

Linda Jones Retirement Village Limited - Linda Jones Retirement Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard 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: 7 April 2022 End date: 8 April 2022
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:	89



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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections 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 subsections 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 subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Ryman Linda Jones provides rest home, hospital, and dementia level of care for up to 116 residents with 30 serviced apartments also certified. There were 89 residents at the time of the audit in the care centre. There were no residents requiring care in the serviced apartments.

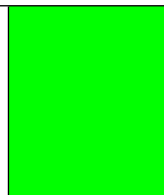
This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standards 2021 and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a nurse practitioner.

The village manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse) who oversees the care centre and a resident services manager who is non-clinical. The regional manager provided onsite support during the audit. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at this audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



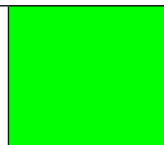
Subsection applicable to this service fully attained.

Ryman Linda Jones provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There are links to iwi for advice and support. Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. Informed consent procedures and advance directives are discussed with residents on admission. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsection applicable to this service fully attained.

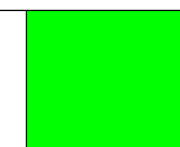
The executive leadership teams govern the organisation overall with the village manager reporting to the regional manager who reports to the NZ operational manager. The business, quality and risk management plans include the mission, vision, and values statements with progress documented against goals. Goals are regularly reviewed at defined intervals.

The service has a continuous quality improvement programme in place that takes a risk-based approach to identifying issues and improving services. Residents, family, managers, and staff have input into the quality and risk management programme at regular intervals. Data is collated and discussed with corrective actions put in place to resolve issues as needed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. All staff have an orientation and at least monthly training.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsection applicable to this service fully attained.
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Residents are assessed by the need's assessment service coordination service (NASC) prior to admission to determine the required level of care. There is a comprehensive information package for residents/relatives on admission to the service. InterRAI assessments, risk assessments, care plans, interventions and evaluations are completed by the registered nurses. Care plans demonstrate service integration. Resident and family interviewed confirmed they were involved in the care plan process and review. Care plans were updated for changes in health status. The general practitioner/nurse practitioner completes an admission visit and reviews the residents at least three-monthly.

The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and medication-specific education. The general practitioner/nurse practitioner reviews medications three-monthly. Medications are stored securely.

All food and baking is prepared and cooked onsite in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. A current food control plan has been registered.

Policies and procedures are implemented around the transfer and discharge of residents.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsection applicable to this service fully attained.
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The building has a code of compliance, which expires in October 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, all have full ensuites sliding doors providing access to a Juliet deck area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsection applicable to this service fully attained.

A suite of infection control policies and procedures are documented. The pandemic plan has been developed in partnership with the district health board. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection control coordinator is a registered nurse with support from the clinical nurse manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including Bug Control and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsection applicable to this service fully attained.

A registered nurse (rest home unit coordinator) is the restraint coordinator. There are no restraints used at Ryman Linda Jones and the service strives to maintain a restraint-free environment. The service would only use an approved restraint as in an emergency if that occurred and this would be documented as an incident. The dementia unit is secure.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	26	0	0	0	0	0
Criteria	0	147	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural and spiritual life policy captured in a Hauora Māori health plan partnership and Te Tiriti o Waitangi document. The document references equity of access and outcomes, empowerment, quality, capacity building and responsiveness and accountabilities. It also focuses on having effective processes for valuing and fostering resident interests, customs, beliefs, and backgrounds. Ryman is currently developing the policies and an organisational Maori Health plan.</p> <p>Residents and family/whānau are involved in providing input into each individual care plan, their activities, and their dietary needs. Care plans incorporate the physical, spiritual, family, and mental health of the residents. One resident identified as Māori at the time of the audit. The resident had a Māori health care plan that reflected their</p>

		<p>cultural needs.</p> <p>A kaumātua from the Ngati Wairere is available to provide cultural guidance, including implementing specific customs (e.g. blessing of the land prior to building the new facility). The blessing also included key dignitaries from Tainui iwi. The kaumātua is also available to specifically engage in site specific requests (e.g., blessing of rooms etc).</p> <p>MyRyman Recruit is used generically to advertise for new positions. The village manager stated that they would not discriminate when advertising for roles but would interview Māori applicants if they apply for roles in the service with a selection of the best person for the role. There are four Māori staff in the service, and one speaks fluent te reo Māori. They are able to support the village manager and provide advice if required. They have also spoken to the full facility at specific occasions (e.g., Māori language week etc).</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with</p>	<p>NA</p>	<p>On admission, all residents state their ethnicity, and this data is used in the analysis of data. Cultural safety training has been provided to staff in 2021. There are two residents who identify as Fijian Indian with two staff who speak their language and who identify as the same ethnicity as the residents. Two staff identify as Tongan and bring the Pacific culture to the service. Cultural preferences are included in the MyRyman care plans. These residents are supported to attend church and groups of their choice (covid restrictions allowing).</p> <p>Ryman is working to develop a Pacific Health plan. The clinical manager and registered nurses stated that family</p>

