

Malvina Major Retirement Village Limited

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:	Malvina Major Retirement Village Limited
Premises audited:	Malvina Major Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 August 2022 End date: 12 August 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:	119

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

Malvina Major facility is part of the Ryman group, providing care for up to 116 residents in the care centre and up to 20 residents at rest home level in serviced apartments. On the day of audit, there were 119 residents including four residents in the serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with Te Whatu Ora. 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 for two years 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 in bruising, community engagement and maintaining a restraint-free environment.

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.

Malvina Major 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. Malvina Major 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. Malvina Major 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. Malvina Major 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 contracted general practitioner 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 and hospital residents. 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 July 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. There is safe access to outdoor areas with seating and shade.

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 Te Whatu Ora. 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 Ryman Head office infection control nurse specialist. 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 practices through meetings, and education sessions.

There are documented processes for the management of cleaning, laundry, waste, and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Appropriate monitoring systems are 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	3	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 Malvina Major. The service maintains a relationship with local iwi and the Nga Hau ha o Papararangi Marae in Newlands. The service has approached a cultural services provider Te Runanga o Toa Rangatira in Porirua for support with Māori and Pasifika residents. The organisation has recently employed a Taha Māori navigator and is 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. There are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi and tribal affiliations. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment</p>

		<p>processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Management staff interviewed confirm that Ryman is committed to improving 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 staff (three unit-coordinators, one registered nurse, nine caregivers (six from hospital and three from rest home), two lifestyle and 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 resident services manager and one clinical 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. A cultural awareness training session was completed in July 2021. Training contents have been recently reviewed and updated by the cultural navigator and include recognition of east verses west cultural perceptions, the four stages of the hui process and ways in which the hui process can support</p>
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		<p>culturally safe care and services. Forty-five staff have recently completed this updated online training, while other staff are aware of their requirement to complete this. The service is working towards strengthening meaningful relationships with local Māori groups.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<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 has Pasifika linkages through their own staff and with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs. The service can access the Ministry of Health Pacific Health and Disability Action Plan within their policy and procedure.</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. There were current residents that identified as Pasifika. Individual cultural and spiritual beliefs are documented for all residents 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.</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>	FA	<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'</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>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 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 ten (five hospital and five rest home residents) and four (three hospital and one rest home) 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 and 2022 included (but not limited to) sexuality/intimacy, intimacy and consent, abuse & neglect, advocacy, spirituality, and cultural safety. Staff</p>

		<p>already receive education on tikanga Māori; the content is in the process of being further reviewed by Ryman Christchurch Cultural Navigator. 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 person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. 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 high level of satisfaction around privacy, dignity, and respect.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs and 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</p>
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		<p>participation in te ao Māori. Ryman Malvina Major promotes 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 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 professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination.</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 reflect acceptable and unacceptable behaviours. Training around bullying and harassment was held in September 2021.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. 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>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and</p>

		<p>Māori residents. During interviews with care staff, a culture of teamwork and inclusiveness was identified.</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. 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. The service promotes a strengths-based holistic model of care.</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</p>

		<p>the resident such as the hospice and Te Whatu Ora specialist services (eg, dietician, speech and language therapist, geriatric nurse specialist, older adult mental health 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 Tool (ISBAR).</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>Malvina Major have focused on improving communication with residents and families by using Ryman online information forums and weekly communication with family as per residents and next of kin preferences. 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, 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. During the audit there were residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family members, picture charts and online translation tools.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Eleven electronic resident files (five rest home and six hospital) were reviewed. Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with care staff</p>

