

Ryman Healthcare Limited - Woodcote

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ryman Healthcare Limited
Premises audited:	Woodcote Retirement Village
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 June 2015 End date: 4 June 2015
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	48

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.

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Woodcote retirement village is a Ryman Healthcare facility which provides rest home level care across a 49 bed rest home and seven serviced apartments. The village manager is a registered nurse and is experienced in village management, having been in the role for three years. She is supported by two registered nurses (one as clinical manager/deputy village manager).

This certification audit was conducted to assess the service against the health and disability service standards and the district health board contract. There are systems, processes, policies and procedures that are structured to provide appropriate care for residents. Implementation is being supported through the Ryman Accreditation Programme.

The service continues to make improvements to services as identified through internal audits and feedback from residents and staff. Benchmarking is conducted with other Ryman facilities. Feedback from residents and families was very positive about the care and services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no findings identified at this audit. The service is commended on two areas of continuous improvement around good practice and implementation of quality improvement plans.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

All standards applicable to this service fully attained with some standards exceeded.

Ryman Woodcote endeavours to provide care in a way that focuses on the individual residents' quality of life. Policies are being implemented to support residents' rights. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Annual staff training supports staff understanding of residents' rights. There is a Maori Health Plan and implemented policy supporting practice. Cultural assessment is undertaken on admission and during the review processes. Care plans accommodate the choices of residents and/or their family/whānau. Informed consent is sought and advanced directives were appropriately recorded. Complaint processes are being implemented and complaints and concerns were managed and documented. Residents and family interviewed verified on-going involvement with community.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

All standards applicable to this service fully attained with some standards exceeded.

Woodcote implements the Ryman Accreditation Programme. The programme provides the framework for quality and risk management and the provision of clinical care. Key components of the quality management system link to a number of meetings including staff meetings. An annual resident/relative satisfaction survey has been completed and there are regular resident/relative

meetings. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Woodcote provides clinical indicator data for benchmarking. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. The in-service training programme covers relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is comprehensive service information available. Registered nurses are responsible for all aspects of assessment, care planning and evaluations. All required documentation was completed in the sample of resident files reviewed and within the required timeframes. Resident files demonstrated service integration, were individualised and evaluated six monthly. Assessment tools and monitoring forms were completed and updated on the on-line system. The residents and family interviewed confirmed they are involved in the care planning and review process. Short term care plans were in use for changes in health status. The activity coordinators provide a comprehensive activities programme. The Engage programme ensures the individual abilities and recreational needs of the resident are met. It was varied, interesting and involves the families and community. Staff responsible for medication administration have completed annual competencies and education. Meals are prepared on site. The menu has been designed by a dietitian at an organisational level. Individual and special dietary needs are catered for. Alternative options are provided. Resident's interviewed responded favourably to the meals provided

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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All building and plant comply with legislation. There is a current building warrant of fitness in place. Appropriate systems, including preventative and reactive maintenance are in place to ensure the residents' internal and external environment and equipment are safe and facilities are fit for their purpose. Residents and family described the environment as meeting their needs. Resident rooms are of an appropriate size to allow for care to be provided and for the safe use and manoeuvring of mobility aids. There is protective equipment and clothing and staff were observed to use them. Chemicals, soiled linen and equipment were safely stored. All laundry is washed on site. Cleaning and laundry systems include appropriate monitoring systems to evaluate the effectiveness of these services. Essential emergency and security systems are in place with regular fire drills. Call bells allow residents to access help when needed in a timely manner.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are comprehensive policies and procedures that meet the restraint standards. There is a restraints officer with defined responsibilities. The service has maintained a restraint and enabler free environment.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control officer has attended external training. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. The service engages in benchmarking with other Ryman facilities. No outbreaks have been recorded in the past three years.

