

Logan Campbell Retirement Village - Logan Campbell Retirement Village

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Logan Campbell Retirement Village
Premises audited:	Logan Campbell Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 22 March 2023 End date: 23 March 2023
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:	123



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

Logan Campbell is part of the Ryman Group, and provides rest home, hospital, and dementia levels of care for up to 122 residents in the care centre and 30 at rest home level in the serviced apartments. On the day of audit, there were 123 residents, including 9 residents receiving rest home level of care in the serviced apartments.

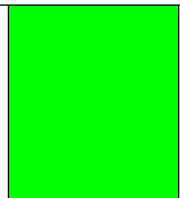
This certification audit was conducted against the Nga Paerewa Health and Disability Service Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

The village manager is supported by an experienced clinical manager (registered nurse), unit coordinators, resident services manager, and a team of experienced staff. There are various groups in the Ryman support office who provide oversight and support to village managers, including a regional operations manager.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was 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.


This certification audit identified the service meets the intent of the Standard.

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.
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Logan Campbell provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Logan Campbell 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 their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and their family/whānau 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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The 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. Logan Campbell 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. Logan Campbell 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 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/whānau 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. 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 or nurse practitioner.

The engage programme meets the individual needs, preferences, and abilities of the residents, with separate activities calendars for the rest home, hospital, and dementia level of care residents. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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 displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, all have full ensuites. The dementia unit is secure with a secure enclosed outdoor area.

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

Security of the facility is managed to ensure safety of residents and staff.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate for the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There are robust pandemic and Covid-19 response plans in place and the service has access to personal protective equipment and supplies. There has been three Covid-19 exposure events and two respiratory virus outbreaks since the previous audit; these were appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	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). The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Logan Campbell. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti partnership with mana whenua.</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. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</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</p>

		<p>around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their whānau are enabled. Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.</p> <p>Interviews with four managers (village manager, clinical manager, resident services manager, and regional operations manager) and twenty-four staff (seven registered nurse (RN), nine caregivers, two diversional therapists, one lead chef, one cleaner, two laundry assistants, one lounge assistant and one maintenance lead) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village 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, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents have been reviewed and updated by the cultural navigator and include recognition of east versus west cultural perceptions, the four stages of the hui process, and ways in which the hui process can support culturally safe care and services. All staff have completed this updated online training.</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>	<p>FA</p>	<p>Ryman New Zealand have health plans in place for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents’ preferences and needs.</p> <p>At the time of the audit there were residents that identified as Pasifika. On admission, all residents state their ethnicity which is recorded in their individual files. The unit coordinators and RNs advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are</p>

		<p>documented in their care plan and activities plan.</p> <p>The village manager described how they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit, there were staff who identified as Pasifika. Pacific staff interviewed stated management is supportive and use their skills within the team to connect with residents.</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). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to 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>Ten relatives (one rest home, two hospital and seven dementia care) and eleven residents (nine rest home and two hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives interviewed felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p>

		<p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. 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>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 resident's needs. Staff receive training on the Code of Rights at orientation and through the Ryman e-learning portal. 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.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2022 included (but not limited to): sexuality/intimacy; informed consent; Code of Rights; abuse & neglect; advocacy; spirituality; and cultural safety. Staff receive education on tikanga Māori; the content has been reviewed by Ryman Christchurch cultural navigator. Matariki and Māori language week are celebrated throughout the village. 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.</p> <p>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, and church services are held. 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</p>

		<p>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.</p> <p>The care planning process is resident focused with resident and whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident's 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 resident's preferred names. MyRyman cultural assessment information naturally weaves through the care plan. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. 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. 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 is held annually. Police checks are completed as part of the employment process. 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.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. 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. Residents have enduring power of attorney</p>

		<p>for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented to improve outcomes for Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held 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.</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 and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accidents and incidents, complaints, and open disclosure alert staff to their responsibility to notify family or the next of kin of any accidents or changes in resident's condition that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The incident reports reviewed identified family/whānau are kept informed, and 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. During the audit there were no 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, if there were residents who could not speak English. 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</p>

