

Murray Halberg Retirement Village Limited - Murray Halberg 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: 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: 13 September 2019 End date: 13 September 2019

Proposed changes to current services (if any): Murray Halberg Retirement Village is a modern, spacious, purpose-built facility on a sloping section. The care centre is to operate on three levels (level 1, 2, 3,) with serviced apartments across four levels. The

service is opening in planned stages. This partial provisional included verifying level two (46 bed hospital/rest home), and service areas (stage one). The care centre is planning to open level two on 14 October 2019.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Murray Halberg Retirement Village is a new Ryman Healthcare facility located in Lynfield. The care centre is purpose-built and extends across three levels (including the service areas) and the serviced apartments across four levels. The village is on a sloping site, two floors opening onto the external landscaped areas. The service is planning to open each floor in stages.

The care centre is to operate on three levels (level 1, 2, 3) with serviced apartments across four levels. The service is opening in planned stages. This partial provisional audit included verifying stage one of the build. This included verifying level two of the facility. Due to the sloping section, level two has walk-in access from ground level and includes an entrance and reception and a 46-bed dual purpose unit and service areas. The service plans to open level two of the care centre on the 14 October 2019.

It is planned that all other stages of the care centre will be completed by mid-November including level one (2 x 19 bed dementia units), and level three (46 bed hospital) and up to 30 certified serviced apartments. At the completion of the building, the service will have a total of 160 beds.

The facility and clinical managers are experienced in management and have completed specific Ryman inductions for their role. They are supported by a Ryman regional manager.

The audit identified the design of the 46-bed dual-purpose unit on level two, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

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

Consumer rights

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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 staff and newly purpose-built facility are appropriate for providing the initial service on opening of dual-purpose beds.

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

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

Continuum of service delivery

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. The dual-purpose floor has a medication treatment room. The service is planning to use an electronic medication system.

The facility has a large workable kitchen in a service area on level two. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes to the unit kitchenette. Nutritional profiles are to be completed on admission and provided to the cook.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There are handrails in ensuites. The organisation has purchased all new equipment, and furniture. A 12-seater vehicle is available for use by residents with specialised drivers. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. The unit is not yet completed. The final council checklist is yet to be signed off. The landscaping of external areas that will be accessible for residents on opening, is in the process of being completed.

All resident rooms have 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 will be monitored for effectiveness.

There are emergency and disaster policies and procedures. There is a draft fire evacuation plan. An on-site generator is available.

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

Restraint minimisation and safe practice

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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	11	0	4	0	0	0
Criteria	0	29	0	6	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>Murray Halberg Retirement Village is a new Ryman Healthcare facility located in Lynfield. The care centre is to operate on three levels (level 1, 2, 3) with serviced apartments across four levels. The service is opening in planned stages. This partial provisional included verifying stage one which includes level 2 (46 bed hospital/rest home) and service areas. There are 42 spacious resident rooms including four double rooms for married couples if needed. The care centre is planning to open level two on 14 October 2019.</p> <p>The village is on a sloping site with ground level entrance and reception on level two of the care centre. The service is planning to open each floor in stages as the building on each floor is completed.</p> <p>It is planned that all other stages will be completed by end of November including level one (2 x 19 bed dementia units), and level three (46 bed hospital). At the completion of the care centre, the service will have a total of 130 beds in the care centre and 30 certified serviced apartments. There are currently 13 people on the waiting list for places in the dual-purpose unit.</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and quality initiatives are</p>

		<p>set annually.</p> <p>The organisation-wide objectives are translated at each Ryman service by way of the TeamRyman programme that includes a schedule across the year. Quality objectives have been developed at Murray Halberg around the implementation of the new service, setting up of systems and embedding quality and risk management systems. There are specific projects with action plans related to clinical, health & safety, human resources and resident/relative.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (geriatric and medical) level care. The village manager appointed to Murray Halberg has a business consultancy background. He commenced December 2018 and completed the Ryman Village manager induction. He also completed an acting village manager role at another Ryman village. He is supported by an assistant manager and regional manager. They attended the annual Ryman manager's conference June 2019.</p> <p>The clinical manager (CM) has many years' experience in hospice care as a clinical nurse specialist. The CM has been in the same role at another Ryman village and will commence at Murray Halberg on the 7 October. The managers are to be supported by a unit coordinator in each area. The unit coordinator (UC) has been appointed for the dual-purpose unit.</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>	FA	<p>The clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the regional manager and assistant manager. The organisation completes 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</p> <p>Human resource management processes are conducted in accordance with good employment</p>	PA Low	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant.</p>