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	2	43	0	0	0	0	0
Criteria	2	91	0	0	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Ryman policies and procedures are being implemented and align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Families and residents have been provided with information on admission which includes the Code. Staff have been provided with training around resident rights and advocacy at orientation and as part of the annual in-service calendar. Interviews with four caregivers (one serviced apartment and three rest home) demonstrate an understanding of the Code. Eight residents and four relatives interviewed confirm staff respect privacy, and support residents in making choice where able.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Systems are in place to ensure residents and, where appropriate, their family are being provided with information to assist them to make informed choices and give informed consent. This was confirmed on resident and relative interviews. Written information on informed consent is included in the admission agreement. The clinical staff reported informed consent is discussed at the time the resident is admitted to the facility and when additional consent requires to be obtained, such as flu vaccinations. Copies of legal documents such as Enduring Power of</p>

		Attorney (EPOA) for residents are obtained, where residents have named EPOAs and these were reviewed on residents' files. Advance directives are recorded and located on residents' files.
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Residents are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlets on entry. Interviews with the village manager and the clinical manager confirm practice is consistent with policy. Residents interviewed confirm that they are aware of their right to access advocacy and relatives confirm that the service provides opportunities for the family/EPOA to be involved in decisions.
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents and relatives interviewed confirmed that family and friends can visit at any time and are encouraged to be involved with the service and care. Visitors were observed coming and going at all times of the day during the audit. The activities policy encourages links with the community. Activities programmes include opportunities to attend events outside of the facility. Residents are assisted to meet responsibilities and obligations as citizens and are encouraged to remain involved in the community.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints policy and supporting documents are being implemented. The village manager has the overall responsibility for ensuring all complaints (verbal or written) are fully documented and thoroughly investigated. A feedback form has been completed for each complaint recorded on the complaint register. The number of complaints received each month is reported to staff via the various meetings. A complaints register has been maintained and the complaints documentation reviewed for 2015 evidences that follow up and investigations have been conducted. Verbal complaints have been included and actions and response were documented. Discussions with residents and relatives confirmed that they were provided with information on the complaints process on admission.
Standard 1.1.2: Consumer Rights During Service Delivery Consumers are informed of their rights.	FA	Residents and family members interviewed advised that they were provided with a welcome pack which includes information about the Code. Large print posters of the Code and advocacy information were displayed through the facility. The resident/relative meetings also

		provide an opportunity for residents and relatives to raise issues/concerns (minutes sighted). The village manager and clinical manager have an open door policy for concerns and complaints. The families and residents interviewed stated that they were informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement and the village information book.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	Ryman has policies that support resident confidentiality, privacy, collection and storage of information, and access to health information (disclosure). A tour of Woodcote confirms there is the ability to support personal privacy for residents and staff were observed to be respectful of residents' privacy. Resident files are stored out of sight. Staff could describe definitions around abuse and neglect that align with the Ryman policy. Relatives interviewed stated that the care provided was very good. Interviews with residents confirm their values and beliefs are considered. Resident files reviewed identified that cultural and/or spiritual values, individual preferences have been identified on admission with family involvement and integrated with the residents' care plan.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	Ryman has a Māori health plan with supporting policies that acknowledge the Treaty of Waitangi, provide recognition of Māori values and beliefs, and identify culturally safe practices for Māori. Family/whanau involvement is encouraged in assessment and care planning and visiting is encouraged. Links are established with disability and other community representative groups as requested by the resident/family. Cultural needs have been addressed in the care plan. Special events and occasions are celebrated and this could be described by staff.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	Beliefs and values have been discussed on admission and are incorporated into the care plan. Six monthly multi-disciplinary team meetings are scheduled and occur to assess if needs are being met. Family are invited to attend. Residents interviewed confirmed that staff take into account their culture and values.
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion,</p>	FA	Job descriptions include responsibilities of the position and signed copies of all employment documents are included in staff files. Ryman

<p>harassment, sexual, financial, or other exploitation.</p>		<p>Accreditation Programme (RAP) full facility (including all staff) meetings occur monthly and include discussions on professional boundaries and concerns as they arise (minutes sighted). Management provide guidelines and mentoring for specific situations. Interviews with the village manager and clinical manager confirm an awareness of professional boundaries. Caregivers are trained to provide a supportive relationship based on sense of trust, security and self-esteem.</p>
<p>Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.</p>	<p>CI</p>	<p>Ryman Healthcare has a Ryman Accreditation Programme (RAP) that includes an annual planning and a suite of policies/procedures to provide rest home care. Policies are reviewed at an organisational level and input is invited from facility staff. These documents have been developed in line with current accepted best and/or evidenced based practice and are reviewed regularly. A number of core clinical practices also have education packages for staff which are based on their policies. Clinical indicator data is collected against each service level and reported through to head office for monitoring. Feedback is provided to staff via the various meetings that are determined as part of the RAP. Quality Improvement Plans (QIP) have been developed where thresholds exceed expectation. VCare is the electronic system used by all sites to report relevant information through to head office, and is seen to be used at Woodcote. Quality projects are identified each year to improve services at Woodcote.</p> <p>Services are provided at Woodcote that adhere to the health & disability services standards. There is a quality improvement programme being implemented that includes performance monitoring. There are human resources policies/procedures to guide practice, and an annual in-service education programme that is incorporated into the RAP. There is evidence at Woodcote that the in-service programme is being implemented and includes opportunistic education moments. Residents and relatives interviewed were positive about the care they receive.</p>
<p>Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is an incident reporting policy, and Ryman Woodcote have commenced reporting incidents via the electronic resident management system. The electronic reporting forms guide staff to their responsibility to notify family of any resident accident/incident that occurs. The</p>