<p>Pacific peoples for improved health outcomes.</p>		<p>members of any resident who identifies as Pasifika would be encouraged to be present during the admission process including completion of the initial care plan.</p> <p>The service is not actively recruiting staff who identify as Pacific, however the village manager stated that they would encourage and support any applicant that identified as Pacific through the employment process.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana Motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The following managers were interviewed: the village manager, regional manager, clinical manager, one resident services manager; along with staff interviewed including three unit-coordinators (hospital, special care unit (dementia), rest home), six caregivers, four registered nurses, one chef, one maintenance lead (health and safety representative), two laundry assistants, two household staff, two diversional therapists and one activity and lifestyle coordinator.</p> <p>Ten residents were interviewed (seven at hospital level of care and three at rest home level of care) along with eleven family members including four hospital, four rest home and three from the special care unit (SCU). Documentation reviewed identified that the service has a person-centred and family-centred approach to care and support.</p> <p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The village manager, clinical manager (RN) or RN discusses aspects of the Code with residents</p>

	<p>and their relatives on admission.</p> <p>The Code is displayed at the entrance to the facility in English and te reo Māori and in each unit (SCU, hospital and rest home). There are also pamphlets around the Code in Māori and English. Discussions relating to the Code are held individually and at the multidisciplinary meeting six monthly or as required. Discussions are also held at the resident/family meetings with these held every two months. All residents interviewed reported that their rights are being upheld by the service. Interactions observed by the auditors between staff and residents were respectful. Residents and family interviewed all stated that staff were kind and respectful at all times.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents on the residents' noticeboard and at the entrance to the facility. There are links to spiritual supports including links with church ministers.</p> <p>The RNs and caregivers interviewed described how they arrange their time during a shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation. This training is ongoing through the annual education and training programme which includes understanding the role of advocacy services (e.g. enduring power of attorney [EPOA]). Training for staff has been provided in 2021.</p> <p>Māori independence (manamotuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the</p>
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		<p>resident's care plan with family/whānau providing support as required. This was sighted for one resident who identifies as Māori. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff interviewed described how they support residents to choose what they want to do. This included choice of where to hang pictures, clothes to wear, food to eat, activities they wish to engage in etc. All residents interviewed stated they had choice and were encouraged to plan their days according to their wishes.</p> <p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A care plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. Care staff interviewed could describe what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice of activities they participate in. Cultural identity is included in the assessment, care plan, and activities plan for each individual resident. Cultural activities are also included as part of the activities programme.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was confirmed during interviews with residents and family members who could</p>

	<p>not praise staff highly enough.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware of relationships that are formed during the residents stay.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names and residents confirmed they are called the name of their choice. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. A spirituality policy is in place. Spiritual needs are identified. Church services on site have temporarily stopped but residents who wish to engage are supported to access services online. Staff and residents who identify as Māori are encouraged to speak Maori and to teach others. Caregivers interviewed stated that they always tried to learn new words in Māori and to use these as part of everyday language.</p> <p>The vision, mission and values of the organisation are documented in the welcome pack and booklets given to potential residents and family. The organisation including managers and staff at Ryman Linda Jones have focused on 'kindness' as underpinning everything staff do, and</p>
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		<p>family and residents stated that the staff went over and above to be kind to all.</p> <p>Cultural training was last completed in 2021.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is documented, and staff interviewed were able to describe what abuse and neglect meant, signs to look for this and what to do if they identified abuse or neglect. There is a process described in the policy that would prevent anyone raising issues of abuse or neglect from being re-victimised. The policies in place identify processes to escalate any concerns or issues if these are identified in relation to discrimination, coercion, harassment, or any other exploitation as well as policies around professional boundaries. There were no incidents in the past year documented related to a lack of or breach of professional boundaries.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. The last training was provided in 2021 with care staff attending. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, and supportive. Residents and family interviewed confirmed that the care provided is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. The resident services manager is responsible for providing each resident a monthly statement, invoicing the resident if required and providing a monthly report on expenditure</p>

