

# Linda Jones Retirement Village Limited - Linda Jones 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Linda Jones Retirement Village Limited

**Premises audited:** Linda Jones Retirement Village

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

**Dates of audit:** Start date: 8 December 2020      End date: 8 December 2020

**Proposed changes to current services (if any):** Linda Jones Retirement Village is a modern, spacious, purpose-built facility on a sloping section. The care centre is to operate on three levels (levels 2, 3, 4) with serviced apartments across four levels. The service is opening in planned stages. This partial provisional included verifying stage one of the care centre on level two (ground

level). This included one 18-bed dementia unit and one 18-bed dual-purpose unit. The care centre is planning to open level two on 18 January 2020.

This audit also included verifying 30 serviced apartments on levels one and two as suitable for rest home level care.

Total number of beds verified at this audit is 36 beds in the care centre and 30 beds in serviced apartments.

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

# 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.

## General overview of the audit

Linda Jones Retirement Village is a new Ryman Healthcare facility located in Hamilton. The facility is a modern, spacious, purpose-built facility on a sloping section. The care centre is to operate on three levels (levels 2, 3, 4) with serviced apartments across four levels. The service is opening in planned stages. This partial provisional included verifying stage one of the care centre on level two (ground level) and serviced apartments on level one and level two as suitable for rest home level care. Level two care centre included one 18-bed dementia unit and one 18-bed dual-purpose unit. The care centre is planning to open level one on 18 January 2020.

Total number of beds verified at this audit is 36 beds in the care centre and up to 30 rest home across serviced apartments on level one and two.

There are two further planned stages to the care centre which will be verified at a later date. Stage two (level three 40 bed dual-purpose unit and serviced apartments) will be verified March 2021 and stage three (level four 40 dual-purpose beds and serviced

apartments) will be verified May 2021. At the completion of all stages of the care centre in 2021, the service will have a total of 146 beds (2 x 18-bed dementia units, 2 x 40-bed dual-purpose units and 30 rest home beds across serviced apartments).

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 18-bed dual-purpose unit and 18-bed dementia unit on level two, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

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

## **Consumer rights**

Nil entry

## **Organisational management**

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. The proposed staff and newly purpose-built facility are appropriate for providing the initial service on opening of dual-purpose and dementia 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. There is a shared treatment room between the dual-purpose unit and the dementia unit. There is a secure medication cupboard in the serviced apartment nurses' station. The service is planning to use an electronic medication system.

The facility has a large workable kitchen in the service area on the lower ground level. There is a walk-in chiller and freezer and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot scan boxes to the unit kitchenettes. 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. Two vans are 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 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 an approved fire evacuation plan. An on-site generator is available.

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

## **Restraint minimisation and safe practice**

Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The clinical manager will take on the restraint coordinator role. There is an organisation restraint approval committee and a site-specific restraint committee which will commence on opening.

Staff training around restraint minimisation and enablers, falls prevention, and management of challenging behaviours is planned for induction.

## **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)
<b>Standards</b>	0	13	0	4	0	0	0
<b>Criteria</b>	0	29	0	8	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>Linda Jones Retirement Village is a new Ryman Healthcare facility located in Hamilton. The facility is a modern, spacious, purpose-built facility on a sloping section. The care centre is to operate on three levels (levels 2, 3, 4) with serviced apartments across four levels. The service is opening in planned stages. This partial provisional included verifying stage one of the care centre on level two (ground level) and serviced apartments on level one and level two as suitable for rest home level care. Level two care centre included one 18-bed dementia unit and one 18-bed dual-purpose unit. At stage two, the residents in the 18-bed dual-purpose unit will transfer to a purpose-built dual-purpose floor on level three and the current 18-bed unit will reconfigure to a second dementia unit. The care centre is planning to open level two (stage one) on 18 January 2020.</p> <p>Total number of beds verified at this audit is 36 beds in the care centre and up to 30 rest home across serviced apartments on level one and two.</p> <p>There are two further planned stages to the care centre which will be verified at later dates. Stage two (level three 40 bed dual-purpose unit and serviced apartments) will be verified March 2021 and stage three (level four 40 dual-purpose beds and serviced apartments) will be verified May 2021. At the completion of all stages of the care centre in 2021, the service will have a total of</p>