<p>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>confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</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 activated in two hospital 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 general practitioner (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 up-to-date complaints register. Concerns and complaints are discussed at relevant meetings. There was a total of eleven complaints in 2021, and six 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 July 2021. Malvina Major complied with all requirements and submitted evidence as requested. The complaint was closed with no recommendations for improvement in May 2022.</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>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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Malvina Major is a Ryman Healthcare retirement village. The service is certified to provide rest home and hospital level of care for up to 136 residents in total, with 116 residents in the care centre and 20 serviced apartments certified as suitable to provide rest home level care. There are 58 rest home beds on level one and 58 hospital beds on level two. There are no dual-purpose beds.</p> <p>There was a total of 119 residents on the day of the audit. There was a total of 62 rest home level residents (including two respite residents, and four rest home residents in the serviced apartments).</p> <p>There were 57 residents in the hospital unit (including two residents on accident compensation corporation (ACC) and two residents on younger person disabled contracts (YPD). The other residents not on ACC or YPD contracts were under the age-related residential care (ARRC) contract.</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 focus is the clinical aspects of operations and includes members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and</p>

		<p>trained in their role as a Board member. The clinical council is held by Ryman Christchurch which is 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 has recently employed a Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor who have been working in partnership with Māori. The role of these staff is to ensure policy and procedure within the villages and the company represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident cultural values and needs. The Ryman organisation is focused on improving delivery of services that improve outcomes and achieve equity for tāngata whaikaha. This includes ensuring meaningful representation at management level.</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. Malvina Majors objectives for 2022 include (but are not limited to): staff satisfaction and engagement; promotion of Malvina Major as the regional training hub and centre of excellence; promotion of safe practice within the village; to increase the net promotor score of resident and relative surveys; promotion of resident activities that have a positive mental, physical, spiritual and emotional outcome; and improving the meal and dining service. The 2021 objectives were reviewed as planned in April, August, and December with progression towards completion and ongoing work to be completed documented at each review.</p>
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	<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 these are embedded in all practices and day to day operations.</p> <p>The is reported on/monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective action being filtered through all committees at all levels.</p> <p>Ryman encourages 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 Malvina Major 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 (RN with current annual practising certificate) has been in the role for two years and prior to this was the clinical manager at Malvina Major for four years. The village manager is supported by an experienced clinical manager (registered nurse) who has been in the role for two years and a resident services manager who commenced the role in October 2021. They are supported by the regional manager who has vast experience in the aged care sector and management. The management team are supported by a stable team of unit coordinators, registered nurses, experienced caregivers, and non-clinical staff. The village manager reports a low turnover of staff.</p> <p>The village manager attends the virtual ARRC meetings and has attended training on cyber security, Covid management, and management development sessions through Ryman. The clinical manager maintains professional development and attends conferences and training through Health NZ and Ryman academy.</p>
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		<p>Both managers are supported to advance in the Ryman Leadership programme (LEAP- Lead energise and perform) and participate in the Ryman Leaders WRAP (Watch Read and Progress).</p> <p>Resident feedback/suggestions for satisfaction with the 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 appropriate, next of kin are asked for feedback during focus groups.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Malvina Major is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2022 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The cultural navigator/Kaitiaki role commenced in July 2022; this person will ensure that organisational practices from the Board down to village operations improve health equity for Māori. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is entered into the electronic resident management system and analysed at head office, where the data is benchmarked within the organisation and results are shared in staff meetings.</p> <p>A range of meetings are held monthly including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (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 are discussed. 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>Work is underway to assess competency to ensure a high-quality service is provided for Māori.