

Linda Jones Retirement Village Limited - Linda Jones Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Linda Jones Retirement Village Limited

Premises audited: Linda Jones Retirement Village

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

Dates of audit: Start date: 30 March 2021 End date: 30 March 2021

Proposed changes to current services (if any): Linda Jones Retirement Village is a modern, spacious, purpose-built facility on a sloping section. Stage one of the care centre opened 8 January 2021. This included level two (ground level) which included one 18-

bed dementia unit and one 18-bed hospital dual-purpose unit and rest home level care in serviced apartments on levels one and two.

This partial provisional included verifying stage two of the care centre which included verifying level three (40-bed dual purpose unit that will open as a rest home unit) and serviced apartments as suitable for rest home level care.

With the opening of stage two, the service will have a total of 106 beds (18-bed dementia unit), 18-bed hospital (dual-purpose) unit, 40-bed rest home (dual-purpose) unit and serviced apartments across level 1, 2 and 3 verified as suitable for rest home level care for up to 30 residents.

The service is planning to open stage two on 12 April 2021.

Total beds occupied across all premises included in the audit on the first day of the audit: 22

Executive summary of the audit

Introduction

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

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

General overview of the audit

Linda Jones Retirement Village is a new Ryman Healthcare facility located in Hamilton. The facility is a modern, spacious, purpose-built facility on a sloping section. Stage one of the care centre opened 8 January 2021. This included level two (ground level) which included one 18-bed dementia unit and one 18-bed hospital dual-purpose unit and rest home level care in serviced apartments on levels one and two. On the day of audit there were 22 residents in the care centre.

This partial provisional included verifying stage two of the care centre which included verifying level three (40-bed dual purpose unit that will open as a rest home unit) and serviced apartments as suitable for rest home level care. The service is planning to open stage two on 12 April 2021.

With the opening of stage two, the service will have a total of 106 beds (18-bed dementia unit), 18-bed hospital (dual-purpose) unit, 40-bed rest home (dual-purpose) unit and serviced apartments across level 1, 2 and 3 verified as suitable for rest home level care for up to 30 residents.

There is one further stage to be opened in the care centre. 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 (mid 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 village manager and clinical manager are experienced in managing aged care. They are supported by a Ryman regional manager.

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

The improvement required by the service is related to completing a fire drill on the 3rd floor.

Consumer rights

Not applicable to this audit.

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia level care. There are set 2021 objectives for Linda Jones. Management meetings and the quality programme have commenced.

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

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening of the 3rd floor, 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 secure treatment room in the rest home. There is a secure medication cupboard in the serviced apartment nurses' station. The service will continue using an electronic medication system in the rest home. Staff have completed medication competencies.

The facility has a large workable kitchen in the service area on the lower ground level. There is a walk-in chiller and freezer and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Nutritional profiles are completed on admission and provided to the cook.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There is new equipment, and furniture in the rest home. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. A code of compliance has been obtained.

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. There are handrails in ensuites.

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.

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

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

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

Restraint minimisation and safe practice

Restraint minimisation policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers. The restraint coordinator is the clinical manager. The quality committee is overseeing restraint initially. The service is restraint free. There is a Ryman head office restraint committee that reviews any restraint and restraint practices across the organisation.

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

Infection prevention and control

There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. The IPC coordinator is the serviced apartment coordinator who has completed external training. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. A monthly IC committee commenced 11 March 2021. There is plentiful supplies of PPE and hand sanitiser are available. The organisation has a pandemic plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	1	0	0	0
Criteria	0	36	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<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. Stage one of the care centre opened 8 January 2021. This included level two (ground level) which consisted of one 18-bed dementia unit and one 18-bed hospital dual-purpose unit and rest home level care in serviced apartments on levels one and two. One the day of audit there were 22 residents in the care centre (six in the secure dementia unit, seven hospital and nine rest home). There were no rest home residents in serviced apartments.</p> <p>This partial provisional included verifying stage two of the care centre which included verifying level three (40-bed dual purpose unit that will open as a rest home unit) and serviced apartments on level three as suitable for rest home level care. The service is planning to open stage two on 12 April 2021.</p> <p>With the opening of stage two, the service will have a total of 106 beds (18-bed dementia unit, 18-bed hospital [dual-purpose] unit, 40-bed rest home [dual-purpose] unit and serviced apartments across level 1, 2 and 3 verified as suitable for rest home level care for up to 30 residents).</p> <p>There is one further planned stage to be opened in the care centre. Stage three</p>