		<p>146 beds (2 x 18-bed dementia units, 2 x 40-bed dual-purpose units and 30 rest home beds across serviced apartments).</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. Twenty-two Quality objectives have been developed at Linda Jones 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 &amp; safety, human resources and resident/relative. Advised that 2021 objectives will be set in February 2021.</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 appointed to Linda Jones has a business/finance background. He was originally Village manager in another Ryman village since 2014 and commenced at Linda Jones March 2020. He will be supported by a resident services manager and is currently supported by a regional manager.</p> <p>The clinical manager (CM) has over four years' experience as a unit coordinator at another Ryman village. This includes unit coordinator roles in dementia and also in the hospital. The CM will commence at Linda Jones on 5 January 2021. The managers are to be supported by a unit coordinator in each area. A unit coordinator (UC) is currently in place in the serviced apartments.</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 resident services manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment 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, health and safety officer, fire officer and resident services manager.</p> <p>The management team are in the process of employing staff for the opening of the care centre. Currently they have employed two RNs (one interRAI trained), a clinical manager (interRAI trained) and serviced apartment unit coordinator (EN), four caregivers, two housekeepers, two laundry staff, two chefs and maintenance/gardeners. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy.</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). Some staff are currently working in another role within the independent apartments in the village. An induction training day is planned for all employees 5 January 2021. Further role specific training is to occur at Hilda Ross retirement village and completion of online induction packages. At the end of induction all caregivers will have equivalent to NZQA level two. All RN/ENs employed will complete specific induction training the week of 11 January. Medication training and competencies and myRyman training will occur during that week.</p> <p>Ryman has a national training plan, which is being implemented nationally. Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Staff education and training includes the Careerforce/Otago Polytechnic (from 2021) programme for caregivers 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 Linda Jones. 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,</p>
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		<p>customer service, leading colleagues and key operations/situations. New registered nurses at Linda Jones will be encouraged to complete this training.</p> <p>All caregivers who will be employed for the dementia unit are required to commence the Ryman online dementia training (NZQA accredited). The training course is equivalent to the required dementia standards and the course is to be completed within six weeks.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing and Rostering Policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across new facilities.</p> <p>A draft roster has been developed for level two (hospital/rest home and dementia unit). The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. There is a full-time clinical manager appointed.</p> <p>Dual-purpose unit:</p> <p>There is a RN rostered 24/7 in the 18-bed dual purpose unit, supported by caregivers. A RN unit coordinator has yet to be appointed (link 1.2.7.3). 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). Further caregivers are rostered as numbers increase from 5 to 10 to 15 residents and so on.</p> <p>Serviced Apartments:</p> <p>There is a draft roster that includes increase in caregiver numbers as resident numbers increase. There is a unit coordinator (EN) employed across five days. A RN employed for the two days the unit coordinator is not there. 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.</p> <p>Dementia unit:</p> <p>A draft roster has also been developed for both units (18 beds). The roster allows for increase in staff as resident numbers increase, the assessed level of residents</p>

		<p>and the acuity of residents.</p> <p>The draft roster for the opening of the 18-bed unit includes a unit coordinator (RN) for five days a week on morning shift and a RN covering the other non-rostered days. There are two caregivers on the morning shift. There is an activity coordinator rostered 0930 – 1800. This position is yet to be employed (link 1.2.7.3). There are two caregivers on the afternoon shift. A night duty leader (senior caregiver) is rostered 2245 – 0715.</p> <p>A contract for medical services has been confirmed. This will be provided by two medical practises 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 also a contracted dietitian available as needed.</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 off the nurse's station of the dual-purpose unit. This treatment room will be shared by the dementia unit. The treatment is easily accessed through a door from the dementia unit station. This door is not yet secure (link 1.4.7.6). Two new medication trolleys, and medication fridge have been purchased for the treatment room. The treatment room is not yet fully furnished with a swipe lock. A self-medicating resident's policy is available if required.</p> <p>A contract with a pharmacy has been established. There is a locked cupboard in the medication rooms with a keyhole delivery for expired medications. A contract for medical services across five days plus 24/hr cover has been confirmed. There is a locked medication cupboard off the nurse's station in the serviced apartments.</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><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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. The large workable kitchen is in the service areas on the lower ground. 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 scan hot boxes to the kitchenette in the dual-purpose unit and dementia unit then served. The hot boxes are heated and also have a cooling area for desserts. The dining area in the dual-purpose unit and dementia unit has access to hot water, which includes safety measures to use.</p> <p>Linda Jones 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 yet to be verified.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>Caregivers will be responsible for providing activities in the dementia unit with support by a trained diversional therapist. This position has yet to be employed (link 1.2.7.3). Activities will be provided across seven days. Initially the activity coordinator will provide activities across the dual-purpose and dementia unit until resident numbers increase. The Ryman 'Engage' programme is planned to be implemented within the dementia unit. This is directed by head office. The</p>