</p> <p>The 2022 resident satisfaction surveys completed in February 2022 demonstrate satisfaction in all areas with 100% reporting high levels of satisfaction with care and high scores in all areas. Comparison with the previous year identified a small decrease in satisfaction in communication from the 2021 surveys. Corrective actions were implemented around the grounds and maintenance, activities, and communication.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated 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 regularly reviewed by Ryman Christchurch. The leadership team 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 resident services 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. The village 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 have implemented the Donesafe health and safety electronic system. The Donesafe health and safety system assists in capturing reporting of near misses and hazards. Reminders ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The health and safety committee meet monthly and is representative of the facility. The resident services managers job description includes</p>
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		<p>health and safety matters and attends the organisational health and safety forums. The internal audit schedule includes health and safety and environmental audits.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available for two sessions a week and is assisted by a physiotherapy assistant four days a week. Strategies implemented to reduce the frequency of falls include intentional rounding, regular toileting of residents who require assistance and physiotherapist reviews. Sensor mats, perimeter guards, pendant and watch alarms and bed sensors are utilised for residents who identify as high risk of falls. Lounge carers also provide monitoring of residents and falls prevention training is held regularly.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the VCare electronic system. The 16 accident/incident forms reviewed (witnessed and unwitnessed falls, behavioural incidents, pressure injuries skin tears, bruising) evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT of four pressure injuries and one police involvement for a missing resident. There has been three Covid outbreaks since the previous audit, which were notified appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>There is a staffing and rostering policy in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>village manager, and clinical manager RN work Monday – Friday.</p> <p>The clinical manager and unit coordinators share on-call after hours for all clinical matters. The village manager is available for non-clinical calls.</p> <p>Hospital Level (58 residents with 2 Rest home and 55 hospital level residents)</p> <p>Unit coordinator 7:30-4pm Tuesdays to Saturdays.</p> <p>AM: Three RN's 7am -3.30pm supported by twelve caregivers (three working 7am - 3.30pm, three from 7am- 3pm, three from 7am -1:30pm and three working 7am-1pm) and fluid assistant from 9am -1pm.</p> <p>PM: Three RN's (two from 3pm -11pm and one from 3pm -11:30pm) supported by six caregivers (two from 3pm -11pm, two 3:30pm -9pm and two from 4pm - 9pm). A lounge carer works from 4:30pm - 8:30pm.</p> <p>NIGHT: One RN from 10:45 -7am and three caregivers (two 11pm-7am and one from 11pm -7:30am).</p> <p>Activities and lifestyle coordinator 9.30am -4pm, one working weekends from 10am -4pm and assistant two days a week 1pm - 4:30pm to assist with outings.</p> <p>Rest Home Level (57 residents)</p> <p>Unit coordinator 7:30-4pm Sunday to Thursday.</p> <p>AM: RN Monday to Friday 7am – 1pm and Friday and Saturday 7:30am -4pm, supported by six caregivers (one working 7am - 3.30 pm, two from 7am-3pm, two from 7:30am to 1pm and one working 7-1:30pm).</p> <p>PM: one RN from 3pm-11pm, supported by four caregivers (one senior caregiver from 3pm -11pm, two 4pm - 9pm and one from 3pm -</p>
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		<p>11pm).</p> <p>NIGHT: one senior caregiver from 10:45 to 7:15am and two caregivers from 11pm-7am.</p> <p>Activities and lifestyle coordinator 9.30am -4:30pm and an assistant two days a week 1pm -4:30pm to assist with outings.</p> <p>Serviced apartments (20 with 4 rest home residents)</p> <p>Serviced apartment coordinator (RN) Tuesday to Saturday 8am-4.30pm covered by a senior caregiver on Sunday and Monday.</p> <p>AM: Two caregivers 7am -1.30pm and one caregiver 7:30 -1pm.</p> <p>PM: Senior Caregiver 4pm -9pm, caregiver 4pm -7:30pm.</p> <p>Activities and lifestyle coordinator from 9.30am-4pm.</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>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff and van drivers have a current first aid certificate.</p> <p>Approximately 67 caregivers are employed. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Thirty-nine staff have achieved their level four</p>
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		<p>(or equivalent) Careerforce health and wellbeing qualification, twenty-five have achieved level three or equivalent and six have completed level two.</p> <p>Registered nurses are supported to maintain their professional competency. RNs attend regular (two-monthly) journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, and insulin competencies. At the time of the audit there were 20 RNs (including the unit coordinators and clinical manager) employed at Malvina Major. Twelve RNs (including the clinical manager and unit coordinators) have completed interRAI training.</p> <p>Existing staff support systems including peer support, ChattR online communication app and provision of education, promote healthcare and staff wellbeing. Staff interviewed report a positive work environment. The organisation shares health information for all residents on quality data which includes information for Māori residents.</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 unit coordinator, two RNs, five caregivers, one activities and lifestyle coordinator, one senior lead chef, and one lead maintenance) 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 practising certificates is 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</p>