		<p>incident forms have a section to indicate if family have been informed (or not) of an accident/incident. A sample of incident forms reviewed identified that family were notified following a resident incident and this was confirmed on resident and relative interviews. Interpreter policy and contact details of interpreters are available. The information pack and admission agreement included payment for items not included in the services. A facility newsletter is published quarterly and resident and family meetings also provide opportunities for questions and answers.</p>
<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>Ryman Woodcote is certified to provide rest home level care. The 49 bed rest home area is part of the wider retirement village which includes seven serviced apartments and villas. The serviced apartment area is also certified for rest home level care. On the days of audit there were two rest home residents in the service apartments and 46 rest home residents in the care centre.</p> <p>There is a documented purpose, values, scope, direction and goals policy. Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and quality initiatives are set annually. The organisation wide objectives are translated at each Ryman service by way of the Ryman Accreditation Programme (RAP) that includes a schedule across the year. Ryman Healthcare have operations team objectives for 2015 that include a number of interventions and actions. Each service also has its own specific RAP objectives. The programme for 2014 has been completed and progress towards objectives has been updated as part of the RAP schedule, with the reviews of the facility objectives having been conducted in April and August. The organisation completes annual planning and has a suite of policies/procedures to provide rest home care.</p> <p>The village manager at Woodcote is a registered nurse and has been in the role for three years. The village manager attends the annual Ryman manager's conference and manager forums. She is supported by a clinical manager (RN) who oversees clinical care and another part time registered nurse. The management team is supported by the Ryman management team, including a regional manager who was present on the days of audit.</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>During a temporary absence, the clinical manager/deputy village manager covers the manager's role with support from the part time registered nurse and regional manager. A review of the documentation, policies and procedures and from discussion with staff, identified that culturally appropriate care is provided to minimise risk of unwanted events and enhance quality.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>CI</p>	<p>Woodcote has implemented the Ryman accreditation programme (RAP) system. Quality and risk performance is reported across the various facility meetings. Issues are also reported through the weekly management meetings and a weekly report is provided to the regional manager.</p> <p>The service has policies and procedures and the RAP programme defines systems to provide an assurance that it is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Policy and procedure review is coordinated by head office, with facility staff having the opportunity to provide feedback. Facility staff are informed of changes/updates to policy at the various staff meetings.</p> <p>Key components of the quality management system link to the RAP committee at Woodcote, who meet monthly. Quality indicator reports are sent to head office (Christchurch) with provision of a coordinated process between service level and organisation. The monthly accident/incident reports are completed by the village manager and include staff incidents/accidents. The service has linked the complaints process with its quality management system and communicates this information to staff at relevant meetings so that improvements are facilitated. Weekly and monthly manager reports include complaints. The Woodcote health and safety and infection control committees meet bimonthly and include discussion of incidents/accidents and infections. Infection control is also included as part of benchmarking across the organisation.</p> <p>The internal audit schedule monitors compliance with the RAP programme. Audit summaries and quality improvement plans (QIP) are completed where a noncompliance is identified. QIP's reviewed for 2014 have been closed out once resolved. Quality projects are also identified each year where an improvement to the work environment or resident</p>