		<p>(level four 40 dual-purpose beds and serviced apartments) will be verified May 2021. At the completion of all stages of the care centre (mid 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).</p> <p>The organisation-wide objectives are translated at each Ryman service by way of the TeamRyman programme that includes a schedule across the year. Quality objectives for 2021 have been developed at Linda Jones around the implementation of services, establishing robust systems and embedding quality and risk management systems. There are specific projects with action plans related to clinical, health & safety, human resources and resident/relative.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The village manager has been in the role at Linda Jones for the last year and has a business/finance background. He has worked in the same role at another Ryman village since 2014. The village manager is supported by a resident services manager, clinical manager and regional manager.</p> <p>The clinical manager (CM) has over four years' experience as a unit coordinator at another Ryman village. This includes unit coordinator roles in dementia and also in the hospital. The CM commenced 5 January 2021. The managers are supported by a unit coordinator in each area. There are three unit-coordinators employed (two commencing early April), one in the serviced apartments (EN), one recently appointed for the hospital (RN) and one recently appointed for the dementia unit (RN). A further unit coordinator will be appointed for the rest home as numbers increase.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the regional manager and resident services manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p>	FA	<p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>descriptions are in place for infection prevention control coordinator, restraint coordinator, in-service educator, health and safety officer, fire officer and quality assistant. All staff files reviewed (one clinical manager, two caregivers, one registered nurse, activity coordinator) included documentation of recruitment processes including a job description relevant to the role, reference checking, criminal vetting and a signed contract.</p> <p>There are currently 58 staff employed including the village manager, clinical manager and resident services manager and six RNs (with one RN interRAI trained and another one booked to start). Advised that the service is accessing interRAI training asap for RNs that have not completed it.</p> <p>There are sufficient staff employed at Linda Jones for the initial opening of the 40-bed rest home unit. However, the management team are in the process of employing further staff including another RN (contract signed), four new caregivers (from existing Ryman facilities), another activity coordinator for 5 days a week, and housekeeper cover 7 days.</p> <p>An induction and training plan is in place. All staff employed have either completed their 'all employees induction package' and have completed their specific role induction packages (some of the staff have come from other Ryman villages). Induction training days were completed for all staff prior to occupancy in January 2021. All RN/ENs employed completed specific induction training the week of 11 January. Medication training and competencies and myRyman training were completed on induction.</p> <p>A clinical team from Ryman Christchurch are planning to complete a further training day with new and current staff on 6 April 2021. This will include (but not limited to) training on nurse call, care planning, VCare roster, documentation and myRyman.</p> <p>Once level three is certified and opens, the service plans to move the current rest home residents and some staff from the level two hospital (dual-purpose) unit to level three.</p> <p>Ryman have a national training plan, which is being implemented nationally. Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. Staff education and training includes the Careerforce/Otago Polytechnic (from 2021) programme for caregivers and there is planned annual in-service programme in operation that includes monthly in-</p>
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		<p>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 is in the process of being established at 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, customer service, leading colleagues and key operations/situations. New registered nurses at Linda Jones will be encouraged to complete this training.</p> <p>There are eight caregivers who currently work in the dementia unit. Two have completed the dementia standards and the others are enrolled in the Ryman dementia online training course (the training course is equivalent to the required dementia standards and the course is to be completed within six weeks).</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 three (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>Rest Home (The initial roster for up to 15 residents)</p> <p>Initially on opening, there will be two caregivers on morning shift, two on afternoon shift and two on night by shift. Further caregivers are rostered as numbers increase. A unit coordinator is to be employed as numbers increase. Initially the registered nurse from the hospital and the clinical manager will provide RN hours in the rest home. A lifestyle coordinator is rostered five days.</p> <p>Current Dual-purpose (hospital) unit (seven hospital and nine rest home).</p> <p>There is a hospital coordinator five days a week. AM shift: RN 0700 – 1530; two caregivers 0700 – 1530 and 0700 – 1330. PM shift: RN 15-00 – 2300, two caregivers 1500 – 2300 and 1500 – 2100. Night shift: RN 2300 – 0730; one caregiver 2300 – 0730</p> <p>Serviced Apartments:</p>

		<p>There is a draft roster that includes increase in caregiver numbers as resident numbers increase. There is a unit coordinator (EN) employed across five days. A RN employed for the two days the unit coordinator is not there. The roster includes space for caregivers when rest home residents are in serviced apartments (rostered 0800 – 1630 and 1600 – 2100).</p> <p>Current Dementia unit:</p> <p>Currently for the six residents, there is a caregiver rostered each shift. However, the roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents. The dementia unit coordinator (RN) is employed and due to start early April 2021.</p> <p>A contract with two medical practises is in place. They visit 2x weekly with 24/7 on-call cover.</p> <p>There is a contracted physiotherapist and dietitian.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medicines management information is well established throughout Ryman services. Policies and procedures reflect current medication legislation and residential care facilities. The clinical services manual includes a range of medicines management policies and associated procedures. The service uses four weekly blister packs as per Ryman policy and an electronic medication system. There is a dedicated treatment room next to the nurse's station in the 3rd floor rest home unit. The treatment unit has a swipe key access. Two new medication trolleys, and medication fridge are in place in the treatment room. A self-medicating resident's policy is available if required.</p> <p>All RN/ENs/senior caregivers responsible for administering medication complete an annual medication competency. Medication competencies and training were completed as part of induction in January. Any new staff employed will complete induction training in April. However, there is sufficient medication-competent staff already employed at Linda Jones to manage the opening of the rest home.</p> <p>A contract with a pharmacy is in place. There is a locked cupboard in the medication rooms with a keyhole delivery for expired medications. There are two medical centres that provide house GPs for the service, currently two days a week plus 24/hr cover. There is a locked medication cupboard off the nurse's station in the serviced apartments.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>There is a food service manual in place. The large workable kitchen is in the service areas on the lower ground. There are two FTE chefs employed to cover seven days. One FTE Kitchen assistant and one baker.</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 plated in the kitchen and transported in scan hot boxes to the satellite kitchens then served. The hot boxes are heated and also have a cooling area for desserts. The dining area in the 3rd floor rest home unit has access to hot water, which includes safety measures to use.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission, which is provided to the kitchen. The chef has nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>The service has a registered food control plan that is due for its initial onsite verification April 2021.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The service currently has two activity coordinator that work a combined 37.5 hours a week across the dementia and hospital units. Caregivers also provide activities in the dementia unit. As resident numbers increase activities will be provided across seven days. The Ryman 'Engage' programme is being implemented within the dementia and hospital unit. This is directed by head office. The programme is designed for residents with memory loss.</p> <p>The service plans to employ a further activity coordinator for the rest home for 32.5 hours weekly.</p> <p>Resident/relative meetings will commence in each area May 21.</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</p>