		<p>position.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Māori staff files included iwi affiliation.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events that are held outside of work (Covid-19 allowing), celebrating the employee of the month in staff meetings. Employee assistance programmes are made available where indicated.</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>	FA	<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 in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years then are transferred to an offsite secured location to be archived for 10 years. The service is not responsible for registering residents for National Health Index. This is completed prior to admission.</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>	FA	<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. There is ongoing and timely communication with potential residents, their family or referral agency. The village manager described reasons for</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>declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The entry of services for residents' 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. Prospective residents profile data from Momentum software is used in conjunction with VCare to capture ethnicity data. Ethnicity data is captured on residents' identity and profile documentation at the time of entry and the service can easily analyse decline data pertaining to Māori moving forward.</p> <p>The facility has developed partnerships with Māori communities, iwi leaders, health practitioners and organisations to benefit Māori individuals and whānau. The service receives referrals from the NASC service, Te Whatu Ora, and directly from residents.</p> <p>The village manager is actively promoting the service in the community. The service was awarded a continuous improvement rating for initial engagement prior to entry of service.</p> <p>The service has a detailed information pack relating to the services provided at Ryman Malvina Major 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 Malvina Major has a person and whānau-centred approach to services provided which aligns with the organisation's philosophy 'it needs to be 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>
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<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>Eleven resident files were reviewed: five rest home (one resident in the serviced apartments and one on respite care), and six hospital (one on ACC and one on a YPD contract). Care planning follows a holistic approach to care delivery and includes Te Whare Tapa Whā for wellbeing. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</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, six-monthly residents review meetings 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. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>All long-term resident files identified that a registered nurse (RN) had undertaken an initial assessment, interRAI assessment and developed long-term care plans within the required timeframes. Short-term residents 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 months. Written evaluations reviewed, identified if the resident goals had been met or unmet. The routine interRAI is utilised as part of the six-monthly evaluation. Triggers, CAPS, and scores of the interRAI is incorporated into and addressed in the long-term care plan. Residents with changes to their health needs have timely assessments completed to determine the risk. However, the interventions required to manage the change in health needs for two hospital level residents were insufficient to guide caregivers in the care of the resident.</p> <p>Younger persons and the person on an ACC contract have initial assessments and support plan completed. One younger person support plan indicates the support needed for communication and maintaining family support and community links.</p> <p>The facility contracts with a GP who visits at least twice-weekly and</p>
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		<p>provides an after-hours service. There is an internal on-call roster that provides clinical support for staff. 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 satisfied with the care provided and is notified of any resident concerns in a timely manner.</p> <p>Allied health interventions were documented for visits and consultations. There is a contracted physiotherapist for twenty hours per week. The dietitian is available by referral and a podiatrist visit 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>Residents and family members 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 was 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 on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. A wound register is available for each area and includes 23 wounds currently treated, including pressure injuries, skin lesions and skin tears. There were four suspected deep tissue injuries (facility acquired- hospital) and two stage II pressure injuries in the rest home (facility acquired). The service identified the high incidence of pressure injuries and investigations indicated an upwards trend since end of February 2022 to August 2022 during the facility's three almost continuous Covid 19 outbreaks. A corrective</p>
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		<p>action plan has been put in place and discussed at regional and national level within the Ryman group. An improvement project is underway with the support of Ryman clinical wound specialist. Wounds have been referred or reviewed by the wound nurse specialist and wound champions. The wound champion nurses review all wounds weekly in addition to ongoing review by the RN on duty. Pressure injury prevention equipment is available including booties, air alternating mattresses and roho cushions are used. Caregiver's documents change of position electronically as required. Nutritional support is provided with high protein supplements to assist with wound healing. Incident reports were completed for the pressure injuries, and section 31 notifications have been sent.</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. Covid-19 assessments, care plans and post Covid -19 assessments are completed for all residents who had Covid-19.</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. A continence advisor is available for advice and education.</p> <p>Electronic monitoring forms are in use as applicable such as: weight; food and fluid; vital signs; blood sugar levels; toileting, intentional rounding, neurological observations, wound monitoring, repositioning, 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>FA</p>	<p>A team of five activity and lifestyle coordinators (two qualified DTs, one a qualified OT) 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</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>therapist at Ryman head office. The rest home and serviced apartments programme is Monday to Friday and the hospital unit is seven days a week (9.30am-4.30pm). There is a lounge carer that assist with activities in the hospital in the later afternoon and evening.</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), triple A exercises, Tai Chi, board games, quizzes, music, reminiscing, sensory activities, crafts, poets' corner, women's and men's club, pet therapy and word games. 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 two vans available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access village vehicles safely. There are dedicated van drivers with the appropriate competencies and first aid required.</p> <p>The activity staff support Māori residents in meeting their health needs, aspirations in the community and facilitating opportunities for Māori to participate in te ao Māori. Cultural celebrations including Māori language week and Matariki is part of the programme. June was set aside of cultural activities and included Filipino, Kiwane, Pasifika and Chinese specific events, which was implemented successfully. Te reo is promoted daily through utilising the Dominion Post word of the day. The engage programme is currently under review to improve opportunities for residents to participate in te Reo (by Ryman Christchurch and the cultural navigator).</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, Commonwealth games, Melbourne Cup, Chinese New Year, Easter, Father's Day, Anzac Day, Christmas and theme days are celebrated. Volunteers visiting resumed within the orange Covid-19 traffic lights and include K9</p>
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		<p>friends, Queen Margaret preschool visits, piano player, and dancers.</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, likes and dislikes, 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 though resident and relative meetings and annual surveys. Overall results for 2022 is positive 4.42/5.0(rest home) and 4.71/5.0(hospital).</p> <p>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 activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<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 three secure medication rooms. Medication trolleys are lockable, clean, and stored securely in the 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</p>