		<p>family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland specialist services. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with in regard to services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family members interviewed stated they receive appropriate timely notification to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. The admission agreements include a section for written general consents for photographs, release of medical information and medical cares. All resident admission agreements reviewed were signed by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Specific consent had been signed by residents or EPOA for procedures such as vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>Enduring power of attorney documentation is filed in the resident's files and includes medical certificates of incapacity (where appropriate).</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) or nurse practitioner (NP) had made a medically indicated resuscitation decision in partnership with the activated EPOA. There was documented evidence of discussion with the EPOA, with tikanga protocols followed in respect of face-to-face discussions. Interviews with family/whānau confirmed that the</p>

		service actively involves them in decisions that affect their relative's lives.
<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 organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Eight complaints have been made since the last audit, two received in 2021 and six made 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.</p> <p>One of the complaints made in 2022 was lodged through HDC. The complaint has been investigated and reviewed and the service is waiting for a response letter from HDC. There were no issues identified in this audit in relation to the complaint.</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 provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The village manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
Subsection 2.1: Governance	FA	Logan Campbell Retirement Village is a Ryman Healthcare facility located in Greenlane. The 122 bedded care centre is located over

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>three levels. There are also 30 serviced apartment beds certified for rest home level of care. All beds in the rest home and hospital are certified as dual purpose.</p> <p>Occupancy at the time of the audit was 123 residents in total; 44 hospital level residents (including one hospital resident on respite care), 50 rest home level residents (including nine residents at rest home level of care in the serviced apartments, with one on an ACC contract) and 29 residents in the two dementia wings. All other residents were under the aged residential care contract (ARCC).</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 Ngā 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 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 governance body have terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor, that ensures policies and procedures within the company and the governance body represents Te Tiriti partnership and equality. The</p>
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	<p>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's cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Logan Campbell can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their own operational objectives. The Ryman business plan is based around Ryman values, including (but not limited to) excellence, team, and communication. These align with the village objectives. Logan Campbell objectives for 2023 include (but are not limited to): promoting a consistent reporting culture; staff awareness of health and safety personal responsibilities; and management team walks. Organisational goals are related to overall satisfaction of the service.</p> <p>The 2023 objectives are planned to be reviewed six-monthly, with progression towards completion and ongoing work to be completed and documented at each review. Ryman key business goals are embedded through all processes 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. The organisation has completed reviewing all policies to ensure they align with the Ngā Paerewa Standard.</p> <p>Performance of the service is 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 actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country. The Ryman organisation and Logan Campbell continue to strengthen relationships with local Māori and</p>
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		<p>Pacific health providers.</p> <p>The village manager (non-clinical) at Logan Campbell has leadership experience in the service industry and has been at Ryman for five years and in the village manager role for eighteen months. They are supported by a resident services manager (non-clinical) and an experienced clinical manager (registered nurse) who has been in the role for seven months. A notification to HealthCERT for change of clinical manager was sighted. The management team is supported by a regional operations manager and Ryman Christchurch (head office).</p> <p>The village manager attends Covid-19 management, and management development sessions through Ryman. The clinical manager has ten years of experience in the aged care sector. Both managers are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and leadership development online course.</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>Logan Campbell 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 2023 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 ensures that organisational practices from the Board, down to village operations improve health equity for Māori.</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. Internal audits, meetings, and collation of data were documented as taking place, with</p>

	<p>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. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>The 2022 resident and relative satisfaction surveys were completed in October and August 2022 and demonstrate an overall satisfaction of 4.26/5.0 and 3.87/5.0 respectively. Corrective actions were implemented to improve the laundry service and activities from the residents' survey, and laundry and food service from the relative's survey. 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. 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 interviewed maintains oversight of the health and safety and contractor management on site in the absence of the resident services manager. 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 monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. 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, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and</p>
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		<p>safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The resident incident forms reviewed 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.</p> <p>Discussions with the village 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 pressure injuries, missing residents, and resident physical aggression. There have been three Covid-19 outbreaks (two in 2022 and one in 2023) and two respiratory outbreaks (one in 2022 and one in 2023), all of which were well managed and reported appropriately.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure 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 village manager works Monday to Friday. The clinical manager works Sunday to Thursday. The clinical manager and the hospital unit coordinator share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</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. The serviced apartment call system is linked to their pagers. There is 24/7 RN cover. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. 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</p>