		<p>to head office who also monitor use of the comfort fund. A staff code of conduct/house rules is discussed during the new employee's induction to the service and a code of conduct signed by all new staff. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service plans on providing staff training around institutional and systemic racism so that an environment is promoted where it is safe to ask the questions around this.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Resident meetings have been held two-monthly in 2021 and this affords residents an opportunity to discuss any issues. During any periods of lockdown, the village manager provided family with a monthly report on activities during that period. There are family meetings held for those with family in SCU. The resident meetings are held separately for the rest home residents and hospital residents. Residents are able to discuss any issues directly with any of the managers, registered nurses, or any other staff as confirmed in interview with staff and the residents.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been</p>

		<p>informed (or not) of an accident/incident. All 21 accident/incident forms reviewed in 2022 confirmed that relatives were informed of each event. Family interviewed all stated that they were informed of any changes or incidents in a timely manner.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English or who did not have family/staff who could talk with them.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as dentists, specialists etc. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The village manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions</p>	<p>FA</p>	<p>There are policies around consent and informed consent. The service does not yet have tikanga guidelines around consent. Informed consent processes are discussed with residents and families on admission. The resident agreements include information around consent, extra</p>

<p>about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>charges, and payment options. Each resident or EPOA signs the agreement that confirms they have read and understood the clauses. Residents and family interviewed were able to confirm that they had information around Ryman services and specific information around the level of care to be provided. They also stated that the resident agreement was explained to them prior to signing. Written general consents reviewed in ten resident files were signed by the resident or their enduring power of attorney (EPOA). Specific consents were signed appropriately for vaccinations.</p> <p>Copies of EPOA are kept on the residents file where required and activated where necessary. All EPOA were enacted in the SCU and in the hospital area where this was required. Ten resident files sampled have signed admission agreements on record.</p> <p>Advanced directives and/or resuscitation status are signed for separately by the competent resident and enacted if required at the appropriate time. Discussions with the residents confirmed they were included in discussions around advanced directives. Care staff interviewed confirmed verbal consent is obtained when delivering care with staff able to give examples of choice and informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There were two complaints logged in the complaint register in 2021 and one in 2022 (year-to-date). All complaints documented in the register were reviewed and both included evidence of an investigation, follow-up, and correspondence with the complainant. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings or other relevant meetings (meeting minutes sighted). It was reported that complainants confirmed they were satisfied with the outcome of the complaint as per documentation in the complaints register.</p> <p>Discussions with residents confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility and on the noticeboards in each unit (SCU, hospital, rest home). Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.</p> <p>The Code is visible, and available in te reo Māori and English at the entrance to the facility and in each unit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>Ryman Healthcare Limited is a provider of retirement living and care options in New Zealand and Australia. The chief executive officer reports to is a Board of directors who take a monitoring and strategic role for the organisation. There is a regional manager who supports</p>