		<p>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 (rest home) on the day of audit and had a self-medication assessment in place authorised by the GP as well as safe and secure storage/drawer in their room.</p> <p>Twenty electronic medication charts and two paper-based charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly. Each drug chart has 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 appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Ryman Malvina Major are all prepared and cooked on site. The lead chef oversees the operations of the kitchen and is supported by another chef, kitchen hands and kitchen assistants. The lead chef has regular meetings with the regional chef for support. The kitchen was observed to be clean and well organised, and a current approved food control plan which expires 9 May 2023 was in evidence. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The current Māori residents' cultural values and beliefs are incorporated into their nutritional profiles and considered during the meal preparation and provision. Caregivers interviewed understands tikanga guidelines in terms of everyday practice. Tikanga guidelines available to staff mirror the intent of tapu and noa.</p> <p>The lead 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</p>

		<p>(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 and fortified smoothies for those residents requiring 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 plated and delivered to the three dining rooms (one for the rest home, one for the hospital, 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> <p>The residents can offer feedback on a one-to-one basis, at the resident meetings and through resident surveys. Food satisfaction was rated 4.62/5.0 during the February 2022 survey.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	<p>FA</p>	<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, social support or kaupapa Māori agencies when indicated or requested. At the time of transfer, a</p>

<p>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>		<p>verbal handover occurs and transfer documentation including the resident's profile/identification, resuscitation status, overview and summary of the care plan, problem/medical condition list, and recent GP notes is provided.</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>	<p>FA</p>	<p>The two-level purpose-built facility has a current building warrant of fitness that expires 22 July 2023. The environment, art, and décor support inclusivity of all cultures.</p> <p>The residential services manager (also a health and safety representative) works full time (Tuesday to Saturday), 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 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. Hazard identification is an ongoing process and actions are taken to remedy where necessary. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Manufacturers guidelines for new equipment are followed and implemented. Vehicle checks are completed as part of annual maintenance plan.</p> <p>Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment were completed in November 2021. Checking and calibration of medical equipment, hoists and scales was also completed in July 2022. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>There is a main reception, carparking, café and atrium (level one) with the care centre (rest home and hospital) on one side and the serviced</p>