		<p>programme is designed for residents with memory loss. Advised that residents in the dementia care unit will also be taken for supervised walks outside as part of the activity programme.</p> <p>The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group including Triple A exercises, themed events and celebrations, baking, sensory activities including pets coming to visit, outings and drives. A facility van is available for outings for all residents. The lounge areas including a quiet lounge and another lounge at end of the wing has seating placed for individual or group activities. The Ryman Engage programme sighted for the dementia unit included (but not limited to), daily walks around the grounds as weather permits. Activities include music, entertainers visit weekly, pet therapy, van outings, visits to the library, triple A exercises twice a day, memory lane and group games. One-on-one sessions include hand and nail pampering and reading with residents.</p> <p>Community involvement 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 6-monthly in the dementia unit.</p> <p>There is currently an activity coordinator providing activities in the serviced apartments and village.</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</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 are two secure sluices, one in each unit. A sanitiser is available in each sluice room. There are locked cupboards within the sluice for storage of chemicals. There are secure cleaning</p>

<p>service delivery.</p>		<p>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 available 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 still in the process of being completed and staged openings are scheduled for the care centre. The building is on a sloped section. There is an entrance/reception area from the car park directly into level two of the care centre.</p> <p>The building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Linda Jones. Equipment is appropriate for hospital (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 are two 12-seat VW transporters on site available to transport residents. In addition, the facility will utilise the services of mobility taxis for outings requiring a tail lift for wheelchair bound residents.</p> <p>There is a full-time maintenance person 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. Hot water is to be monitored in resident areas, these have yet to be completed in the dual-purpose unit and dementia unit.</p> <p>The landscaping is in the process of being completed off the dual-purpose unit</p>

	<p>and the secure garden area off the dementia units.</p> <p>All areas still in the process of being built/completed are locked off and signed so that staff and residents cannot access.</p> <p>Dual purpose unit (level two)</p> <p>The level two 18-bed unit is initially a temporary rest home/hospital dual-purpose unit. Eventually this unit will reconfigure back to a dementia unit after the dual-purpose unit on level three opens April 2021. For the purpose of this audit and opening of the service this level two (rest home/hospital) unit is designed with a service area consisting of a centrally located nurses' station that has access to a treatment room and an open-plan nurses hub set up with computer terminals. These service areas are situated near the spacious open plan dining and separate lounge area. The centrally located nurses' station near the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paperwork or meetings. 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 have been purchased. There are a number of landing strips purchased and sensor mats. The resident rooms have large windows. There is a large outdoor area off the lounge that is in the process of being landscaped.</p> <p>Dementia unit:</p> <p>The dementia unit (18 beds) is on level two (ground floor). The unit is in the process of being fully furnished. The unit has been specifically designed and purpose-built by Ryman's in-house development team. This team also keeps track of international research to ensure appropriate and effective design and flow of the specialised unit.</p> <p>The unit is connected via an entrance foyer, before entering through a secure door into the dementia unit. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia unit also includes the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the</p>
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		<p>long hallways and outdoor area. 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. There is also plenty of natural light with large windows. The unit is designed in a T-shape with each hallway ending in a homely lounge.</p> <p>The new unit has carpet tiles with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment. The unit is designed with a service area consisting of a centrally located nurses' station with secure gate which is yet to be installed (link 1.4.7.6). Access to a nurse's working/computer office is via this nurse's station. The nurse's station is situated adjacent to the open plan dining and lounge areas of the unit. This design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. There is a separate secure meeting room off the lounge that can also be shared and accessed by the adjacent dual-purpose unit and a further lounge at the end of the hallways.</p> <p>The dementia unit has a spacious outdoor area 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>Serviced Apartments</p> <p>There are serviced apartments adjacent to the care centre on level one (22) and two (16). The serviced apartments closer to the large communal lounge are more suitable for rest home residents if required. 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>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>Dual-purpose unit): There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability-friendly shower, toilet and hand basin, with under floor heating. There is one communal toilet near the open plan communal lounge and dining room.</p> <p>Serviced Apartments: The serviced apartments have mobility ensuites in each apartment and communal toilets near the communal lounge.</p>

