

Hilda Ross Retirement Village Limited - Hilda Ross 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:	Hilda Ross Retirement Village Limited
Premises audited:	Hilda Ross Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 June 2022 End date: 1 July 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:	144



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
	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
	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

Hilda Ross facility is part of the Ryman group. They are certified to provide rest home, hospital (geriatric and medical) and dementia levels of care for up to 151 residents in the care centre. In addition, there are 20 serviced apartments certified to provide rest home level care. Occupancy during the audit was 144 residents in total, including two residents in the serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts 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 two nurse practitioners.

The village manager is appropriately qualified and has been in the role since December 2021 and is supported by an experienced clinical manager (registered nurse). There are robust organisational 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. A comprehensive ongoing education plan is implemented.

This certification audit identified the service meets the intent of the standards. Continuous improvements were awarded around reduction of infection rates.

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.

Subsections applicable to this service fully attained.

Hilda Ross provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Hilda Ross provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. 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.

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Hilda Ross has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's

management team. Hilda Ross provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is 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.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Resident files included medical notes by the two contracted general practitioners as well as visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The engage programme meets the individual needs, preferences, and abilities of the residents with separate activities calendar for the rest home, hospital residents, and dementia care units. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Ryman menu plans. There are nutritious snacks available 24 hours per day.

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.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness, which expires in May 2023. 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 and sliding doors providing access to a decked area. The dementia unit is secure with a secure enclosed outdoor 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.

Subsections 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 officer is the clinical 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 that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	27	0	0	0	0	0
Criteria	1	159	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in kaumātua and their whānau. The Hauora Māori Plan Partnership & Te Tiriti O Waitangi Policy is documented to guide practice and service provided to kaumātua residing at Hilda Ross. The service maintains a relationship with local iwi. The organisation is in the process of employing a Taha Māori Kaitiaki (Māori liaison nurse) and working in partnership with Māori to strengthen contacts and linkages with local iwi and community groups.</p> <p>The service currently has residents who identify as Māori, however, choose not to practice Māori culture. There are staff employed who identify as Māori. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Māori staff interviewed confirm they feel supported by Ryman’s</p>

		<p>commitment to improve labour market outcomes for Māori.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori Health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the kaumātua and their whānau are enabled. The Māori health plan is currently under review to further enhance the care of Māori residents. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with four unit-coordinators, three registered nurses, ten caregivers (three from hospital, two from rest home, one from the serviced apartments and four from the special care (dementia) unit), three activities coordinators, one maintenance person, one senior lead chef, one housekeeper and one laundry assistant described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one village manager, one assistant manager, one clinical manager and one facility manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development and cultural awareness, safety and spirituality that support the principles of Te Tiriti o Waitangi. This was completed by only 25 staff thus far in July and December 2021. The service is working towards strengthening meaningful relationships with local Māori groups.</p>
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<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 Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ryman (Australia and New Zealand) are working towards developing health plans for all cultures including Pacific, Māori, and Aboriginal health plans.</p> <p>The providing services for Pacific elders and other ethnicities policy is documented. The service is developing Pasifika linkages through community activities, and church groups where relevant to residents' preferences and needs.</p> <p>On admission all residents state their ethnicity. The unit coordinators and registered nurses advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care planning processes, and ongoing reviews and changes. No residents identified as Pasifika. For all residents, individual cultural and spiritual beliefs are documented in their care plan and activities plan.</p> <p>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific Health plan.</p> <p>The village manager described how they would encourage and support any staff that identified as Pasifika through the employment process. At the time of the audit, there were staff who identified as Pasifika. Pasifika staff interviewed confirm they are provided with learning and professional development opportunities to succeed in the workplace.</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</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to</p>

<p>requirements.</p>		<p>discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>The nine residents and five relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</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>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Care staff and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the Code of Rights at orientation and through the Ryman e-learning package. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place including access to services for kaumātua, Tikanga Māori (Māori Culture) Best practice, Services to kaumātua and Providing services for Pacific Elders and other ethnic groups (which includes working with Asian people).</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2021 included, (but not limited to): sexuality/intimacy, intimacy and consent, abuse & neglect, advocacy, spirituality, and cultural safety. Staff already receive education on tikanga Māori; the content is in the process of being further reviewed by Ryman Christchurch Cultural Kaitiaki. Matariki and Māori language week are celebrated throughout the village.</p>