	<p>apartments on the other side of the main reception area. External areas are safe and accessible with sufficient seating and shade.</p> <p>Care centre: Level one and level two is mirror image and built in a form of a horseshoe. All rooms are spacious, wide door openings and have full ensuite facilities. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Rooms are spacious to deliver safe care.</p> <p>On level one is the 58 single occupancy rest home beds built around an atrium.</p> <p>On level two is the 58 single occupancy hospital beds. There are two airbridges with seating areas that overlook the internal atrium area.</p> <p>Each unit has a central open nurse's station with an adjacent secure medication room that looks out to both lounge/dining areas, that maximise the visibility and supervision of residents. Activities are held in the bigger lounges. There are quiet smaller lounge/library centrally located on each floor with a separate whānau room on level two near the hospital unit. The living spaces are homelike. Each unit has a dining room with kitchen area.</p> <p>The residents were observed to move safely and freely. The physical environment promotes safe mobility. The corridors are wide with appropriate placed handrails. There is safe access to all communal areas and external spaces.</p> <p>There is a lift and stair access between the floors. Each unit has its own staffroom. Communal areas also include a reflection room for church services and a Burma room for group and club activities. These facilities are situated on level two between the care centre and service apartments.</p> <p>In both units, communal bathrooms with privacy locks are situated near the lifts and throughout the facility. 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</p>
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		<p>equipment, commodes, and a shower stool. There are plenty of storage for equipment. Caregivers interviewed reported that they have adequate space to provide care to residents.</p> <p>All bedrooms and communal areas have external windows, sufficient natural light, and ventilation. There is central heating throughout the facility and heat pumps in communal spaces. Wall heaters are in the hallways and bedrooms with temperature dials.</p> <p>Serviced apartments are built across the ground floor, level one and level two, with the nurse's station situated on level one with its own medication cupboard. Rooms are spacious to provide rest home level of care. A spacious lounge dining area, lounge and recreation area overlooks a bowling green with sea views.</p> <p>The service includes well equipped service areas situated on the ground floor and level two and include laundry, kitchen, maintenance workshop, boiler room, chemical and cleaning storage.</p> <p>There are no plans for further refurbishments, 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>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of clinical and non-clinical emergencies. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is up-to-date resident evacuation lists. All staff are required to complete first aid certificates and there is at least one person on each shift across the care centre and apartments with a current first aid certificate.</p> <p>A fire evacuation plan is in place that has been approved and updated by the New Zealand Fire Service 13 April 2020. A recent fire evacuation drill has been completed in May 2022 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</p>

		<p>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 a generator on site to provide power to the care facility and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores in header tanks (17,600 litres circulating water) and in the basement store (800 litres). This is enough water to provide residents and staff with twenty litres per day for a minimum of seven days. The generator is maintained by external contractors. 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. First aid kits are available at the reception area, nurses' stations, kitchen, maintenance workshops and kitchen.</p> <p>There are call bells in the residents' rooms and ensuites, service apartments, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and on annunciator panels in hallways to alert care staff to who requires assistance. Staff also have smart pagers to communicate. Residents were observed to have their call bells in close proximity or have a wrist or neck pendant. Residents (including one in the serviced apartments) and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, security checks are completed by afternoon and night staff. There is CCTV surveillance in key areas including the medication rooms, lobby, reception area, entrances and exit doors.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials</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>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 are appropriate for the size and complexity of the service. The clinical and full 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 (power BI) is completed and reported to the governing body.</p> <p>There are policies and procedures in place to manage significant infection control 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. External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical manager is the infection control officer and has completed training for the role, including AMS, e-learning (including 'closing the loop' monthly clinical excellence webinars), and induction to Bug Control programme. 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 Malvina Major. The infection control officer is</p>
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		<p>responsible for implementing the infection control programme, and liaises with the infection control committee (each department representative) who meet monthly and as required.</p> <p>The infection control officer 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 nurse specialist. During Covid-19 lockdown there were regular meetings with Ryman head office and Te Whatu Ora 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 including an easily accessible infections disease management pathway on SharePoint, 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 Bug Control training and Ryman infection control training. There is good external support from the GP, laboratory, microbiologist, 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 nurse specialist 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 infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing</p>