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>the village manager and staff.</p> <p>The service is certified to provide rest home, hospital (medical and geriatric) and dementia level of care for up to 116 residents in the care centre. There are 80 dual purpose beds (rest home and hospital), and two x 18-bed dementia (special care units). On the day of the audit there were 24 residents requiring hospital level of care and 38 rest home residents (including two residents on respite care), and 27 residents in the special care unit on the day of audit. All residents were under the age-related residential care agreement (ARRC) apart from one who was privately paying for care. There are 30 serviced apartments certified to provide rest home level care, however all were occupied with independent residents on the days of audit.</p> <p>The village manager is on site five days a week along with the clinical manager and resident services manager providing managerial support and oversight of their various areas. The village manager has a Bachelor of Commerce and Administration, has completed over eight hours of education relevant to the role, and has worked in aged care for eight years, including as a village manager at another Ryman village before moving to open Linda Jones Retirement Village. The clinical manager (CM) has over 10 years' experience in the service and was a unit coordinator prior to their current role. The managers are supported by a unit coordinator in each area (rest home, hospital, special care unit and serviced apartments). The clinical manager and resident services manager are responsible during the temporary absence of the village</p>
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		<p>manager, with added support provided by the regional manager and Christchurch Ryman team. All managers have completed at least eight hours training per year.</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 2022 have been developed at Linda Jones including those related to health and safety, training for staff to promote sound clinical practice, growth of leaders, and maintaining occupancy. The quality and risk management programme is well embedded in the service with corrective actions taken to resolve issues and improve services.</p> <p>Interview with the management team confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. There are strong links with iwi.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>FA</p>	<p>Ryman Linda Jones implements the organisation's quality and risk management programme that is directed by the organisation's strategic and clinical governance frameworks. Quality and risk performance is reported across the facility meetings and to the organisation's management team. Discussions with the management team and staff, and review of meeting minutes reflects their involvement in quality and risk activities.</p> <p>Resident meetings are held monthly. Minutes are maintained. Annual resident and relative surveys are</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>expected to be completed with the first survey completed for this service currently being collated. A relative survey was completed in October 2021 with an average score of 4.29 out of 5. The net promoter score was +53% (identified as 8th out of all Ryman villages). All domains showed a high level of satisfaction (all rated over 4 out of 5 apart from activities which showed 3.79 out of 5 noting that this village was still in the top 10 of Ryman villages for this score). Results are benchmarked against all Ryman facilities.</p> <p>The service has policies, procedures, and associated implementation systems to provide a good level of 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. Documents and policies are reviewed by Ryman Christchurch. Villages are directed what policies and documents are required to be updated, deleted, or replaced each month via the TeamRyman programme. Staff are informed of changes via full facility and role-specific meetings as appropriate.</p> <p>The facility has implemented processes to collect, analyse and evaluate data, which is utilised for service improvements. Clinical indicators are graphed, and trends reviewed at relevant meetings. The service benchmarks data against other Ryman villages. Results are communicated to staff across a variety of meetings and reflect actions being implemented and signed off when completed. Meetings include weekly management meetings and monthly TeamRyman, full facility and in-</p>
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		<p>service, activities, health and safety, with infection control meetings bi-monthly. Caregiver and kitchen/food service meetings are held quarterly and there are six monthly gardening/maintenance, restraint approval group, housekeeping, night duty and reception/administration meetings. Interviews with staff confirmed their awareness of clinical indicators including trends and strategies being implemented to improve residents' outcomes.</p> <p>The health and safety committee meets monthly and consists of the management team, restraint officer, infection control officer, health and safety officer, fire officer and head of maintenance, and head of gardening. They conduct regular evaluation of work schedules, processes, and the working environment. Hazard identification and risk analysis has been carried out on tasks and activities at the village. Hazard registers detail the risk and how each risk is mitigated and controlled. These are reviewed annually. Contractors sign into the village using an electronic sign in process and they have submitted all relevant safety documentation. Contractors are also orientated to health and safety at the village. The health and safety representative (maintenance) was interviewed, and they demonstrated a high level of commitment to the programme and to keeping the facility safe.</p> <p>Risk management, hazard control and emergency policies and procedures are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. The service documents and analyses incidents/accidents, unplanned or untoward events and</p>
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		<p>provides feedback to the service and staff so that improvements are made with these also reviewed at the health and safety meeting, as well as at relevant staff and management meetings. Health and safety training begins during a new employee's induction and continues at least annually. A review of 21 resident-related accident/incident forms showed that each event involving a resident reflected a clinical assessment and follow-up by the clinical and/or village manager. Relatives were notified following incidents. Opportunities to minimise future risks were identified where possible.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one notification to HealthCERT around a resident with challenging behaviour. There have been no outbreaks since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day</p>	<p>FA</p>	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Interviews with caregivers and other staff confirmed that staffing is adequate to meet the needs of the residents. Staff have completed cultural training in 2021. All caregivers have over two years' experience in the service apart from two new staff recently employed.</p> <p>The clinical manager and unit coordinators rotate on-call duties so that there is always someone to call afterhours.</p>