	<p>The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held, and a chaplain is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use holistic, inclusive and a person-centred approach and include 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. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The 2022 resident survey identified a satisfaction with care provided.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs, and resident identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified residents preferred names. During care planning with the resident and their important people, the resident's values and beliefs are discussed and the ways in which Ryman can provide support for their engagement, spiritual, cultural etc. MyRyman cultural assessments and care plans are being further developed to ensure this information naturally weaves through the care plan.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes a service that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported to make decisions about whether they</p>
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		<p>would like family/whānau members to be involved in their care. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life.</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>The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies and House Rules reflect acceptable and unacceptable behaviours. Training around bullying and harassment was held in September 2021. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. 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 abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p> <p>The service provides education on cultural safety, and boundaries. Staff are encouraged to address the issue, however if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p>

		<p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</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/family/whānau on admission. Six-monthly resident meetings identify feedback from residents and consequent follow up by the service.</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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twenty accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit all residents could speak English.</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 the hospice and local specialist services (e.g. dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health, and wound nurse specialist). Registered nurses completed education around communication for other specialist services when dealing with residents with serious or life-threatening illness using an Introduction, Situation, Background, Assessment, Recommendation (ISBAR) tool.</p>

		<p>The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical 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>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and regular newsletters and resident meetings.</p> <p>Staff have completed annual education related to communication with residents with sensory loss, speech impediments and cognitive disabilities.</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 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>FA</p>	<p>There are policies around informed consent and advance directives. Fifteen resident files reviewed (five at hospital level, six at rest home level and four at dementia level of care) included signed general consent forms. Consent forms for Covid and flu vaccinations, van outings, involvement of next of kin, use of telehealth and use of photographs are also on file where appropriate. Residents and relatives interviewed (where appropriate) could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files reviewed, including short-term admission agreements for respite residents.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been</p>

		<p>activated in the four dementia care files reviewed.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</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>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>FA</p>	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. There was a total of 11 complaints in 2021, and four complaints year to date in 2022. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints are documented as resolved, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the unit coordinators, registered nurses, or the management team.</p> <p>The Health and Disability Commission (HDC) investigated a complaint logged in March 2020, all recommendations were implemented and continue to be implemented. A quality plan was developed and related to clinical communication, assessment of an unwell resident and registered nurse delegation. The plan was accepted at review in June 2021. The complaint is now seen as resolved.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information leaflets attached.</p>

		<p>Information about the support and resources for Māori is available to staff to assist Māori in the complaints process. The village manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Hilda Ross is a Ryman Healthcare retirement village located in Hamilton. They are certified to provide rest home, hospital, and dementia levels of care for up to 151 residents in the care centre. In addition, there are 20 serviced apartments certified to provide rest home level care. Occupancy during the audit was 144 residents in total, including two residents in the serviced apartments.</p> <p>In the rest home unit, there were 42 beds with 41 residents including one rest home resident on respite care, a hospital unit with 41 beds and 41 residents including one hospital resident on a long-term support- chronic health contract (LTS-CHC), a dual-purpose unit with 28 beds and 28 residents (12 rest home and 16 hospital residents) and two dementia units with 20 beds each, with a total of 32 dementia residents.</p> <p>All residents (except the LTS-CHC hospital resident) are on the age-related residential care (ARRC) contract. There are 20 serviced apartments certified to provide rest home level care. At the time of the audit, there were two residents receiving rest home care.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee whose</p>