		<p>facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The organisational policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. 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 cleaning and environmental audits to safely assess and evidence that these procedures are carried out. There is an infection prevention and control policy and procedure documented that outlines direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit. There is consultation with Ryman IPC nurse specialists when required.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. 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 ChattR, handovers, myRyman communication channel and meetings. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares and monthly meetings. 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 4.76/5.0 in February 2022.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The organisation has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts,

<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 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>prescriptions, and medical notes. Prescribing patterns 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 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. 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, and full facility meetings. Staff are informed through the variety of meetings held at the facility and 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 Te Whatu Ora for any community concerns.</p> <p>There have been three Covid exposure events in 2022 (February, May, and July). The outbreaks were documented with evidence of</p>

		<p>comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The IC interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons 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, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in electronically at the door and wear N95 masks. Staff are required to do rapid antigen tests (RAT).</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The facility implements Ryman waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</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, laundry, and cleaning storerooms. 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 enough 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 with aprons, goggles, and gloves available. 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 storerooms for the safe and hygienic storage of</p>

		<p>cleaning equipment and chemicals. Housekeepers 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 a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items 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>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 confirms 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 two-monthly quality meetings. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic 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.</p> <p>The service has been awarded a continuous improvement rating for achieving and maintaining a restraint-free environment.</p>

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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Robust systems are in place for the collection, analysis, and evaluations of quality data. A range of data is collected around bruising, falls, skin tears, pressure injuries, and infections across the service through myRyman. Data collated is used to identify any areas that require improvement.</p> <p>Clinical indicator data has individual reference ranges for acceptable limits and levels of incidents and infections. Data is benchmarked against other Ryman facilities. Communication of results occurs across a range of meetings across the facility (eg, management, full facility, and clinical/RN meetings). Templates for all meetings document action required, timeframe, and the status of the actions.</p> <p>Bruising rates are discussed at the leadership meetings, with prevention strategies reviewed, and</p>	<p>Bruising throughout the Malvina Major care centre was identified as below the Ryman group average for the year ending June 2021. The Malvina team planned to ensure this was maintained and potentially make further improvement. A continuous improvement plan was developed in June 2021 which included identifying residents at risk of bruising, reviewing skin care plans, identification of residents on anticoagulant therapy, review of mobility plans with physiotherapy input and review of all incidents of bruising to identify environmental and individual risks. The supply of slide sheets was checked, and hoist slings checked to ensure the size was optimum to meet the individual resident’s needs. Arm and leg protectors were supplied for high-risk residents. The implementation of intentional rounding has assisted in reducing falls and resulting bruises. Moisturising creams are applied routinely to resident limbs.</p>

		<p>the residents' underlying conditions considered. The falls assessment tool is completed, and falls protocols are monitored and followed up post falls. The clinical manager reviews new bruises daily and in conjunction with the unit coordinators analyse the cause and individual prevention strategies. Falls and bruising incidents are discussed at the handovers between shifts to ensure staff are up to date with current information.</p>	<p>Residents are provided with exercise classes and physiotherapist balance and strength training for residents at risk of falling.</p> <p>The plan has been reviewed monthly and discussed at leadership and clinical meetings, with bruising and fall prevention strategies reviewed and the residents' underlying conditions considered. Education and training for staff has been provided on manual handling, safe transfers, hoisting, positioning in bed and chair, safe use of equipment, skin care, managing impulsive behaviours and promoting nutrition/hydration. Caregivers interviewed were knowledgeable in regard to preventing bruising, skin care, falls and those residents who were at risk. The outcome of the plan has been that the village bruising rates in July 2021 were at 5.62/1000 occupied bed nights, the rate of falls continued to reduce with the rates in July 2022 being at 3.56/1000 occupied bed nights. The group average has decreased from approximately 8.5/1000 bed nights in July 2021 to 6.04 /1000 bed nights in July 2022.</p>
<p>Criterion 3.1.1</p> <p>During the initial engagement prior to service entry, service providers shall ensure:</p> <p>(a) There is accurate information about the service available in a variety of accessible formats;</p> <p>(b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral</p>	<p>CI</p>	<p>Prior to December 2020 Malvina Major had a constant number of 13 vacant beds available. The resident satisfaction on entry was concerning and showed the entry process to be stressful for both families and residents. The village manager worked with the Ryman Christchurch and leadership team at Malvina Major to establish an improved process that is less stressful by building credibility and to ensure a pleasant admission to entry journey for the clients.</p>	<p>The village manager initial engagement prior to entry includes building good relationships with the community through engagement with Māori providers, promoting Ryman at community events and clubs including Probus. There is evidence (compliments, email, and txt messages) of continuous efforts to establish connections with allied health professionals including social workers and to assist the elderly population in Wellington to explore the living and care options available to them (and not just at Malvina Major). This conscious effort to establish open communication to address any community member's questions and concerns prior to entry contributed to less stress for families and residents at the time of</p>