<p>operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>There is a handover at each shift. Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule being implemented. Training is delivered by the managers or external providers. Staff attended all training offered in 2021 (monthly sessions provided). The 2022 training plan is currently being well implemented as per schedule. Staff training records are maintained. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Registered nurses are supported to maintain their professional competency. Journal club meetings are provided two-monthly. Online training and competency assessments are included in the training programme.</p> <p>Ten of 22 registered nurses have completed their interRAI training. There are implemented competencies for registered nurses and caregivers related to specialised procedures and/or treatment including medication competencies and insulin competencies. Clinical registered nurse and enrolled nurse (RN/EN) meetings held monthly and update registered staff on current clinical information (e.g. admissions, wounds, weights).</p> <p>There is a NZQA approved certification programme for caregivers. Currently there are nine who have completed dementia training (with 16 currently in training); five have completed level 2; three have completed level 3; 46 have completed level 4 including two diversional therapists who work either in the hospital or SCU; and five have</p>
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		<p>completed level 7 (foreign trained nurses). Of the 17 caregivers who work in the SCU, 13 have completed level 4 and all others are in training.</p> <p>A review of rosters for the past three months confirmed the following staffing levels:</p> <p>Rest home (38 residents at rest home level of care in a 40-bed unit): four caregivers on AM shift (two long and two short shift); four caregivers on PM shift (two long and two short shift); two caregivers on night shift (both long shift). One registered nurse is rostered on the AM shift seven days a week.</p> <p>Hospital (24 residents at hospital level of care in a 40-bed unit): six caregivers on AM shift (four long and two short shift); five caregivers on PM shift (three long and two short shift); two caregivers on night shift (both long shift). Two registered nurses are rostered on the AM and PM shifts seven days a week.</p> <p>SCU (27 residents at dementia level of care across the two 18-bed dementia units): four caregivers on AM shift (two long and two short shift); four caregivers on PM shift (two long and two short shift); two caregivers on night shift (both long shift). One registered nurse is rostered on the AM and PM shift seven days a week.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Thirteen staff files reviewed (the village manager, clinical manager, resident services manager, chef, activity and lifestyle coordinator, three caregivers,</p>

<p>numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>three RNs, one enrolled nurse and one unit coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, ENs, GPs, pharmacists, podiatrists). There is an appraisal policy. All staff who have been employed for over one year have an annual appraisal completed.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
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<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy only. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking and resident information) are routinely backed up and password protected.</p> <p>The electronic resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the village manager and clinical manager.</p> <p>In cases where entry is declined, there is close liaison</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>between the service and the referral team. The service refers the resident back to the referrer and maintains data around the reason for declining. The management team indicated reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The village manager reports weekly and monthly occupancy to the regional manager and head office including how many prospective residents and families have viewed the facility, admissions and declined referrals. This report will include ethnicity moving forward as the electronic system is now capable of accessing that information.</p> <p>As the facility opened in stages beginning January 2021, there are currently beds available and no waiting list. The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack (compendium) relating to the services provided at Ryman Linda Jones which is available for families/whānau and residents prior to admission or on entry to the service and kept in the resident room. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Ryman Linda Jones have a person-centred and whānau-centred approach to services provided.</p>
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		<p>Interviews with residents and family all confirmed they received excellent information at entry and communication was good. The service includes information about other support services, such as community support groups, when communicating with the person and their whānau.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service is planning to employ a cultural kaitiaki to assist in the development of a programme to support Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The service continues to develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana Motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. The care plans on the electronic myRyman resident management system were resident focused, individualised, and identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement.</p> <p>The two contracted nurse practitioners (NP) who cover the facility are from a local medical centre. They are available on call 24 hours and general practitioners from the Third Age practice are available to support the NPs. The NPs (one of whom was interviewed) visit the facility Tuesday,</p>