<p>practice and meet the requirements of legislation.</p>		<p>The management team are in the process of employing staff for the opening of the care centre. Currently they have employed four RNs (one is interRAI trained), a clinical manager (interRAI trained) and unit coordinator (interRAI trained), five caregivers, diversional therapist, cleaner and maintenance/gardener. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy. However, there is currently sufficient staff to meet the draft roster of the dual-purpose unit.</p> <p>Advised that the service is accessing interRAI training asap for RNs that have not completed it.</p> <p>An induction and training plan has been developed. All staff currently employed have either completed or are in the process of completing their 'all employees induction package' and have commenced their specific role induction packages (some of the staff have come from other Ryman villages). A number of staff are currently working in another role within the independent apartments in the village. An induction training plan 7 October – 11 October has been developed and is scheduled for all staff which includes (but not limited to) fire safety, manual handling, first aid, CPR, fire drill, emergency management, and building site safety.</p> <p>Ryman have a national training plan, which is being implemented nationally. Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Staff education and training includes the Careerforce programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN Journal club that is required to meet two monthly. This group will be established on opening of Murray Halberg. Training requirements are directed by Ryman head office and reviewed as part of the facility reporting. Other training, such as "Closing the loop" series, will be completed at handovers. This training will be delivered as tool box talks via skype when topical clinical issues across Ryman need covered.</p> <p>Ryman has a 'Duty Leadership' training initiative that all RNs, ENs and senior leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations. New registered nurses at Murray Halberg will be encouraged to complete this training.</p>
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<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed for level two (hospital/rest home). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>There is a RN rostered 24/7 on level two, supported by caregivers. A RN unit coordinator for level two has also been appointed. The unit coordinator is supported by a further rostered RN on the morning shift with another RN being rostered on morning as numbers increase. Initially on opening, there will be two caregivers on morning shift, two on afternoon shift and one on night by shift (supported by a RN across each shift). Further caregivers are rostered as numbers increase from 5 to 10 to 15 residents and so on.</p> <p>A diversional therapist has been employed for level two (32.5 hours a week initially). A contract for medical services has been confirmed. This will initially be provided as needed by the two GPs with 24/7 on-call cover.</p> <p>There is a contracted physiotherapist, hours yet to be confirmed but will be reflective of resident needs and numbers.</p> <p>There is a Ryman contracted dietitian available.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>Medicines management information is well established throughout Ryman services. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. The clinical services manual includes a range of medicines management policies and associated procedures. The service is planning to use four weekly blister packs as per Ryman policy. There is a dedicated treatment room in the dual-purpose floor. Two new medication trolleys, and medication fridge have been purchased for the treatment room. The treatment room has been fully furnished with a swipe lock. A self-medicating resident's policy is available if required. Locked drawers are available in resident rooms for residents' self-administering medicines.</p> <p>A contract with a pharmacy has been established. There is a locked cupboard in the medication rooms with a keyhole delivery for expired medications. A contract</p>

		<p>for medical services across five days plus 24/hr cover has been confirmed.</p> <p>Residents who have been 'needs assessed' will not be charged additional charges for services under the ARCC agreement (eg, GP visits and medicines).</p>
<p>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>	FA	<p>There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.</p> <p>The food service is not yet operational. The large workable kitchen is in the service areas on level two. There are two chefs employed to cover seven days. Kitchen assistants are not required to be employed initially until numbers increase.</p> <p>The kitchen includes two walk-in chillers and a walk-in freezer and pantry. The kitchen is spacious with room for an area for cleaning dishes, an area for cooking and a specific area for dishing up. The kitchen has the latest Southern hospitality equipment. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be plated in the kitchen and transported in hot boxes to the kitchenette in the dual-purpose unit and then served. The hot boxes are heated and also have a cooling area for desserts. The dining area in the dual-purpose unit has access to hot water, which includes safety measures to use.</p> <p>Murray Halberg will also implement Ryman's delicious food programme. The programme includes offering choices for midday meal and evening meal, including a vegetarian, gluten free and diabetic option.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The chef will have nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>The dining area and extended lounge areas on the dual-purpose floor is spacious enough to allow for lazy boy chairs, extra staff and extra equipment.</p> <p>The service has registered their food control plan which is due to expire May 2020.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice (two) in each of the</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>wings in the 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.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaners' cupboards. MSDS for Ecolab products are in the cleaner's cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the all employee's induction programme.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built, and the design modelled on more recently opened Ryman facilities. The facility is near completion and staged openings are scheduled for the care centre. The building is on a sloped section, which will have a number of entrance areas. There is an entrance/reception area from the car park directly into level two of the care centre.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Murray Halberg. Equipment is appropriate for hospital (and rest home) level care. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents. Policies relating to provision of equipment, furniture and amenities are documented in the Ryman library.</p> <p>There 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 is 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.</p>