		<p>care has been identified. The two quality projects for 2014 have been completed.</p> <p>There is a comprehensive health and safety, and a risk management programme in place. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case by case basis to minimise future falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>The service collects incident and accident data. A sample of 10 incident reports were reviewed via the electronic resident care programme and evidenced that all forms had been completed appropriately - including investigation and preventative actions. All had been reviewed by the village manager. Resident files were traced and all reported incidents were documented in progress notes. Incidents/accidents, unplanned or untoward events are fed back to staff so that improvements can be made. The data is linked to the organisation's benchmarking programme and this is used for comparative purposes. Corrective actions were cited for incidents above the benchmark. For example, falls rate. Discussions with service management, confirms an awareness of the requirement to notify relevant authorities in relation to essential notifications.</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>	FA	<p>The organisation provides documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. Relevant documentation was seen in the seven staff files reviewed, including annual appraisals for all employees. Health practitioners and competencies policy outlines the requirements for validating professional competencies. A register of practising certificates is maintained. Policy includes the requirements of skill mix, staffing ratios and rostering. Staff turnover is low with many staff having been employed for over 10 years. Interviews with staff confirm that management are supportive and responsive. A training plan for 2014, which aligns with the RAP, has been completed. Additional education sessions have also been provided. Ryman provide a comprehensive induction programme at Foundations Level 2 compliance and qualification to all care staff and actively support the Health Ed Trust ACE Programmes and provide incentives to their staff to undertake both the general and dementia modules. An education facilitator is employed to oversee the caregiver training and the orientation of new staff.</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>There is Ryman policy which supports the requirements of skill mix, staffing ratios and rostering. The village manager is a registered nurse (RN) and works full time. A clinical nurse manager/deputy manager (RN) and another RN work five days and two days respectively to cover each day of the week. Staff advise that there are sufficient staff on duty at all times and interviews with residents and relatives confirm this. Staff and management inform there is capacity to increase staff numbers based on resident acuity, and there is access to both casual staff and part-time staff to cover unexpected absence. The caregivers cover a mix of long and short shifts. There are designated cleaners, laundry staff, activities staff, gardeners, and administration staff.</p> <p>The serviced apartments are covered by a senior caregiver each morning, with care staff from the rest home available for evening cares. A four weekly roster for each service area ensures that there is sufficient staff on duty.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial support plan is also developed in this time. Information containing personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a locked cupboard in each area. Care plans and notes are legible and where necessary signed (and dated) by RN. Policies contain service name. All resident records contain the name of resident and the person completing. Individual resident files demonstrate service integration. There is an allied health section, that contains general practitioner notes and the notes of allied health professionals and specialists involved in the care of the resident. Ryman utilise a computerised care programme for all residents (VCare) and this is linked to head office. The programme is used for logging of all incidents and accidents and in analysis of same.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for</p>	<p>FA</p>	<p>The service has comprehensive admission policies and processes in place. Residents receive an information booklet around admission processes and entry to the service. The village manager screens all potential residents prior to entry to services to confirm they meet the level</p>

services has been identified.		of care provided at the facility. Residents and relatives interviewed confirmed they received information prior to admission and discussed the admission process and admission agreement with the village manager.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	Transfer information was completed by the registered nurse, clinical manager or village manager and communicated to support new providers or receiving health provider. The information meets the individual needs of the transferred resident. The RN's interviewed could describe the required transfer documentation including the yellow envelope system used by the district health board. Relatives interviewed confirmed they were kept well informed about all matters pertaining to residents, especially if there is a change in the resident's condition.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	All medication is managed appropriately in line with required guidelines and legislation. RNs and caregivers responsible for the administering of medication complete annual medication competencies and attend annual medication education. The service uses individualised medication blister packs for regular and non-regular medications. Medications are checked on delivery against the medication chart. Medication trolley contents were all within expiry dates and all eye drops were dated on opening. There were no self-medicating residents. The standing orders in use are current. Medication administration practice was observed to be compliant. As required medications have the date and time of administration on the signing sheet. Fourteen medication charts sampled meet legislative prescribing requirements. Medication charts reviewed identified three monthly medication reviews signed by the GP.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The service employs a qualified chef Monday to Friday and a weekend chef. They are supported by a kitchen hand each morning and afternoon. There is a four weekly seasonal menu that had been designed and reviewed by a dietitian at organisational level. The chef receives a resident dietary profile for all new admissions and is notified of dietary changes following the six monthly reviews and at other times such as residents with weight loss/weight gain or swallowing difficulties. Specific cultural preferences were met. Resident likes, dislikes and dietary preferences were known. Food is served directly from the kitchen to the adjoining dining room. Staff were observed sitting with the residents when assisting them with meals. The service is well equipped.