		<p>Thursday and Friday and are available on mobile at other times for residents of RN concern. Nurse practitioners' notes are documented on paper charts and details of the visit are documented in myRyman by the RN. The NPs had seen the residents within five working days of admission and had examined the residents at least three-monthly or more frequent medical review as evidenced in files of residents with more complex conditions or acute changes to health status. The NP commented positively on the care the residents received. Relatives are invited to attend GP reviews, if they are unable to attend, they are updated of any changes. The management and registered nurses reported they plan to invite whānau to the six-monthly review meetings along with the resident.</p> <p>Ten resident files were reviewed (three hospital, four rest home including one resident on a respite contract and three dementia care files). The registered nurses (RNs) are responsible for undertaking all aspects of assessments and care plan development. Initial assessments, long-term care plans and interRAI assessments had been developed within the required timeframes in all files reviewed. Routine interRAI assessments and long-term care plans had been evaluated in one of ten long term resident files. Nine residents (two hospital, four rest home and three dementia care) had not been at the service long enough for an evaluation. The resident on respite care had appropriate risk assessments and initial care plan completed. Registered nurses had used assessment tools from the myRyman suite of tools. A full care plan was in place with detailed interventions relating to the safe transfer and</p>
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	<p>mobility.</p> <p>There was documented evidence of allied health professional involvement in the resident's care and interventions were integrated into care plans. A physiotherapist is contracted to the service for a total of eight hours per week. The physiotherapist completes initial physiotherapy assessments of residents on admission and post-falls by request. The physiotherapist is involved in the assessment of equipment for residents and provides staff training in safe manual handling. Allied health care professionals involved in the care of the resident included, (but were not limited to) podiatrist, district nurse, wound nurse specialist, speech language therapist, and the dietitian.</p> <p>When there is a change in resident health needs, such as infections, wounds, or recent falls appropriate assessments are completed, and the long-term care plan updated to reflect resident care needs.</p> <p>Monitoring included (but not limited to) weights, observations included vital signs, weight, turning schedules, intentional grounding, and food and fluid.</p> <p>There were 24 residents (ten special care unit, eight hospital and six rest home) with a total of 60 wounds including skin tears, lesions, and chronic venous ulcers. Two hospital level residents have pressure injuries (one grade three, one grade two, and one stage one). Incident reports and section 31 notifications have been made to the Ministry of Health. The electronic wound care plans document the wound assessment, management plan and</p>
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	<p>evaluations including supporting photographs. The district nurse and GP have input into chronic wound management. Registered nurses have received wound care training.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health 'Te Whare Tapa Whā model of care. Care plans include the physical, spiritual, family, and mental health of the residents. For end-of-life care, Te Ara Whakapiri care plans are used.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to nurse specialist consultants occurs. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Caregivers</p>
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		<p>access a tablet in resident rooms to access the residents care plan and enter progress notes in 'real time'. Registered nurses update progress notes daily for hospital residents and at least weekly for rest home and dementia residents or whenever there is a change in health.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities Engage programme is overseen by head office in Christchurch and includes the themes of the month and related ideas to be implemented into the monthly programme. Activities are provided from 9.30 am to either 4.30 pm or 5.30 pm, seven days a week in the special care unit and hospital units and five days a week in the rest home. Activities are provided by an activities team consisting of two diversional therapists, and four activities coordinators. The diversional therapist or activities coordinator completes an electronic life experience and social and cultural assessment within four weeks of admission for new residents. 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 documented throughout the care plans in various sections of myRyman by the diversional therapist and registered nurse.</p> <p>A monthly planner is developed for each area. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. The diversional therapist endeavours to include previous hobbies and interests to the planner. The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group including walking groups, triple A exercise</p>

		<p>programme, memory lane, musical moments, news and views, board games, craft, and quizzes. One-on-one activities such as wheelchair walks, massage, manicures, reading, and sensory activities take place for residents who do not join in group activities. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included the making of a special cloak, singing of Māori songs (waiata), and learning te reo Māori language words and phrases. Activities in the SCU are flexible and focus on the interests of the resident group. On the day of audit residents were observed enjoying time outside in the courtyard.</p> <p>This audit was held under red traffic light level restrictions, which has limited community involvement. The service is developing links within the community; however, these have been limited recently due to Covid restrictions. The library provides books of interest for residents, in a range of fonts and audible books. Van rides occur weekly, which used to include lunches and picnics, but with the Covid restrictions, van rides are now drives to places of interest.</p> <p>Residents provide feedback in a range of forums including a resident's meetings and resident surveys. Residents provide feedback informally daily to the diversional therapist. Monthly newsletters are sent from head office and include local contributions.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in each of the three treatment rooms. The internal audit schedule includes medication management. Medication</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>management internal audits have been completed as scheduled.</p> <p>Registered nurses and senior medication competent caregivers administer medications, and all have completed medication competencies. Education on medication has been provided annually. Registered nurses have completed syringe driver training. All medication blister packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent and safe storage of the medications. On the day of audit there were two rest home residents who self-administer their medications. All residents self-administering medications had competencies in place which had been signed and reviewed three-monthly by the GP. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP or NP. All medication errors are reported and collated with quality data. Standing orders are not in use. There are no vaccines stored on site.</p> <p>The medication fridges and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy; there were no expired drugs on site on the day of the audit.</p> <p>Twenty electronic medication charts were reviewed and met prescribing requirements. Medication charts had</p>
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		<p>photo identification and allergy status notified. The GP or NP had reviewed the medication charts three monthly. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in the electronic medication system. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a head chef. There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets. All meals and baking are prepared and cooked on site by a qualified chef/cook. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires 27 July 2022. The four seasons, four weekly menus have been approved and reviewed by a registered dietitian at an organisational level. The head chef (interviewed) receives resident dietary profiles and notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes.</p> <p>The large well-equipped kitchen is located in a service area on the ground floor. There are designated areas for cooking, plating, and washing dishes. The last menu</p>