		<p>focus is the clinical aspects of operations and contains members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch which made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor (among others), audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The organisation is currently in the process of employing a Cultural Kaitiaki (Māori liaison nurse) and working in partnership with Māori to ensure updating of policy and procedure within the villages and the company represents Te Tiriti partnership and equality. The Cultural Kaitiaki will consult with and report on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman have commenced consultation with a resident and whānau input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The Ryman organisational business plan is approved by the Board, senior executive team, and regional managers. From this, the regional teams develop objectives, and the individual villages develop their own operations objectives. The Ryman business plan is based around Ryman characteristic including, (but not limited to): excellence, team, and communication. These characteristics are built into the village objectives. Hilda Ross' objectives for 2022 include, (but are not limited to): a successful vaccination programme, reduction of resident restraints, improving resident experiences and utilising ChattR as the primary source of communication. The 2021 objectives were reviewed at regular intervals and were signed off as completed.</p> <p>“Good enough for mum or dad. We do it safely or not at all.” These are key business goals for the company and are embedded in everything they do from the Board, down to village and construction sites. Policy, procedure, and training/education resources ensure that</p>
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		<p>these are embedded in all practices and day to day operations.</p> <p>All data collated through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings is discussed/reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels.</p> <p>Ryman involves the communities to be involved in their villages round the country. Shareholders are invited to meetings, villages (residents and staff) raise money for a charity of the villages choosing and events are held where schools (Covid restrictions allowing) are invited. The Ryman organisation and Hilda Ross are working towards strengthening existing relationships with Māori and Pacific health providers and local groups to develop meaningful relationships encouraging their input to care.</p> <p>The village manager has been in the role since December 2021 and previous to this role, was the village manager at a sister facility for four years. The village manager is supported by an experienced clinical manager (registered nurse) who has been in the role for two years. They are supported by the regional manager, assistant manager, facilities manager, and a team of four unit-coordinators (one hospital/RN, one dementia/RN, one rest home/RN and one serviced apartment/EN). The village manager reports a low turnover of staff.</p> <p>The village manager attends the virtual ARC meetings and has attended management training (including incident management investigation, myRyman life modules 1-4, combating Covid, privacy and cyber security) and recently a comprehensive orientation through Ryman. The clinical manager maintains professional development and attends conferences and training through the local DHB.</p> <p>Resident feedback/suggestions for satisfaction with and improvements of the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. When developing a significant change to a service, residents and, as</p>
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		appropriate, next of kin are asked for feedback during focus groups.
<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>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>	FA	<p>Hilda Ross is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The employment of the Cultural Kaitiaki ensures that organisational practices from the Board down to village operations improve health equity for Māori. The aim is for the organisation to continuously adapt and integrate health equity in their cultures, missions, and strategic plans.</p> <p>A range of meetings are held monthly including full facility meetings, health and safety, infection control and RN meetings. There are monthly TeamRyman (quality) meetings and weekly manager meetings. Discussions include, (but are not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The resident and family satisfaction surveys have been completed in February 2022 and August 2021. On review, it is noted that both residents and family have reported satisfaction with the service provided. Corrective actions were implemented for improvement areas in both the resident and family satisfaction surveys. In the resident satisfaction survey, corrective actions were in place around cares, communication, linen, food and safe from Covid-19. In the family satisfaction survey corrective actions were in place around grounds and maintenance, activities and installing security cameras.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated</p>

		<p>implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are reviewed regularly and Ryman is working towards updating policies to meet the 2021 standards; a number of policies were in draft form at the time of the audit. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager (health and safety representative) interviewed has undergone external training. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety issues. The facility manager reported that there have been few staff incidents and there is a focus on reporting of near miss incidents. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman implements the Donesafe health and safety electronic system. The Donesafe health and safety system will assist in capturing reporting of near misses and hazards. Reminders ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes.</p> <p>The health and safety committee meet monthly and is representative of the facility. The health and safety coordinator is supported by a Kaitiaki that assists with hazard management/health and safety activities, four hours a week. The internal audit schedule includes health and safety and environmental audits. There are procedures to guide staff in managing clinical and non-clinical emergencies.</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</p>	FA	<p>There are policies documented to guide staff around determining staffing levels and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday – Friday and clinical manager RN works Sunday – Thursday. The clinical manager and unit coordinators share on-call after hours for all</p>