		<p>Dementia: Every resident's room has an ensuite with a disability friendly shower, toilet and paper towels. The use of different coloured toilet seats and walls makes an easier contrast for residents with dementia. There are also well-placed communal toilets near the communal lounge and dining room. Advised that communal toilets are set apart by coloured doors and signs which are yet to be in place.</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>Dual-purpose unit and serviced apartments: Residents rooms in the level two hospital/rest home and serviced apartments level one and two are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites.</p> <p>Dementia unit: Residents rooms in the dementia unit are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. Residents can personalise their rooms and the rooms are large enough for family and friends to socialise with the resident.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Dual-purpose unit and serviced apartments: Level two 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. There are two smaller quieter lounges located at the end of the T-shaped hallways. The centrally located nurse station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities. Rest home residents in the serviced apartments on level one and two can also access the village communal lounges on level two. All serviced apartments also have their own spacious lounge and kitchenette.</p> <p>Dementia unit: The dementia unit has an open-plan living area. The 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 are two other separate quiet/sensory lounges at the end of the T-shaped wings.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<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 the lower ground level and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes instructions for cleaning. Linen is to be transported to the laundry in covered linen trolleys, which have been purchased. Two laundry staff and two housekeepers have been employed. The number of laundry and cleaning 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>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. First aid training is scheduled with RNs at induction.</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.</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</p>

		<p>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 has been approved by the fire service 18 November 2020. Fire training is scheduled for induction and a fire drill is to be completed before 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 room and parking block.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms are appropriately heated and ventilated. There are air-conditioning/heating units in the ceilings in common areas and resident bedrooms. These can be individually controlled. Each room has an external window with plenty of natural light.</p> <p>In the dementia unit 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 are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. 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 monthly IC committee meeting. The programme is reviewed annually through head office. The clinical manager is in the process of completing induction to the role. There is plentiful supplies of PPE. The organisation has a pandemic plan.</p>
<p>Standard 2.1.1: Restraint minimisation</p>	FA	<p>Restraint practices are only to be used where it is clinically indicated and justified,</p>

<p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>and other de-escalation strategies have been ineffective. The restraint committee is to commence on opening. There is a Ryman head office restraint committee that reviews any restraint and restraint practices across the organisation. The restraint coordinator is the clinical manager. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers.</p> <p>Staff training is scheduled at induction days around restraint minimisation and enablers, falls prevention, and management of challenging behaviours.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The management team are in the process of employing staff for the opening of the care centre. Currently they have employed two RNs (one interRAI trained), a clinical manager (interRAI trained) and serviced apartment unit coordinator (EN), four caregivers, two housekeepers, two laundry staff, two chefs and maintenance/gardeners. The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy.	The service is in the process of interviewing for staff. Management have determined they need to employ three more RNs, twelve caregivers, two activity coordinators and two housekeepers to cover the initial roster.	<p>Ensure there is sufficient staff to cover the opening of the two units including RN cover 24/7 in the hospital.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the</p>	PA Low	All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which	Advised that the newly employed staff commencing will all receive induction/training at the facility the days before opening. On site	Ensure staff commencing on opening complete the facility induction.