	<p>review was completed in January 2022. Food is to be plated in the kitchen and transported in scan hot boxes to the kitchenette in each of the care units. The hot boxes are heated and also have a cooling area for desserts. The satellite kitchens and dining area in each unit are spacious and designed to enhance the dining experience. Tray service is available for residents who choose to dine in their rooms.</p> <p>A copy of the seasonal Ryman Delicious menu is delivered to each resident at the beginning of each season. A weekly menu choices sheet is delivered to each resident for indication of their preferences for the coming week. The menu choice sheets are collated by care staff and given to the receptionist to collate and advise the kitchen. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving when it is transferred to the bain-marie and served. The internal audit schedule includes a food service audit. The last internal audit evidenced 99% in June 2021.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. A satisfaction</p>
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		<p>survey of a small sample of residents is completed monthly. Results viewed were all very positive. The head chef visits residents in the hospital, rest home and apartment dining rooms at mealtimes to review resident satisfaction through one-on-one discussions. Residents and relatives interviewed were complimentary of the food services. The head chef is involved in the activities theme months, particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. The unit coordinators advised that residents and their families have the option to access both medical and non-medical services as requested or indicated</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and</p>

<p>that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>disposal of waste and hazardous substances. There are two secure sluices with sanitisers in each care unit. There are secure cleaning cupboards in each care unit. Waste management audits are included in the annual internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training. Material safety data sheets products are available in the laundry, kitchen, and cleaning storage areas. All sluice, laundry and cleaning areas have gloves, aprons, and goggles available.</p> <p>The maintenance team includes a full-time maintenance lead, a full time assistant and a casual assistant. There are two full time staff employed as gardeners. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan documented and implemented. The building holds a current code of compliance issued 27 October 2021. Hot water temperatures are checked by the maintenance lead and are within required range. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment are scheduled annually. The next test and tag check is scheduled for later this month. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to the electrical register. Medical equipment, and scales were last calibrated on 14 February 2022. Caregivers interviewed</p>
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	<p>stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility is a five-storey building with entrance into level two. The ground floor includes all service areas, laundry, kitchen, maintenance workshop, a garden equipment room, chemical and cleaning storage, and staffrooms.</p> <p>The special care units are located on level two, the rest home on level three and hospital on level four. Lifts are centrally situated and provide access for residents to access service and outdoor areas.</p> <p>The corridors in all units are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is a small, covered deck accessed from the lounge on levels three and four. There is safe access to all communal areas. All rooms have their own full ensuites. There are communal bathrooms with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is heat pump heating</p>
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		<p>throughout the facility with individual thermostats in all resident rooms</p> <p>The secure special care units are divided into two 18-bed units, each with their own spacious dining room, sluice room, main lounges, a quiet sensory lounge, and secure external courtyards. Dementia rooms have a presence button which can be pressed to summon assistance with resident behaviours. All rooms in the dementia unit have both bed and wall sensors.</p> <p>Ryman Linda Jones is continuing to expand services and additional building is planned. The service is open to consider how designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>Emergency management, first aid and CPR are included in the orientation process and mandatory education programme</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service and fire evacuation drills take place six-monthly. Smoke alarms, a sprinkler system, exit signs, emergency lighting and gas cooking facilities are in place. The last drill took place in April</p>

		<p>2021. The August drill was postponed and continues to be postponed due to Covid restrictions. Fire warden training was completed 15 October 2021 and is scheduled again this month for all senior caregivers, RNs and night staff and the next evacuation drill is scheduled for 27 April 2022.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There is a civil defence kit in the treatment room on each level and one in reception. Kits are checked monthly There are adequate supplies in the event of a civil defence emergency including 6000 litres of water stored to provide residents and staff with three litres per day for a minimum of three days. A diesel-powered generator is available in the event of a power outage. A minimum of one person trained in first aid is available at all times including night shifts and outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity when in their room. Residents interviewed confirmed that call bells are answered in a timely manner. Maintenance regularly checks the call bell system.</p> <p>The building is secure after hours and staff complete security checks at night. Staff confirmed that they conduct security checks at night.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The annual infection control plan is developed by the clinical team at head office, with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and organisational management team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection prevention and control programme are appropriate for the size and complexity of the service. The unit coordinator from the apartments is the infection control coordinator and leads the committee consisting of the clinical manager and rest home, special care unit and hospital unit coordinators. The Infection control and prevention nurse has a job description that outlines IC responsibilities. Infections from each unit are discussed at weekly management meetings. The clinical and facility meetings receive a report on infection prevention and control matters at their monthly meetings. The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually, and a six-month analysis is completed and reported to the governing body. There have been no outbreaks at Ryman Linda Jones. The infection control coordinator described the outbreak management processes to take in the case of an outbreak.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to</p>	<p>FA</p>	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and</p>

