

Ryman Healthcare Limited - Ngaio Marsh Retirement Village

Introduction

This report records the results of a Surveillance 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:

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| Legal entity: | Ryman Healthcare Limited |
| Premises audited: | Ngaio Marsh 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: 17 November 2022 End date: 18 November 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: | 104 |

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 |
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| | 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 |
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| | 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

Ryman Ngaio Marsh is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home and hospital level care for up to 114 residents in the care centre and rest home care up to 30 residents in the serviced apartments. On the days of the audit there were 96 residents receiving care in the care centre and eight residents at rest home level in the serviced apartments.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and 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 family, management, staff, and a general practitioner.

The village manager has been in the role for nine years. She is supported by an experienced clinical manager and a resident services manager. The management team are supported by a stable team of unit coordinators, RNs, experienced caregivers, and non-clinical staff. Feedback from families and the GP was very positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

There were no findings from the previous certification audit.

This audit did not identify any areas requiring improvement.

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.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family. Ngaio Marsh provides an environment that supports resident rights and safe care. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. Staff demonstrated an understanding of residents' rights and obligations. A Māori Health Plan is in place for the organisation. 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 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. There is an implemented quality and risk management system. There are human resources policies including recruitment, selection, orientation and staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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.

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community. Residents' food preferences and dietary requirements are identified at admission. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and cultural requirements were being met. Residents interviewed responded favourably to the food that is provided. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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.

The building has a current building warrant of fitness. There is a planned and reactive maintenance programme in place. 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. There is an approved fire evacuation scheme. 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.

The infection prevention and control programme includes policies and procedures to guide staff and appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated, and reported to relevant staff and related health providers in a timely manner. The service has robust a robust pandemic policy. Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. The service has had two outbreaks in 2022 and one in 2021. The Covid-19 lockdown was well managed, and precautions remain in place as per current guidelines.

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 nurse leader. There were no residents using a restraint and encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses 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) |
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| Subsection | 0 | 21 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 55 | 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) |
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| 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 |
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| <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> | FA | <p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership & Te Tiriti O Waitangi Policy is documented to guide practice and service provided to kaumatua. The service maintains a relationship Tuahiwi Marae. The organisation has recently employed a Taha Māori Kaitiaki – cultural navigator as part of the executive team 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 village manager described encouraging applicants who identify as Māori and supporting all applicants through the employment processes.</p> |

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| <p>Subsection 1.2 Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>Not applicable</p> | <p>Ryman are working towards developing health plans for all cultures including Pacific worldviews. The organisation is working towards identifying and developing partnerships with local Pasifika groups to provide guidance around planning care for Pasifika residents. The service can access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support. There were no residents who identified as Pasifika at the time of audit</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>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). Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan with family/whānau providing support as required.</p> <p>The four residents (two hospital and four rest home) and three relatives (two hospital and one rest home) 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>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). Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2022 included: Te Tiriti o Waitangi and tikanga Māori. The service responds to tāngata whaikaha needs and enables their participation in te ao</p> |

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| | | <p>Māori.</p> <p>Ryman Ngaio Marsh 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. Interviews with 15 care staff including: five-unit coordinators, two RNs, six caregivers and two activity coordinators, 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.</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> | FA | <p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. The code of conduct policy addresses: the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p> <p>During interviews with care staff, a culture of teamwork and inclusiveness was identified. The service provides education on cultural safety, and boundaries as well as Inclusiveness of all ethnicities Cultural days are completed to celebrate diversity. 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 as evidenced through seven resident files reviewed.</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> | FA | <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> |

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| <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | | |
| <p>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> | FA | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The complaints procedure is an equitable process and information around the complaints process is provided to all residents and relatives on entry to the service.</p> <p>The village manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There have been five complaints received in 2022 year to date, one in 2021 and two made in 2020 since the previous (certification) audit in October 2020. One of the complaints received in 2022 was made through the Health and Disability Commissioner (HDC)). The complaint has been reviewed by the service and a response letter was sent to HDC in September 2022. The complaint is still open. Another complaint received in 2022 was made through Te Whatu Ora Health New Zealand - Waitaha Canterbury. The complaint was reviewed thoroughly the service and has been closed off as stated in a letter from Te Whatu Ora Health New Zealand - Waitaha Canterbury in July 2022.</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</p> | FA | <p>Ngaio Marsh is a Ryman healthcare retirement village located in Christchurch. Ngaio Marsh provides rest home, hospital (geriatric and medical) level care for up to 114 in the care centre and 30 serviced apartments. There are 62 dual purpose beds and 52 hospital beds in the care centre.</p> <p>At the time of the audit there were 104 residents in total: 23 rest home</p> |