	<p>individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are sixty-one caregivers in total. Fifty-one caregivers have achieved their level three or four (or equivalent). Twelve of fifteen caregivers allocated to the dementia unit have completed their dementia unit standards. Three recently employed (last six months) are enrolled and in the process of completing the standards.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular 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 16 RNs employed at Logan Campbell and 14 have completed interRAI training. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, and safety and spirituality training, that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. The staff survey for May 2022 evidence staff satisfaction related to approachable management, positive work environment and teamwork. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. Logan Campbell was placed #32 in the overall ranking of all Ryman villages in the May 2022 staff survey results. Corrective actions were implemented to improve the kitchen, café, and laundry service.</p>
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<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. Thirteen staff files reviewed included a signed employment contract, job description, police check, induction documentation 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 position and monitored from the e-learning platform. 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 serious event, 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. 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>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based documents are kept in a locked cupboard. Resident files are archived and remain on site for two years, then are transferred to an off-site secured location to be archived for ten years. The service is</p>

		not responsible for National Health Index Registration.
<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. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and families/whānau at entry, with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all details required under the aged residential care contract. The twelve admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The village manager is available to answer any questions regarding the admission process. The service communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori, through a process within the power BI electronic system. The village manager reported they have made links and are strengthening working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Twelve resident files were reviewed (two rest home, including one ACC funded resident in the serviced apartments; three hospital level, including one respite; and four from the dementia unit). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans; and 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. The ACC resident had all assessments, interRAI and long-term care plan completed as per other ARRC residents. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Risk assessments are conducted on admission. 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. The long-term care plans align with the holistic model of care, and other available information such as discharge summaries, medical and allied health notes, and consultation with resident, EPOA or significant others are included. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Residents in the dementia unit all have a behaviour assessment and a behaviour plan, with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if</p>
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	<p>required. The GP or NPs visit four times per week and provide out of hours call services. The NP (interviewed) commented positively on the quality and consistency of the care provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse is available as required through Te Whatu Ora- Te Toka Tumai Auckland service. The physiotherapist is contracted to attend to residents fifteen hours per week, and the service has a physiotherapy assistant who also attends for fifteen hours per week.</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 complete task lists within the progress notes on every shift. RNs document in the progress notes at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP or NP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or 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 or NP visits, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>A sample of wounds were reviewed across the service. Electronic assessments and wound management plans, including wound measurements and photographs, were reviewed, and evidenced wound care occurs as planned, and evaluations evidence progression towards healing. There were four pressure injuries at the time of the audit; one stage I, two stage II, and one stage IV. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. The clinical manager acts as the wound care champion to</p>
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		<p>ensure consistency is maintained in product use, assessment, and management of all wounds. There is regular documented wound care nurse specialist input into chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. 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 (but not limited to): vital signs; 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. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Electronic incident reports reviewed evidenced timely follow up by an RN, and any opportunities to minimise future risks were identified and implemented.</p> <p>Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family are invited to attend the MDT case conference meeting.</p> <p>Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>There are four full-time diversional therapists and a lounge assistant (who carries out the triple A exercise programme), who implement the activities programme in the facility. The activities programme caters for each level of care, including rest home residents in the serviced apartments. The programme reflects the physical and cognitive abilities of the resident groups. The programme is</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>overseen by an organisational diversional therapist at Ryman head office. The rest home programme is Monday to Friday and the hospital and dementia units are seven days a week.</p> <p>There is a monthly programme for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of activities in which to participate, including (but not limited to): triple A exercises; board games; quizzes; music; reminiscing; sensory activities; craft and van trips. 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 conversation. The village has two vans available for the weekly outings. The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. This is through local school kapa haka groups visiting, waiata singing and using Māori words and phrases, and the facility actively supports residents to maintain links with the community.</p> <p>There are various denominational church services held in the care facility. Entertainers visit regularly. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and theme days are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan. Residents have the opportunity to provide feedback through resident and relative meetings and satisfaction surveys.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia (SCU) activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit</p>
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		<p>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 and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers who have completed medication competencies and RNs, are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were five residents self-administering medications on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, the GP or nurse practitioner are available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms, and medication fridges and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twenty-four electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either</p>

		<p>regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with 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>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</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 Logan Campbell are all prepared and cooked on site. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence. There is a seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The lead chef (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. The service utilises pre-moulded pureed foods for those residents requiring that particular modification. There are 24/7 snacks, including fruit, available throughout the facility. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the electronic kitchen management system which has oversight from the regional lead chef. Food temperatures are checked at all meals. These are all within safe limits. Meals are delivered to the dining rooms (rest home, hospital, SCU and serviced apartments 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. Staff were observed assisting residents with meals in the dining rooms</p>