		<p>Hot water has been monitored in resident areas and remains at 45 degrees.</p> <p>Council have been on site and completed the checklist towards the obtaining the compliance (An IF2 – Commercial final checklist), there are two remedial actions required for final sign off.</p> <p>The landscaping is in the process of being completed at the front of the care centre. All other areas continue to be art of the construction site and will be fenced off prior to occupancy.</p> <p>The level two (rest home/hospital) is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and an open-plan staff room set up with computer terminals. These service areas are situated adjacent to the spacious open plan dining on one side and open plan lounge area on the other side. The centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. There is also another quiet lounge off the main lounge. There are handrails in ensuites and handrail ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The care centre has carpet with vinyl/tiled surfaces in bathrooms/toilets, dining and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is a lift available between floors that is large enough for a stretcher if needed.</p> <p>The resident rooms have large windows with outside railing (Juliette balconies). Currently there are a number with sliding doors that can be opened.</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.</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>	<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 has an ensuite with a disability-friendly shower, toilet and hand basin, with under floor heating. There is one communal toilet near the open plan communal lounge and dining room.</p>

<p>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 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.</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 rest home/hospital 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.</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 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 to be transported to the laundry in covered linen trolleys, which have been purchased. A laundry person is employed. The number of laundry staff will be increased as occupancy increases.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. 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>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</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. All currently employed RNs 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 common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. The system software is able to be monitored. Call bells are operational and have been tested. Call bell response times can be monitored, all caregivers/RNs have a pager.</p> <p>The fire service has completed a check on fire alarms, notices etc. The fire evacuation plan is in draft and to be forwarded to the fire service next week. Fire training is scheduled for induction and a fire drill is to be completed two days before opening.</p> <p>The doors of the village automatically lock down at 6 pm to 7 am with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, medication room and parking block.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. There is air-conditioning in common areas and resident bedrooms. These can be individually controlled. There is under-floor heating throughout the facility. Each room has an external window with plenty of natural light.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There is comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. IPC is to be initially managed by the clinical manager. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. Infection control is to be an agenda item in the two monthly head office H&S committee. The programme is reviewed annually through head office.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior caregiver, RN, and so on. Induction days have been planned for Murray Halberg.</p> <p>Recruitment and Induction of staff policy documents the selection process including police and reference checking.</p> <p>Induction and Orientation policy provides guidelines regarding the All Employee Programme (this has been completed by all new staff currently employed for Murray Halberg) and then is separated out into role specific modules. All these inductions are completed online, and completion dates are</p>	<p>Advised that the newly employed staff commencing will all receive induction/training at the facility the days before opening. On site specific training (such as fire drill/safety, CPR and first aid) is to be provided before opening.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>

		monitored.		
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. The regional manager stated only senior staff such as RNs will be responsible for medication in the level two hospital/rest home unit. The service is planning to implement one-chart on opening and medication competencies and training are to occur as part of their induction.	Newly employed RNs have not yet completed specific one-chart training, or their RN induction packages. This is scheduled for 30 September 2019.	<p>Ensure newly employed staff that will be responsible for administration of medications, complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility has been purpose built. The care centre is across level one to level three (level two being the current entrance/reception area). For the purpose of the audit, level two (46-bed rest home/hospital dual-purpose floor inclusive of four double-rooms for couples). Hilo and electric beds have been purchased for all rooms on level four. 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. Council have been on site and completed the checklist towards the obtaining the compliance (An IF2 – Commercial final checklist), there are two remedial actions required for final sign off.	<p>(i) The building is still in progress and therefore the Council have been on site and completed. An IF2 – Commercial final checklist has not been signed off for all areas included in this audit.</p> <p>(ii) Individual rooms continue to be furnished with handrails and door handles being installed where needed.</p>	<p>(i) Ensure the IF2 – Commercial final checklist is updated prior to occupancy with a copy forwarded to the to DHB and HealthCERT.</p> <p>(ii) Ensure rooms are fully furnished including handrails and door handles.</p> <p>Prior to occupancy days</p>
Criterion 1.4.2.6	PA Low	The building has yet to be completed and	Landscaping around the care	Ensure there are

Consumers are provided with safe and accessible external areas that meet their needs.		tradesmen and equipment are still on site. The landscaping for some areas around the care centre are still in the process of being completed. Those still being completed will remain fenced off. The area to the front of the facility will be landscaped prior to opening.	centre is still in the process of being completed.	landscaped areas available for rest home/hospital residents on opening and all other areas fenced off. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. All currently employed RNs have a current first aid certificate. Fire training is scheduled for induction and a fire drill is to be completed two days before opening.	Fire training is scheduled for induction and a fire drill is to be completed two days before opening.	Ensure a fire drill is completed prior to occupancy. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The fire evacuation plan is currently in draft and due to be forward to the fire service next week.	The fire evacuation plan is currently in draft.	Ensure the fire evacuation plan is approved by the fire service. 60 days

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.