<p>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 operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>clinical matters.</p> <p>Dual purpose unit (28 beds with 12 rest home and 16 hospital level residents)</p> <p>Unit coordinator 8am-4.30pm Tuesdays to Saturdays (oversees rest home)</p> <p>AM: one RN 7 am-3.30pm, supported by five caregivers (two working till 7- 3.30 pm, one from 7am-3pm and two working till 7-1.30pm) and fluid assistant from 10am-1pm.</p> <p>PM: one RN from 3pm-11.30pm, supported by six caregivers (two from 4-9pm and four from 3pm-11.30pm).</p> <p>NIGHT: one RN from 11pm-7.30am and one caregiver 11pm-7am.</p> <p>Activities coordinator 9.30am-3pm and an assistant for the weekend 10am-2pm.</p> <p>Rest home (42 beds with 41 residents)</p> <p>AM: four caregivers (two from 7am-1.30pm and two from 7 am-3.30pm).</p> <p>PM: four caregivers (one caregiver medication competent), two from 3pm-11pm and two from 4pm-9pm.</p> <p>NIGHT: two caregivers (one medication competent) from 10.45pm-7am- one caregiver will oversee the serviced apartments.</p> <p>Activities coordinator 9.30am-4pm and an assistant for the weekend 10am-4pm.</p> <p>Hospital (41 beds and 41 residents)</p> <p>Hospital unit coordinator from Tuesday to Saturday 8am-4.30pm</p>
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		<p>competent and one from 11pm-7am).</p> <p>Activities coordinator from 8.30am-6pm</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers.</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 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>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Twelve staff files reviewed (one clinical manager, one facilities manager, two-unit coordinators, one RN, five caregivers, one lead chef, and one maintenance person) included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more, included evidence of annual performance appraisals. A register of RN and enrolled nurse (EN) practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Ryman proactively supports the health and wellbeing of staff through various activities including an annual wellness month, wellness days and fruit and healthy snacks. Staff wellbeing is acknowledged through regular social events that are held outside of work (Covid-19 allowing) and celebrating the employee of the month in staff meetings. Employee assistance programmes are available.</p>

<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>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse including designation. Any paper-based documents are kept secure and easily retrievable.</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>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>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 village manager and clinical manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service for the resident, 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 keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager. Ethnicity data is captured, and the service is actively working towards gathering specific entry and decline rate data pertaining to Māori.</p> <p>The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p>

		<p>The service has a detailed information pack relating to the services provided at Ryman Hilda Ross, including dementia specific information which is available for families/whānau and residents prior to admission, or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Ryman Hilda Ross has a person and whānau-centred approach to services provided which aligns with the organisation’s credo of being ‘good enough for mom or dad.’ Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in Te Reo Māori. There were residents in the facility identifying as Māori. The service is working towards developing 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>	<p>FA</p>	<p>Fifteen resident files were reviewed: six rest home (including one resident in the serviced apartments), five hospital (including one respite and one long-term support chronic health contract – LTS CHC resident) and four in the dementia unit.</p> <p>The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All long-term resident files (including LTS-CHC) identified that a registered nurse (RN) had undertaken an initial assessment, interRAI assessment and developed long-term care plans within the required timeframes. The short-term resident had initial assessments and a support plan in place. Care plans had been evaluated at least six-monthly for long-term residents who has been at the service six</p>

