</p> <p>A IF2 – Commercial final checklist (previously the certificate for public use) has</p>

		<p>been issued for level two and serviced apartments level two. The IF2 – Commercial final checklist has not been updated to include level three. The regional manager is waiting for the checklist to be returned by Auckland Council.</p> <p>The landscaping has been completed around the care centre. The building has yet to be completed and tradesmen and equipment are still on-site. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed are fenced off. Shade and seating is available.</p> <p>Both level two (rest home/hospital) and level three (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 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 majority of rooms have a Juliet balcony beside sliding doors which look out onto courtyards.</p> <p>There are two lifts between the floors that are large enough for mobility equipment. The lifts cannot stop at level four (unless programmed by construction workers) as it continues to be a construction site. Therefore, there is no risk of residents in serviced apartments level five and six accidentally stopping on the construction floor. Stairwell entrance to the floor is also key padded off. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p> <p>There is a building site separate to the care centre but next door to the site. The care centre has double glazing and any sliding doors are kept closed to prevent dust coming into the building. Any work areas on other floors are kept separate from resident areas to minimise noise and dust. A tour of floors five and six noted some interior building still occurring, however the work sites were separate from serviced apartments, already either for sale or occupied by independent residents.</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>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room (including serviced apartments) has an ensuite with a disability-friendly shower, toilet and hand basin. There is one communal toilet near the communal lounge and dining room. There are communal toilets near the village communal lounge.</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>Residents rooms in the level two hospital/rest home and level three hospital 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. The communal lounge area on level two is spacious. There are three double rooms available that are suited for a married couple should they be required, on both level two and level three (noting, that the three level two double-rooms were verified at this audit and not the previous partial provisional).</p> <p>Serviced apartments lounges and bedrooms on level two are spacious enough to manage mobility equipment.</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>Level two and level three units both have a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There is a centrally located nurses' station near the dining and lounge areas in each area. The open plan lounge is large enough for individual or group activities. The serviced apartments across all floors have their own spacious dining and lounge area on level two that is large enough for residents with mobility equipment with different areas for group or individual use. The lounge/dining area is easy accessed from all floors by the closely situated lifts. There is also a large recreation room and movie theatre that village residents and rest home/hospital residents can utilise.</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>	<p>FA</p>	<p>The organisation provides housekeeping and laundry policies and procedures, which are robust and will ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area wing on level one and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes</p>

		<p>instructions for cleaning. Linen is observed to be transported to the laundry in covered linen trolleys, which have been purchased also for level three. Laundry staff are employed with sufficient staff in place to support level two and level three residents. Approval is confirmed for an increase in laundry staff as resident's increase.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have commenced as per the Ryman quality programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals. Laundry chemicals are within a closed system to the washing machine. Material safety datasheets are available. Chemicals and supporting literature are provided by Ecolab.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</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. A review of staff files confirmed that staff have completed induction that includes health and safety and emergency preparedness. First aid training for staff is in place with a staff member on duty at all times on level two with a current first aid certificate. There are sufficient staff trained in first aid to include a rostered staff member with a first aid certificate on duty on level three when opened.</p> <p>The service has alternative power systems in place to be able to cook in the event of a power failure. Battery operated emergency lighting is in place, which runs for at least two hours if not more. There is a generator available on-site. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident</p>

		<p>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. Rest home residents in serviced apartments will have a call bell pendant. The call bell system has been checked and is fully operational.</p> <p>The fire evacuation plan has been approved by the fire service (12 April 2018). Fire training is scheduled for induction and a fire drill is completed during the induction days and six monthly thereafter (sighted as being completed in staff files reviewed).</p> <p>The doors of the village automatically lock down at 6.00 pm to 7.00 am with keypad access after-hours. There are documented security procedures and CTV cameras.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. There is air conditioning/air heating system throughout the facility. Each resident room can be individually controlled. Living areas are temperature controlled. The lounge does not have any windows that can be opened, however the air conditioning unit can ensure the room remains cool in summer and warm in winter. The resident rooms in the unit have either external windows or sliding doors with a Juliet balcony. There is plenty of natural light in all areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There is comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. IPC is currently being managed by the clinical manager. The IPC programme is set out annually from head office and is directed via the Ryman Quality Programme annual calendar. Infection control is an agenda item in the two-monthly head office H&S committee and meetings that have started at Logan Campbell (minutes sighted). The programme is reviewed annually through head office.</p>

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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility has been purpose built. The facility is across six levels. For the purpose of this audit, serviced apartments on level three, five and six were verified. Also, level three (46-bed hospital unit) was verified with confirmation that level two (verified at the previous audit) has a 46-bed unit (dual-purpose) with three rooms identified as being double rooms. There is a current CPU for parts of the building, which are operational and used by the public. There is a IF2 – Commercial final checklist in place for level two, however this has not been updated for level three. Hilo and electric beds are used for all rooms on level two with these purchased for level three. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.</p>	<p>The organisation is waiting for the IF2 – Commercial final checklist to be updated by Auckland Council for level three.</p>	<p>Ensure the IF2 – Commercial final checklist is updated prior to occupancy with a copy forwarded to the to DHB and HealthCERT.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.