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| <p>bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>level and 29 hospital level in the dual-purpose unit on level one, 44 hospital residents in the hospital unit on level two including two residents on respite, four residents on an end-of-life contract and four residents on an ACC contract. There were eight rest home residents in the serviced apartments. All other residents were on the age-related residential care contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional operation 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). The Board oversees all operations from construction to village operations. From this there is a clinical governance committee which includes members from the Board.</p> <p>The organisation has 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. 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 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. Ngaio Marsh objectives for 2022 include (but are not limited to): staff engagement, promotion of safe practice within the village, provide holistic care for residents and increase variety of</p> |
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| | | <p>activities programme. The 2022 objectives were reviewed as planned in April, and August with progression towards completion and ongoing work to be completed documented at each review.</p> <p>The village manager has been in the role for nine years. She is supported by an experienced clinical manager who has been in the role for four years and a resident services manager who has been in the role for 6 years. They are supported by the regional operations manager who has vast experience in the aged care sector and management and an operations quality manager. The management team are supported by a stable team of unit coordinators, RNs, experienced caregivers, and non-clinical 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.</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> | FA | <p>Ryman Ngaio Marsh 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. Clinical indicator data (e.g., 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. A critical analysis of organisational practices is completed through the annual review of the quality programme including benchmarking results.</p> <p>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</p> |

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| | | <p>completed. A cultural navigator/Kaitiaki commenced in July 2022, this person is to ensure that organisational practices from the Board down to village operations deliver health equity for Māori.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the VCare electronic system. Ten 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 RN. Neurological observations were consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>The Taha Māori Kaitiaki assists with reviewing their organisation's practice through a health equity and quality lens. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</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 six pressure injuries, four in 2022 (three in October and one in November) and two in 2021 (July and August). There has been two Covid-19 outbreaks in March and October 2022 and one gastro outbreak in December 2021, which were notified appropriately to public health authorities.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p> | FA | <p>There is an implemented policy in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. A village manager and, resident services manager work from Monday to Friday and a clinical manager who works from Tuesday to Saturday. There is a unit coordinator for each unit and are included as part of the rosters. There is registered nurse on each floor 24/7.</p> |

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| <p>managed to deliver effective person-centred and whānau-centred services.</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 to attend to residents.</p> <p>Separate cleaning and laundry staff are rostered.</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. Existing staff support systems including peer support, ChattR online communication app and provision of education, promote health care and staff wellbeing. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, activities and lifestyle staff, van drivers have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular (two-monthly) journal club meetings. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments. At the time of the audit there were 12 RNs employed at Ngaio Marsh. Three RNs have completed interRAI training. Staff interviewed reported a positive work environment. Educational goals identify that mandatory cultural training, including understanding health equity has been provided to staff.</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</p> | <p>FA</p> | <p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Eight staff files reviewed (one clinical manager, two-unit coordinator, one RN, three caregivers and one activities and lifestyle coordinator) included a signed employment contract, job description, police check, induction paperwork, application form and reference checks. All files</p> |

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| <p>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>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 position. 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. 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) and celebrating the employee of the month in staff meetings. Employee assistance programmes are made available where indicated.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The service identifies and implement supports to benefit Māori and whānau. The service engages with the local Marae in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p> | FA | <p>There are policies and procedures to guide staff around admission processes, required documentation including interRAI, risk</p> |