		The freezer temperature is checked weekly. The walk-in chiller is checked daily. Food temperatures are monitored daily and recorded. All foods were date labelled. A cleaning schedule is maintained. Positive feedback on the food service has been received from resident and staff meetings, surveys and audits. Staff have been trained in safe food handling and chemical safety.
Standard 1.3.2: Declining Referral/Entry To Services Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.	FA	The right to appeal against assessment outcome policy states the manager at every stage will inform the resident/family of other options. The service records the reason for declining service entry to residents should this occurs and communicates this to residents/family/whanau. Anyone declined entry was referred back to the needs assessors or referring agency for appropriate placement and advice.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	All appropriate personal needs information is gathered during admission. Risk assessment tools were sighted as completed and reviewed at least six monthly or when there was a change to a resident's health condition. Care plans reflected the outcome of the risk assessments for the resident files sampled. The registered nurses have completed InterRAI training and this assessment tool is now being utilised.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long term care plan includes nursing diagnosis, actual or potential/deficits, outlined objectives of nursing care, setting goals, and details of implementation. Long term care plans reviewed resident/family/whanau involvement in the care planning process was evidenced by signatures on the written acknowledgment of care plan form in the resident files sampled. Residents and relatives interviewed confirmed they were involved in their care plans. Short term care plans are in use for changes in health status.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents interviewed reported their needs were being met. Relatives interviewed stated their relative's needs were being appropriately met. When a resident's condition alters, a registered nurse initiates a review and if required, a GP visit. Faxes to the GPs for residents change in health status were sighted in the resident's files. Dressing supplies are available and treatment rooms are adequately stocked for use. Wound assessment, wound treatment and evaluations including frequency for one chronic wound and three other wounds (two

		<p>skin tears and one minor wound a resident was admitted with) linked to the long term care plans. Pressure area cares and interventions were documented in the long term care plans. The clinical manager interviewed has access to a wound specialist if required. The GP reviews the wounds three monthly or earlier if required.</p> <p>Continence products are available and resident files include a three day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described.</p> <p>Monitoring forms in place include (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts, restraint, blood sugar levels and behaviour charts.</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>A team of two activity coordinators implement a separate activity programme for the rest home and serviced apartments Monday to Friday. Residents are able to attend both programmes and the activities staff work together for special events. Both activities staff have a current first aid certificate. A programme for the weekend is planned and co-ordinated by the care staff, and a resident volunteer undertakes the organising of “housie” every Saturday afternoon. The Engage programme is delivered (link CI #1.2.3.6). The activity co-ordinators are trained to deliver the Triple A exercise programme which is applicable to the cognitive and physical abilities of the resident group.</p> <p>Activities were observed to be delivered. Resources are available for staff use at any time. Daily contact is made and one on one time spent with residents who are unable to participate in group activities or choose not to be involved in the activity programme. The facility has an eleven seater van that is used at least twice weekly for outings.</p> <p>The resident/family/whanau as appropriate, complete a “Life experiences” information sheet. An activity plan is developed and the resident is encouraged to join in activities that are appropriate and meaningful. Resident meetings are held two monthly and open to families to attend. The activity plans were reviewed at the same time as the clinical care plans in resident files sampled.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Evaluations reviewed described progress against every goal and need identified in the care plan. Short term care plans were utilised and evaluated regularly.</p> <p>Family were invited to attend the multidisciplinary review (MDR) meetings. The GP, activity co-ordinator and care staff were involved in MDR meetings.</p> <p>Care plans reviewed were evaluated six monthly or more frequently when clinically indicated.</p> <p>All initial care plans sighted had been evaluated by the RN within three weeks of admission.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	<p>FA</p>	<p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The clinical manager interviewed, stated that they initiate referrals to nurse specialist services. Specialist referrals were made by the GP. Referrals and options for care were discussed with the family as evidenced in interviews and medical notes.</p> <p>Discussions with the village manager and clinical manager identified that the service has access to appropriate allied health providers.</p> <p>The service provided examples of where a resident's condition had changed and the resident was reassessed.</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 implemented policies to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles were available and staff were observed wearing personal protective clothing while carrying out their duties. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals were labelled correctly and stored securely throughout the facility. Safety data sheets are available.</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 building has a current building warrant of fitness that expires 1 June 2016.</p> <p>The maintenance person (three days a week) and full time gardener address daily maintenance requests. There is a 12 monthly planned</p>