agencies.			<p>entry to service.</p> <p>The team actively promote the Ryman philosophy 'It's got to be good enough for Mum, or Dad', invest in the staff training to ensure staff provide continuously a high standard of care and activities. Staff promote and deliver a person-centred approach to care with whānau involvement and deliver care to the needs and preference of residents. The information pack for prospective residents are comprehensive with a suite of Ryman resources available. There is time put aside for whānau to fully look around at times convenient to them, discuss options, admission agreements and funding arrangements.</p> <p>The compliments folder showed evidence of numerous compliments related to the communication during the admission process. Interviews with recently admitted residents confirmed they had a pleasant experience when they transition to care. Two short-term residents stated they will choose Malvina Major as a place of permanent residency. The overall satisfaction improved from 2020 (46 Net promoter score) to 2022 (68 Net promoter score). Communication scored a 4.9/5.0 in the February 2022 survey. Malvina Major ranked third within the Ryman group for overall resident satisfaction. There are 77 prospective clients on the waiting list for long-term and short-term care at Malvina Major.</p>
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>A review of the clinical indicator data indicated Malvina Major Retirement Village has achieved a restraint-free environment from September 2021. Two years ago, the service had three enablers in use (which would now be classified as restraint). The unit coordinators, clinical manager and village manager interviewed confirmed that a range of initiatives are implemented to ensure the restraint-</p>	<p>In September 2021, Malvina Major documented a project to continue to support residents' independence and safety with proven strategies and initiatives that achieve and maintains the restraint-free environment. This includes individual strategies to respond to specific resident needs including falls prevention, early intervention to identify changes in behaviour, quality use of medication, safe</p>

		<p>free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Care staff interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>environment including a dementia friendly design, review of timing of other activities and individual schedules/routine.</p> <p>Ryman is committed to their responsibility of providing adequate staff levels and skill mixes to meet the needs of the residents. Rosters include physiotherapy assistants to promote residents' independence through mobility support and exercise, lounge carers oversee residents in the lounge area to assist with supervision, activities and de-escalation where required, and fluid assistants to ensures residents are hydrated. Education sessions for staff were provided to include dementia related training, restraint minimisation practices and management of challenging behaviours. This resulted in an increased understanding of the importance of early intervention, encourage staff input into residents' cares and empower staff through accountability. Residents are referred to the physiotherapist for mobility, positioning, and safe transfer plans. Communication and involvement of the next of kin and residents improved an understanding of the Ryman strategy to maintain a restraint-free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint-free environment since the start of the initiative with no incidences of restraint or enablers reported. Quality data related to incidence of falls per 1000 occupied bed days has been maintained between September 2021 and July 22. The village average has been consistently lower comparing to the group (2.7-6.58). The resident survey for February 2022 ratings for care delivery and</p>
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			<p>communication are consistently above the target range of 4.0.</p> <p>Residents have been able to enjoy a safer and more comfortable home experience with less distress and anxiety. This had promoted the quality of life for the residents.</p> <p>Positive feedback from residents and relatives around care were noted. These findings were discussed at the staff clinical and quality meetings, resident meetings and monthly residents' newsletters.</p>
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End of the report.