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| <p>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>assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans.</p> <p>Seven resident files were reviewed (four hospital level including one end of life, one ACC, and one respite, and three rest home care files including one from service apartment). The RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans. Residents are supported to identify their chosen pae ora outcomes. This is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented.</p> <p>Medical services are provided by general practitioners (GP) from the local medical centre. There are four GP visits a week. The GP on duty is available to see any residents of concern and is available 24 hours. The resident files identified the GP had seen the resident within five working days of admission and had examined the residents at least three-monthly or earlier dependent on the resident's health status. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the communication between the RNs and the GP and there was good</p> |
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| | <p>use of allied health professionals in the care of residents. The GP liaises with families and has been actively involved in advance care planning with residents and families.</p> <p>The older persons mental health services are readily available to the GP and staff as required. There are regular visits from the palliative care nurse specialist and dietitian. A contracted physiotherapist is on site three days a week and completes initial assessments for all hospital level residents and other residents as required. There are six-monthly reviews, equipment assessment and post falls assessments also completed. The physiotherapist is supported by a physiotherapy aid who ensures exercise programmes and walks are completed for individual residents under the care of the physiotherapist. There are podiatry services.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers document progress notes at least twice daily and as necessary by the GPs and allied health professionals. There was evidence the RN has added to the progress notes when: there was an incident, changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There were thirteen wounds across the service (including six suspected deep tissue injuries, one stage 1 pressure injury, lower leg ulcers, skin tears and skin conditions), assessments and wound management plans including wound measurements were reviewed. The wound register has been fully maintained. 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. There is access to wound expertise from a wound care nurse specialist. Caregivers interviewed stated there are adequate clinical</p> |
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| | | <p>supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts including observations, behaviour charts, bowel chart, blood pressure, weight, food, and fluid chart, turning charts, intentional rounding, blood sugar levels and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities.</p> <p>Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>The service employs a diversional therapist (DT) and three lifestyle coordinators (one in DT training) to implement the Engage programme across all levels of care in the serviced apartments, and dual-purpose units. There are caregivers and lounge carer who coordinate activities in the weekends and evenings. The Engage programme has been implemented. There are set activities with the flexibility for each service level to add activities that are meaningful and relevant for the resident group.</p> <p>Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included making and using poi, singing of Māori songs, dancing to Māori music, and learning words and phrases in Māori language. Ryman Ngaio Marsh has links with the local marae. The resident/family/whānau (as appropriate) are involved in the development of the activity plan which is incorporated into the myRyman care plan.</p> <p>The service works with staff, residents and whānau to support community initiatives that meet the health needs and aspirations of Māori; including, ensuring that te reo Māori and Tikanga Māori are actively promoted and included in the activities programme.</p> |

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| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely in each unit. Registered nurses and senior caregiver's complete annual medication competencies and attend medication education. Registered nurses complete syringe driver training. Medication reconciliation of monthly blister packs and as required blister packs is checked by an RN with the signature on the back of the blister pack. Any errors are fed back to the pharmacy. As required medication blister packs are checked monthly for expiry dates. There were no residents self-medicating on the day of audit. However, there were procedures in place should a resident wish to self-medicate and locked drawers are available. The service does not use standing orders.</p> <p>The medication fridge temperatures and medication room temperatures in the dual-purpose unit and hospital unit are monitored and within the acceptable range. There were no medications stored in the serviced apartment. The service uses an electronic medication system. Fourteen medication charts were reviewed. All medication charts had: photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. As required medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress notes.</p> <p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RN and management described working in partnership with the 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. Over the counter medications and supplements are prescribed on the electronic medication system. Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p> |

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| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>Residents can provide feedback on the meals through resident meetings and direct contact with the food services staff. Resident and relatives interviewed spoke positively about the choices and meals provided. The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care.</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</p> | FA | <p>The building has a current warrant of fitness that expires 1 August 2023. The care centre is across two levels with the dual-purpose unit (rest home/hospital) on level one (ground floor) and the hospital unit on level two. The 30 serviced apartments certified for rest home level care are across two levels. The planned maintenance schedule includes the calibration of medical equipment, functional testing of electrical equipment and hot water temperatures in resident areas. Hot water temperatures in resident areas are stable below 45 degrees Celsius. There are no plans for building projects, or further refurbishments, however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori</p> |

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| belonging, independence, interaction, and function. | | identity are included. |
| <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> | FA | <p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently on 19 October 2022. Staff advised that they conduct security checks inside at night, in addition to an external contractor who checks the external area. A security camera is installed in the kitchen. Currently, under Covid restrictions all visitors and contractors are required to sign in and wear N95 mask at all times when in the facility.</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> | FA | <p>A pandemic response plan was developed at head office and includes site specific procedures. An associated Covid Go Kit flowchart was developed and added to the SharePoint page. The Go kit clearly explains the first 30 minutes following the identification of a positive case. Virtual Covid drills have been conducted on a regular basis, ensuring all staff are aware of protocols to follow in the event of an outbreak. Adequate PPE stocks were sighted in each of the care units in dedicated storage areas. The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the Ryman infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to and head</p> |

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| <p>an equity focus.</p> | | <p>office. Infection control surveillance is discussed at clinical meetings, weekly management meetings, quality/risk meetings and staff meetings.</p> <p>Staff are informed through the variety of meetings held at the facility and also electronically. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. There have been three outbreaks since the previous audit, (Covid in March and October 2022, Gastro in December 2021). The three outbreaks were documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families were updated regularly.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The governing body demonstrates commitment to eliminating restraint through policy, goal setting and benchmarking. 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. The hospital unit coordinator (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. 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> |

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.

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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.

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End of the report.