		<p>maintenance schedule in place that includes the calibration of medical equipment and functional testing of electric beds and hoists (due January 2016). Hot water temperatures in resident areas are monitored and stable. Contractors were available 24/7 for essential services.</p> <p>The facility corridors have sufficient space for residents to mobilise using mobility aids.</p> <p>Residents are able to access the outdoor gardens and courtyards safely. Seating and shade is provided. There is a designated smoking area.</p> <p>The caregivers and registered nurses interviewed state they have sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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>All but eight bedrooms have individual toilets, and all but eight have full ensuite. There are three communal showers for residents. Communal toilets are located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares</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>All residents rooms are single and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in toilets and ensuite. Residents are encouraged to personalise their bedrooms.</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 facility has a lounge and large dining area. There are seating alcoves and several small lounges, which can be utilised for functions, activities, family room or quiet private time for visitors. The communal areas were easily and safely accessible for residents.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits were completed as per the RAP programme. The laundry had an entry and exit door with defined clean/dirty areas. The service had a secure area for the storage of cleaning and laundry chemicals for the laundry.</p>

		There are dedicated cleaning and laundry staff on duty each day. All linen and personal clothing is laundered on-site. Residents interviewed stated they were happy with the cleanliness of their bedrooms and communal areas. Residents also confirmed their clothing was treated with care and returned to them in a timely manner.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-service programme. There was a first aid trained staff member on every shift. Woodcote has an approved fire evacuation plan and fire drills occur six monthly. Smoke alarms, sprinkler system and exit signs are in place. The service has alternative cooking facilities (BBQ) available in the event of a power failure. Emergency lighting is in place for four hours. There are civil defence kits in the facility and stored water. Call bells are evident in resident's rooms, lounge areas, and toilets/bathrooms. The facility is secured at night. The service utilises an external security company who undertake external security checks each night.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	General living areas and resident rooms are appropriately heated and ventilated. All rooms have external windows with plenty of natural sunlight.
Standard 3.1: Infection control management 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.	FA	The infection control (IC) programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is an IC responsibility policy that includes chain of responsibility and an IC officer job description. The village manager (RN) is the designated IC officer. There is an implemented infection control programme that is linked into the quality management system (RAP). Infection control matters are integrated with the bimonthly health and safety meetings and the infection control committee includes a cross section of staff. The IC programme is set out annually from head office and is directed via the RAP annual calendar. The annual review policy states IC is an agenda item on the two monthly head office health and safety committee.

<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection control committee is made up of a cross section of staff from areas of the service. The infection control committee is combined with the health and safety committee. The facility also has access to an infection control nurse specialist, public health, GP's and expertise within the organisation.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>There are comprehensive infection control policies that are current and reflect the Infection Control Standard SNZ HB 8134:2008, legislation and good practise. These are across the Ryman organisation and are current and regularly reviewed. The infection control policies link to other documentation and cross reference where appropriate.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	<p>The infection control officer is responsible for coordinating/providing education and training to staff. The IC officer (registered nurse) has completed appropriate IC training for the role. The induction package includes specific training around hand washing and standard precautions and the IC officer provides training both at orientation and ongoing. Training on infection control has been provided. Resident education is expected to occur as part of providing daily cares. Care plans can include ways to assist staff in ensuring this occurs.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. Systems in place are appropriate to the size and complexity of the facility. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Individual infection report forms are completed for all infections. Definitions of infections are in place appropriate to the complexity of service provided. Infection control data is collated monthly and reported to the combined infection control and health and safety meetings. Staff are informed through the variety of meetings held at the facility. The surveillance of infection data assists in evaluating compliance with infection control practices. The infection control programme is linked with the RAP. There is close liaison with the GP's</p>

		that advise and provide feedback/information to the service. No outbreaks have been reported in the past three years.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The policy identifies that restraint is used as a last resort and that enablers are voluntary. There were no residents with either restraint or enablers. Restraint minimisation education has been provided as part of reducing incidence of challenging behaviours. A restraint register is available for use if required.</p>