		<p>months. Written evaluations reviewed, identified if the resident goals had been met or unmet. The routine interRAI assessment is utilised as part of the six-monthly evaluation.</p> <p>Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours.</p> <p>The facility contracts with two GPs who visits at least weekly and provides an on-call service out of hours. Medical assessments were completed on admission by the GP within five working days of admission. All long-term files reviewed evidenced at least three-monthly GP reviews. The GP interviewed, stated that they are extremely satisfied with the care provided and is notified of any resident concerns in a timely manner.</p> <p>The service ensures all barriers to accessing information and services are minimised for all tāngata whaikaha. Allied health interventions were documented for visits and consultations. There is a contracted physiotherapist for eight hours per week. The dietitian is available by referral and a podiatrist visits six-weekly.</p> <p>The RN's and caregivers complete a verbal handover between each shift and there are also handover sheets and RN diaries. Progress notes are documented electronically. Caregivers enter their notes in the myRyman tablets which are located in every resident room. The RN's review these notes and document any changes to care.</p> <p>Hospital, rest home residents, and family members of the special care unit (dementia level) residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status, as evidenced in the electronic clinical record.</p> <p>Wound assessment and management plans are completed on myRyman. When wounds are due to be dressed, a task is automated</p>
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		<p>on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Wounds included lesions, skin tears, chronic ulcers, and post-surgical. There were two stage 2 pressure injuries (non-facility acquired), which had been reviewed by the wound nurse specialist and wound champion. The wound champion nurse reviews all wounds weekly in addition to ongoing review by the RN on duty. Pressure injury prevention equipment is available and being used. Caregivers document change of position electronically.</p> <p>Short-term care plans are generated through completing an updated assessment on myRyman and interventions are automatically updated into care plans. Evaluation of the assessment when resolved, closes out the short-term care plan.</p> <p>Continence products are available and resident files include urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Electronic monitoring forms are in use as applicable such as: weight, food and fluid, vital signs, blood sugar levels, neurological observations, wound monitoring, bowel, and behaviour charts. The RNs review the monitoring charts daily. Care plans reflected the required health monitoring interventions for individual residents and all monitoring charts reviewed, including bowel, food, and fluid records, had been completed as per policy requirements.</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</p>	<p>FA</p>	<p>A team of six activity and lifestyle coordinators (one a qualified DT) implement the Engage activities programme in each unit that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. The rest home programme is Monday to Friday and the hospital and dementia units are seven days a week.</p> <p>There is a monthly programme for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of Engage activities in which to participate including, (but not limited to):</p>

<p>are suitable for their age and stage and are satisfying to them.</p>	<p>triple A exercises, board games, quizzes, music, reminiscing, sensory activities, crafts and walks outside. The rest home residents in the serviced apartment can choose to attend the serviced apartment or rest home activity programme. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. The village has a van available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. The service is working towards ensuring that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitating opportunities for Māori to participate in te ao Māori.</p> <p>There are various denominational church services held in the care facility weekly. There are regular entertainers visiting the facility. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and theme days are celebrated.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan. Residents have the opportunity to provide feedback through resident and relative meetings and annual surveys.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia (SCU) activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents and relatives interviewed expressed satisfaction with the</p>
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		activities offered.
<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>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>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the five facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications including the bulk supply order is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. Two residents were self-medicating on the day of audit and had a self-medication assessment in place authorised by the GP, as well as safe and secure storage in their room.</p> <p>Thirty electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on-site.</p> <p>There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with the current Māori residents and whānau to ensure the</p>

		appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<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>	FA	<p>The meals at Ryman Hilda Ross are all prepared and cooked on-site. The kitchen was observed to be clean and well organised, and a current approved food control plan was in which expires May 2023. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. The chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The lead chef (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. The service utilises pre-moulded pureed foods for those residents requiring that particular modification. There are 24/7 snacks including fruit available throughout the facility. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the electronic kitchen management system which has oversight from the regional lead chef. Food temperatures are checked at all meals. These are all within safe limits. Meals are delivered to the five dining rooms (one for the rest home, one for the hospital, two SCU and one for the service apartment residents) via temperature-controlled scan boxes to maintain delivery temperature. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries. Cleaning schedules are maintained. Staff were observed assisting residents with meals in the dining rooms and modified utensils are available for residents to maintain independence with meals. Care staff interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Food services staff have all completed food safety and hygiene courses.</p>

		The residents can offer feedback on a one-to-one basis, at the resident meetings and through resident surveys.
<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, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way 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>	FA	<p>The two-level building has a current building warrant of fitness that expires in May 2023. The facility manager (also a health and safety representative) works full time (Monday to Friday), this role oversees maintenance of the site, contract/contractors' management, and hazard management. They are supported by a full-time maintenance person, village support maintenance person and team of gardeners.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual organisational maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed in January 2022. Checking and calibration of medical equipment, hoists and scales was also completed in January 2022.</p> <p>On the ground level, there is the care centre (hospital unit, dual-</p>