<p>essential components of the service provided.</p>		<p>includes packages specifically tailored to the position such as caregiver, senior caregiver, RN, and so on. Induction days have been planned for Linda Jones.</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) and then is separated out into role specific modules. All these inductions are completed online, and completion dates are monitored.</p>	<p>specific training (such as fire drill/safety, CPR and first aid) is to be provided before opening.</p>	<p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>The medication treatment room is in the process of being furnished. Two medication trolleys have been purchased. The hand basin, sink, fridge and other furnishings are yet to be installed.</p>	<p>The medication room is not yet fully furnished.</p>	<p>Ensure the medication treatment room is fully furnished and functional.</p> <p>Prior to occupancy days</p>
<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>	<p>PA Low</p>	<p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. The village manager stated only senior staff such as RNs will be responsible for medication in the level two hospital/rest home unit and senior caregivers or RNs in the dementia unit. The service is planning to implement one-chart on opening and medication competencies</p>	<p>Newly employed RNs/senior caregivers have not yet completed specific one-chart training, or their RN induction packages. This is scheduled for early January.</p>	<p>Ensure newly employed staff that will be responsible for administration of medications, complete medicine competencies and one-chart training at the time of opening and prior to administering medicines to residents.</p>

		and training are to occur as part of their induction.		Prior to occupancy 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 care centre is across level two to level four (level two being the ground floor entrance/reception area). For the purpose of the audit, level two (18-bed rest home/hospital dual-purpose and an 18-bed secure dementia unit) was verified. Hilo and electric beds have been purchased for all rooms in both units. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents. A Certificate of Public Use (CPU has been obtained for the structural main building including serviced apartments level one and level two). A code of compliance is yet to be obtained for the care centre dual-purpose unit.</p>	<p>(i) The building is still in progress and therefore a code of compliance is yet to be completed.</p> <p>(ii) Individual rooms continue to be furnished with handrails and door handles being installed where needed.</p> <p>(iii) Furnishings are currently being installed.</p> <p>(iv) Monitoring of water temperatures are yet to be completed.</p>	<p>(i) Ensure an updated CPU or code of compliance is completed for the new area with a copy forwarded to the DHB.</p> <p>(ii) Ensure rooms are fully furnished including handrails and door handles.</p> <p>(iii) Ensure furnishings are all in place.</p> <p>(iv) Ensure water temperatures to resident areas are monitored and below 45 degrees.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. First aid training is scheduled to occur with the RNs at induction training. Fire training is scheduled for induction and a fire drill is to be completed before opening.</p>	<p>(i) Fire training is scheduled for induction and a fire drill is to be completed at that time. (ii) First aid training is scheduled for all RNs during induction.</p>	<p>(i) Ensure a fire drill is completed prior to occupancy. (ii) Ensure there is a trained first aider staff across 24/7.</p> <p>Prior to occupancy days</p>



<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</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, dual purpose unit across level two are not yet functional. Rest home residents in the serviced apartments will be given a bell pendant. There are call bells in the serviced apartment bedrooms and ensuites.</p>	<p>The call bell system is not yet operational in the dementia unit and dual-purpose unit.</p>	<p>Ensure the call bell system is operational.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.6</p> <p>The organisation identifies and</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</p>	<p>(i) The dementia unit nurses' hub is not yet secure. (ii) The door between the dementia unit and the</p>	<p>(i) - (iii) Ensure doors are secure where required. (iv) Ensure</p>

<p>implements appropriate security arrangements relevant to the consumer group and the setting.</p>		<p>documented security procedures and CTV cameras at the entrance, medication rooms, outdoor dementia garden and hallways in the dementia unit. The door to the dementia unit is not yet secure. The dementia unit nurses' hub is not yet secure. The door between the dementia unit and the dual-purpose unit (which is situated between the two nurses' stations) is not yet secure. The door into the foyer which then accesses the secure dementia unit and an entrance door to the dual-purpose unit is currently secure and needs to be deactivated.</p>	<p>dual-purpose unit (which is situated between the two nurses' stations) is not yet secure. (iii) The shared treatment room is not yet secure. (iv) The door into the foyer which then accesses the secure dementia unit and an entrance door to the dual-purpose unit is currently secure and needs to be deactivated.</p>	<p>the secure swipe pad is deactivated at the entrance to the foyer.</p> <p>Prior to occupancy days</p>
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## 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.

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End of the report.