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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.8.1</p> <p>The service provides an environment that encourages good practice, which should include evidence-based practice.</p>	CI	<p>Ryman quality and risk management systems are being implemented at Woodcote. The framework ensures services adhere to the health and disability services standards. There are required actions being implemented when outcomes do not meet targets. Quality improvement plans (QIP's) are implemented and closed out and staff are involved in quality initiatives. Ryman has a strong focus on clinical benchmarking within the organisation. External training is supported, with evidence of attendance in staff files reviewed, verified through staff interview. Opportunistic training sessions, which are focused discussions with staff following for example of a particular incident, are also seen to be provided at Woodcote. All caregivers are required to complete foundations skills level two as part of orientation. There are implemented competencies for caregivers and registered nurses. Registered nurses are encouraged to participate in the</p>	<p>Ryman has robust quality and risk framework that is being implemented at Woodcote. The Ryman Accreditation Programme (RAP) includes standardised policies; an education programme including core competencies for different staff groups; an internal audit and corrective action planning process; benchmarking against similar services types; centralised management of complaints and internal investigation following sentinel incidents; and surveys (resident/relative and staff). There is a prescribed meeting schedule for services that is also seen to be implemented at Woodcote.</p> <p>The annual education programme prescribed for the organisation is being implemented at Woodcote. Ryman staff complete competency assessments for fire training, infection control, nursing care</p>

		<p>bi-monthly Journal club, Ryman conferences and study days.</p>	<p>assessments, manual handling and health and safety and are specific to each role. These are current at Woodcote. In order to ensure competency assessments remain current a spread sheet is maintained by the facility educator. Woodcote supports staff to attend external training. The three RN's have completed InterRAI training. Ryman facilitates registered nurses to participate in a journal club which provides opportunities for RN's to be peer reviewed, provides education and discussion on nursing issues and a forum for self-reflection. Registered nurses are able to meet with other Ryman facility staff as part of this process. The educator is employed for one day per week and covers two other Ryman homes. Her role is to ensure that all caregivers complete the foundation level 2 on orientation and facilitates the completion of levels 3 and 4 for other staff.</p> <p>Ryman's internal audit programme continues to be implemented at Woodcote. Where an internal audit result identifies compliance less than 90%, a QIP is initiated. QIP's reviewed for 2014 and 2015 have consistently been developed and closed out. Internal audits are delegated to various staff to encourage participation in a quality improvement programme. Clinical file review is part of the audit programme and interview with staff confirm they are involved in corrective actions when improvements are required. Services are benchmarked by service type amongst Ryman facilities, with Woodcote being benchmarked against rest home care. Areas benchmarked include falls, fractures, skin tears and urinary tract infections. A QIP completed in 2014 included upskilling caregiving staff to enable them to assess an unwell resident. This involves an annual training session for caregivers including a practical session for a checklist for competency in taking recordings, conducting neurological observations</p>
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			<p>and urinalysis. Education was given on how to interpret results. A key ring of information cards has been developed with normal ranges recorded with basic explanations. Quality initiatives completed for 2014 include a reduction in the incidence of challenging behaviours and increase attendance and satisfaction with the leisure and lifestyle programme (also refer 1.2.3.6). Current initiatives include reducing the incidents of falls through a 'traffic light' risk rating system, in-service education for staff conducted in May 2015 around falls prevention, introduction of a walking group for residents. Results so far for 2015 are favourable.</p> <p>Meetings are held regularly and minutes reviewed include discussion about key aspects of care delivery and emerging trends resulting from benchmarking. Data is graphed and available in the staff room. Outstanding matters are seen to have been followed through to the next meeting.</p> <p>The resident satisfaction survey conducted February 2015 shows a 4% increase in overall satisfaction. This places Ryman Woodcote 2nd out of all Ryman villages. The relatives' survey conducted in March 2015 shows a 27% increase in overall satisfaction and places Woodcote 1st in Ryman villages.</p>
<p>Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>CI</p>	<p>Woodcote is implementing the RAP quality and risk programme with monitoring being determined by the internal audit schedule. Audit summaries and quality improvement plans (QIP) are completed where a noncompliance has been identified. Repeat audit is initiated if results exceed the Ryman threshold and issues and outcomes have been reported to the appropriate committee. There is evidence of trending of data collected and QIPs being developed when volumes exceed targets. Weekly reporting to the regional manager includes bed state, staffing and incidents/complaints that meet the reporting threshold</p>	<p>Quality improvement activity at Woodcote is guided by the Ryman Accreditation Programme (RAP) framework.</p> <p>Progress towards objectives and QIP's is reported regularly (quarterly) with the last minuted discussion in May 2015. Updates are noted to filter through the meeting structure – management meetings, full facility, RAP, clinical meetings. In addition to general discussion about the objectives, the various meetings also discuss progress towards the quality improvement plans (QIPs). In the case of</p>