		<p>purpose unit, rest home unit and serviced apartments) and the first floor is the two dementia units. There is lift and stair access. The service includes well equipped service areas, laundry, kitchen, maintenance workshop, chemical and cleaning storage, and staffrooms.</p> <p>Serviced apartments are on the ground floor and built around an atrium. The nurse's station is centralised with its own secure medication room. Each unit has its own kitchenette. Rooms are spacious to provide rest home level of care. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate mobility equipment and a shower stool.</p> <p>First floor-Dementia care units</p> <p>There are 40 rooms, all single occupancy with full ensuite facilities.</p> <p>When exiting the lift, there is a small foyer before entering the secure dementia units. There is a central open nurse's station with a secure medication room that looks out to both lounge/dining areas that maximise the visibility and supervision of residents. The two dementia units are separated by an internal folding door that can be opened during the day. Each unit has a dining room/kitchen area and a big lounge for activities. The living spaces are homelike. There are quieter smaller lounges and whānau rooms available. On the day of the audit, activities involving groups of approximately ten residents were observed enjoying news reading.</p> <p>The corridors are wide with appropriate handrails for safe mobility. The residents were observed to move safely and freely. Both units have doors that open out onto a secure deck/courtyard with high fence, area with seating, shade and raised gardens. There is an indoor and outdoor walking pathway.</p> <p>Ground Floor- The rest home (42 beds), hospital (41 beds) and dual-purpose unit (28 beds)</p>
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		<p>The three units are built around four courtyards. All rooms have their own full ensuites.</p> <p>Each area has its own nurses' station with a secure treatment room. There is a spacious dining room and lounge in each unit. There are several quieter smaller lounges throughout the facility. A large whānau room is situated near reception.</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. There is safe access to all communal areas and external spaces. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>In all units, communal bathrooms have 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 underfloor heating throughout the facility and heat pumps in communal spaces.</p> <p>There are plans further refurbishments of internal areas to include a cafe, however when arises, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>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</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>emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 1 July 2011. A recent fire evacuation drill has been completed and this is repeated every six months. Fire warden training occurs for all senior caregivers, RNs, and night staff. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available with Ryman head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores in eight holding tanks to provide residents and staff with three litres per day for a minimum of three days. External contractors maintain two site generators. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. An external defibrillator device (AED) is available in the reception area.</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 and on attenuating panels in hallways to alert caregivers to who requires assistance. Residents were observed to have their call bells or pendants in close proximity. There are bed sensors in the dementia units. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are call bells in the serviced apartments.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Ryman strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and</p>

<p>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>visitors by implementing an infection control programme.</p> <p>Ryman have as part of their senior management team personnel with expertise in IPC and AMS. Expertise can also be accessed from Ryman head office, Public Health and the district health board who can supply the Ryman with infection control resources.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Ryman Board. The Board and senior management team knows and understand 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 is appropriate for the size and complexity of the service.</p> <p>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.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control officer, the senior management team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse and the DHB when required. The facility management team monitors overall effectiveness of the programme.</p> <p>The clinical manager is the infection control officer and has completed training for the role. A documented and signed role description for the infection control officer is in place. The infection control officer reports to the village manager.</p> <p>There are adequate resources to implement the infection control programme at Ryman Hilda Ross. The infection control officer who is</p>
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		<p>responsible for implementing the infection control programme, liaises with the infection control committee who meet monthly and as required.</p> <p>Infection control reports are discussed at the facility's meetings. The infection control has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to 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>FA</p>	<p>The designated infection control officer has only been in the role for the last two years and is supported by Ryman infection control advisor. During Covid-19 lockdown there were regular zoom meetings with the DHB which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control officer has completed an online MOH infection training, Ryman infection control training and there is further education planned. There is good external support from the GP, laboratory, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The Ryman infection control advisor and the infection control officer has input into the procurement of good quality PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed annually by Ryman head office in consultation with village infection control officers. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating</p>

		<p>an environment to prevent contamination from pathogens. The organisation is working towards infection control policies acknowledging the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Policies are available to staff.</p> <p>There is a consultation pathway to include early involvement of the National Clinical operations team, clinical advisors, and infection control personnel when new development and, refurbishment of Ryman sites are planned.</p> <p>Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>Resident survey results showed overall satisfaction in managing Covid in the village with rating 4.65/5.0 in February 2022.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	FA	<p>The organisation has antimicrobial 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 access the facility are also monitored. The antimicrobial 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</p>