		<p>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 activity coordinator and registered nurse.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There are two secure sluices, down each wing of the 3rd floor rest home. A sanitiser is available in each sluice room. There are locked cupboards within the sluice for storage of chemicals. Waste management audits are part of the internal audit programme.</p> <p>All current staff completed training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons, and goggles have been purchased and to be installed in the sluices and cleaners' cupboards on level three. 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>FA</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. Stage one of the care centre opened 18 January 2021.</p> <p>The building and plant have been built to comply with legislation. A code of compliance has been obtained for the care centre including level three rest home and serviced apartments. 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 and village support person and three gardeners 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 being monitored in resident areas.</p> <p>There are landscaped gardens around the facility and a secure garden area off the dementia unit. Any areas around the village where building and landscaping is occurring is fenced off for the safety of residents and visitors.</p> <p>The level three 40-bed rest home (dual-purpose) 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 and storage rooms for storage of mobility equipment. Hilo and electric beds have been</p>
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		<p>purchased. There are a number of landing strips purchased and sensor mats. The resident rooms have large windows. There is a covered deck off the lounge with seating .</p> <p>There are serviced apartments adjacent to the care centre on level one, two and three. 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. Level three serviced apartments were verified as suitable to provide rest home level care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of toilets with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors within the care centre. 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>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>Residents' rooms in the level three rest home (dual-purpose) and serviced apartments level three 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>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>The 40-bed rest home (dual-purpose unit) on level three has a large open-plan dining area and lounge area. One side is a spacious lounge, and the other side is the dining area and satellite kitchen. There is a smaller quieter lounge located off the main communal lounge. The centrally located nurse station is directly off the open plan aspect of the dining and lounge area. The open plan lounge is large enough for individual or group activities. Rest home residents in the serviced apartments on level three can also access the village communal lounges on level two. All serviced apartments also have their own lounge and kitchenette.</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 transported to the laundry in covered linen trolleys. Two laundry staff and five housekeepers have been employed. All laundry is completed onsite.</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 was completed in January 2021 with all new staff. There is a staff member across 24/7 with a current first aid certificate.</p> <p>The service has alternative power systems in place that includes a generator. There is a civil defence kit in each of the nurse's stations and in reception for the whole facility and drinkable water is stored in 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. Call bells are operational and have been tested.</p>

		<p>Call bell response times can be monitored, all caregivers/RNs have a pager. 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 fire evacuation plan has been approved by the fire service 18 November 2020 that covers the whole care centre. Fire training and a fire drill was completed before opening in January 2021 and a further fire drill is scheduled for the week of the 6 April 2021.</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 CCTV cameras at the entrance, medication room and parking block.</p> <p>The door to the dementia unit is secure and the dementia unit nurses' hub is secure. The door between the dementia unit and the dual-purpose unit (which is situated between the two nurses' stations) is secure. There is free access for residents and visitors to the ground floor 18-bed hospital unit.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	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>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. The IPC coordinator is the serviced apartment coordinator who has completed external training. The IPC programme is set out annually from Head Office and is directed via the Ryman Quality Programme annual calendar. A monthly IC committee commenced 11 March 2021. The programme is reviewed annually through head office. There is plentiful supplies of PPE and hand sanitisers are available. The organisation has a pandemic plan.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is an organisational restraint policy and procedure. Restraint practices are only to be used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The restraint coordinator is the clinical manager. The quality committee is overseeing restraint initially. The service is restraint free. There is a Ryman head office restraint committee that reviews any restraint and restraint practices across the organisation. The policies and procedures are comprehensive, and include definitions, processes and use of restraints and enablers.</p> <p>Staff training was completed 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 1.4.7.1</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 and fire drill was completed with all staff at induction training. A further fire drill is to be completed before opening of the rest home unit.</p>	<p>A fire drill is scheduled for the rest home unit 6 April 2021</p>	<p>Ensure a fire drill is completed prior to occupancy.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.