		<p>in the Ryman risk matrix. QIP's reviewed are seen to have been closed out once resolved. The QIP process is seen to have been well embedded into day-to-day operations at Woodcote and include clinically focused improvements. Quality projects are initiated from resident and staff feedback and in response to incidents, internal and external audits and complaints.</p>	<p>Woodcote, these two processes are linked. The following focus on the resident and clinical QIPs and provide two examples that demonstrate the facility is proactive in using the QIP process to improve outcomes for residents.</p> <p>Objectives for 2015 include managing refurbishment work to minimise health and safety risks to residents and staff; to continue to improve resident and relative experience through individualised leisure and lifestyle opportunities; to reduce the incidents of resident falls; and to continue with education and training around VCare kiosk; pet therapy, and implementing the Ryman food safety plan. Full review of all facility QIP's has been conducted in December 2014. As a team, Ryman Woodcote are responsive to staff, resident and relative feedback and take a quality cycle approach to improving resident outcomes.</p> <p>The facility has been working on two projects for the 2014 year including: reducing the incidents of challenging behaviours and improving management of same; and implementation of the Engage activities programme to maintain involvement and increase attendance. These are discussed in the following:</p> <p>a) An action plan was developed with the aim to reduce the incidents of challenging behaviour and to equip staff to better manage challenging behaviours. The issue was identified via incident reports and staff feedback. Results from 2013 and early 2014 show a continued trend of challenging behaviours reported (verbal aggression). Education and training for staff was conducted in May 2014 (24 attendees) and March 2015 (17 attendees). Restraint minimisation and de-escalation techniques training were provided in April 2014, October 2014 and April 2015. Therapeutic conversations training</p>
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			<p>was provided in July 2014 (23 attendees). Challenging behaviour incidents have been collated monthly and discussions have been held with staff via full facility and management meetings. Discussion included trends and alerting staff to issues and management plans for individual residents. Changes to care plans for residents with challenging behaviours were discussed with staff at handover times. The results of the efforts of management and staff have seen a marked decrease in the incidents of challenging behaviours. There was a significant reduction noted for the period from July 2014 – February 2015. November 2014 was the only month to record any behaviour incidents.</p> <p>b) The service has been actively implementing the Engage activities programme to maintain involvement, improve resident enjoyment and increase attendance at activities. The action plan included informing staff and residents about the Engage programme and the benefits to residents. The activities and care staff have received specific education around the Engage programme and the Triple A exercise programme, which is provided at Woodcote. A new Engage calendar was launched in July 2014. Education included reference to aspects of the programme including sensory stimulation education, reminiscence education and a workshop. Attendance at the activities programme has been monitored monthly with overall attendance noted to have improved since the implementation of the programme. Attendance is reported as the number of resident attendances per month. Prior to July 2014 the attendance had been as low as 166 for May 2014. Since the launch of the new programme attendance has been maintained at over 640 per month. Also noted is the reduction in incidents of challenging behaviours reported which</p>
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			<p>management advise can be attributed to an increase in attendance at activities. Some residents are involved in a 'skiffle' band which meets weekly and entertains other residents. Pet therapy is an important part of the leisure and lifestyle programme with individual residents enjoying one on one outings with an activities coordinator and a dog. A silver service morning tea is held weekly by a volunteer. A weekly walking group is held in conjunction with the Triple A exercise programme. Residents interviewed advised that attendance is voluntary and that they enjoy the variety of activities. The resident survey conducted in February 2015 evidenced a 4% improvement in the rating of the activities programme and the facility was ranked within the top five Ryman villages for resident satisfaction of the activities programme. Relative satisfaction for the activities programme increased by 27% and was ranked 1st in Ryman villages.</p>
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End of the report.