<p>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>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 database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Ethnicity data is included and analysed through the Power BI platform. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to head office. 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 officer 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 GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the 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.</p> <p>There has been one Norovirus outbreak at Ryman Hilda Ross in May 2018 and a Covid outbreak in February 2022. The two outbreaks were documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred. The service completed a ` lessons</p>

		<p>learned' to prevent, prepare for and respond to future infectious disease outbreaks. The infection control officer confirmed that the screening process, cohorting of residents and care delivery within a constraint workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period, resources including PPE were adequate.</p> <p>Currently, under Covid restrictions visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in electronically at the door, wear the printed identification label and wear N95 masks.</p> <p>The service has been awarded a continuous improvement around maintaining low rates of urinary tract infections.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The facility implements Ryman waste and hazardous management policies that conform to legislative and local council requirements.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is adequate PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and</p>

		<p>a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers, bucket system and dissolvable bags was witnessed. All laundry inclusive of resident's clothing is done on-site. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled and personally delivered to their rooms. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys (satisfaction score 4.14/5.0 in February 2022).</p> <p>There is policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit.</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>Restraint policy including acute and emergency restraint confirm that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the quality meetings. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. There is a Ryman restraint-free decision-making tool and support with resources available for</p>

		staff.
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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 subsection by looking at the code. For example, 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, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>Ryman Hilda Ross is proactive in developing and implementing quality initiatives. Quality improvement plans (QIP) are developed where results do not meet expectations. There is a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. An electronic resident care system is used by all sites to report relevant data through to Ryman Christchurch. The system of data analysis and trend reporting is designed to inform staff at the facility level. Management at facility level are then able to implement changes to practice, based on the evidence provided.</p> <p>A review of the six-monthly clinical indicator infection analysis data for July 2021, evidenced urinary tract infection (UTI) rates were below the</p>	<p>The service has consistently maintained a low rate of urinary tract infection rates. It was identified that there was an opportunity to not only maintain but also further reduce the incidence of urinary tract infections in all areas. Quality improvement plans were implemented.</p> <p>Ryman Hilda Ross implemented strategies for the reduction of urinary tract infections. Strategies included: implementing current best practise in the clinical diagnosis of UTIs to ensure appropriate treatment, increasing fluid intake, assisting, and providing good personal hygiene and by identifying and implementing individual strategies for residents experiencing regular urinary tract infections. An additional variety of fluids offering different choices every day are offered to encourage fluid intake. The</p>

		<p>group and target rate. The service focused on maintaining the standard.</p>	<p>role of the fluid assist person was identified with a focus on encouraging fluid intake. Documentation reviewed identified that individual strategies were regularly evaluated. Guidelines for treating UTIs were discussed with the medication advisory committee (MAC) and the GP to ensure antibiotics were prescribed as per culture sensitivity results. The service has been working with the GP service about antibiotic stewardship. Prophylactic antibiotics were discontinued where it was safe to do so. Regular review of all residents along with pharmacy input has enabled this downward trend and ensured regular evaluation and review of antibiotic use.</p> <p>Continuous training for staff was provided on UTI prevention and the importance of maintaining low rates of infection. Specific training over the last year included, but was not limited to catheter care, continence management, infection control and antimicrobial stewardship, closing the loop – nutrition, hydration and UTI prevention. Related information was discussed at handover. Weekly management meeting includes discussion of infection data and identifying risk factors and trends to prevent urinary tract infections. Trends are reviewed at monthly clinical meetings, bi-monthly infection control meetings, and three-monthly clinical indicator reports. Infection data including UTI related data is benchmarked against other Ryman facilities and available for all staff to view and recorded in the relevant meeting minutes.</p> <p>Urinary tract infection rates at Ryman Hilda Ross have been consistently below the group average and the target range with 1.39 per 1000 bed nights in July 2021 (group average range 2.36/1000 beds) to 0.46 per 1000 bed nights in May 2022. The monthly graph demonstrates a</p>
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			continued and sustained downward trend since July 2021, with consistent lower rates than the group average since July 2020.
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End of the report.