<p>implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>the infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection control coordinator (unit coordinator) provides an IC report to the two monthly infection control team, monthly registered nurse meetings, quality, and staff meetings.</p> <p>The organisation is a member of Bug control, and the infection control coordinator interviewed described support from expertise within the clinical team at head office, public health, local laboratory, nurse practitioners and infection control specialist from the district health board. There is also support from other clinical managers within Ryman. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for age care facilities on a range of matters including infection control and Covid-19. The infection coordinator described utilising the MOH website for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices.</p> <p>The infection control coordinator described utilising health learn online training and Ministry of Health (MOH) sites. The infection control coordinator attends monthly webinars which included (but by no means limited to) standard precautions, and isolation procedures. The infection control coordinator recently attended a presentation on antimicrobial stewardship by a leading NZ microbiologist. Staff education around infection control commences at induction to the facility with a range of competencies and</p>
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		<p>education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive, indwelling medical devices using aseptic technique.</p> <p>Staff follow the organisation pandemic policy which is available for all staff. All staff have been double vaccinated, and most residents are double vaccinated. Visitors are being asked to be double vaccinated. All new residents are requested to be double vaccinated. Personal protective equipment is ordered through the MOH, and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in each of the care units and in a dedicated storage area.</p> <p>Clinical expertise at head office has input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The infection control coordinator and the management team monitor resident and staff Covid infections. Hospital acquired infections are collated along with infection control data. The organisation policies and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters and catheter packs, wound dressing packs. All equipment</p>
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		<p>used for wound care as are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance.</p> <p>This audit was undertaken during Covid-19 red traffic light level restrictions. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors must make an appointment and are required to wear an N95 mask and visor while in the care facility. All visitors and contractors are required to be double vaccinated and complete a wellness declaration when signing into the electronic system. On audit it was evident that changes in staffing and management had also been implemented to minimise any spread of Covid within the facility and to other facilities, (e.g. all staff were wearing N95 masks and visors, staff were now working in bubbles, only working at Linda Jones and strict control for laundry and kitchen teams). There was a declaration/sign in process including the taking of temperatures and the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is</p>	<p>FA</p>	<p>The organisation has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns of medical practitioners who</p>

<p>committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>access the facility are also monitored. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Ryman infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at clinical meetings, weekly management meetings, quality/risk meetings and staff meetings. Staff are informed through the variety of meetings held at the facility and also electronically.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP/NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the</p>

		<p>service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the DHB for any community concerns. There have been no outbreaks in the past 12 months.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms in each care centre with personal protective equipment available including a face visor available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is processed on site by two dedicated laundry assistants from 8am to 4.30pm and a third person from 7pm to 10pm seven days a week. The well-equipped laundry has a defined clean/dirty area with two door entry/exit. There is a specific laundry process for linen from Covid affected residents. There are cleaning staff assigned to each area seven days a week. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate</p>

		<p>personal protective clothing readily available. The linen cupboards in each area were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training. The laundry assistants and the cleaning staff were knowledgeable around infection control practices in relation to their role.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy has been updated in 2022 and this states that if restraints were used, they must take into consideration cultural preferences, and effect on the residents' mana. The organisation is committed to not using any restraint with this documented in the policy. Any use of restraint would be considered to be an incident and would be reported to the village manager immediately. The restraint coordinator is the rest home unit coordinator. When interviewed, they described their intent on maintaining a restraint-free environment. No restraints were in use and there is a focus on maintaining a restraint free environment.</p> <p>Training around the restraint policy is provided annually to staff and is part of the orientation programme.</p> <p>The service has also worked on a falls prevention programme that seeks to engage residents in activities, regular nurse practitioner or GP review, monitoring of the environment for hazards, detailed review by the registered nurse team if a resident is unsettled and equipment to</p>

		support the resident according to their needs (e.g. hi-lo beds, sensor mats, motion sensors in the SCU, family engaged in review and discussions). The restraint coordinator described working to always put in place the best options for the resident.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	NA	Not audited
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working</p>	NA	Not audited

towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. 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 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, a Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.