		<p>and modified utensils are available for residents to maintain independence with meals. Caregivers 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.</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/whānau 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 facility utilises the 'transit (yellow) envelope' scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their families/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness that expires 25 November 2023. The lead maintenance person works full time (Monday to Friday). This role oversees maintenance of the site, and contractor management. They are supported by a team of gardeners. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</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's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to</p>

	<p>residents are checked when they are admitted and added to a register. Testing and tagging of electrical equipment was completed in January 2023. Checking and calibration of medical equipment, hoists and scales is next due in December 2023.</p> <p>On level two, there is a rest home unit. Level three is the hospital and level four is the two dementia units. Rest home and hospital beds are all dual purpose. There is lift and stair access. The service includes well equipped service areas, laundry, kitchen, maintenance workshop, chemical and cleaning storage, and a staffroom.</p> <p>Each unit has a nurses' station with its own secure medication room. There are kitchenettes and spacious lounge and dining areas in each unit. Residents' rooms are spacious, and fixtures, fittings, and flooring are appropriate. All rooms have ensuites, and there is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There are additional communal bathrooms, and visitor toilets with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.</p> <p>The corridors in all units are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. Caregivers interviewed stated they have adequate equipment and space to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is ceiling heating throughout the facility and individual resident's room temperatures can be adjusted.</p> <p>Dementia care (SCU) unit:</p> <p>There are two dementia units on level four with 15 beds each, separated by a nursing station. All rooms are single occupancy with ensuite facilities.</p>
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		<p>There is a centrally located nursing station. The unit has a dining room/kitchen area and a big lounge for activities. The living spaces are homelike. There is a smaller lounge available. On the day of the audit, activities involving music, quizzes and exercises were observed.</p> <p>The corridors are wide with appropriate handrails for safe mobility. The residents were observed to move safely and freely. The unit has doors that open out onto a secure deck/courtyard, which has areas with seating, shade, and plants.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, 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 an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 12 April 2018. Fire evacuation drills have been completed every six months. Fire warden training occurs. The facility uses a contracted evacuation specialist to conduct these fire drills. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up generator available and gas for cooking. There are adequate supplies in the event of a civil defence emergency, including water stores in holding tanks to provide residents and staff with at least three litres per day for a minimum of three days. 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</p>

		<p>aid is available in the facility at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells or pendants in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are call bells in the serviced apartments.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed. The facility has CCTV in corridors and entry doors at the front and the underground car park entrance. The dementia units are secure.</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 appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control 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 visitors by implementing an infection control programme. Ryman have an infection control specialist in head office who supports the care homes. Facilities can access expertise through Ryman head office, Bug Control, Public Health, and Te Whatu Ora- Te Toka Tumai Auckland (who can supply Ryman with infection control resources). There is a documented pathway for reporting infection control 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.</p> <p>There is an infection control committee that meets bimonthly to discuss various topics related to the infection control programme. 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-</p>

		<p>month power BI analysis 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 coordinators, the senior management team, the GP or NP, and the public health team.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continues for visitors and contractors, and all are required to wear masks.</p> <p>There are hand sanitisers strategically placed around 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>	<p>FA</p>	<p>A registered nurse (hospital / night shift RN) and the clinical manager are the designated infection control coordinators. A documented and signed role description for the infection control coordinator role is in place for both coordinators. They report to the village manager.</p> <p>There are adequate resources to implement the infection control programme. The infection control coordinators are responsible for implementing the infection control programme and liaises with the infection control committee (each department representative) who meet bimonthly and as required.</p> <p>The organisational pandemic plan includes preparation and planning for the management of lockdown, business contingency plan, screening, transfers into the facility and management of positive tests. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE available and accessible. The infection control coordinators have input into the procurement of good quality PPE, medical and wound care products. Product evaluation occurs as an agenda topic for discussion at the bimonthly infection control committee meeting. The Bug Control Infection Control Manual is used as reference for best practice around infection control. Staff have access to SharePoint with clinical</p>

	<p>pathways for different responses and communication related to stages of an outbreak. The infection control coordinators have 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>The infection control coordinators have completed online infection prevention and control training. There is good external support from the GP, laboratory, microbiologists, and Te Whatu Ora- Te Toka Tumai Auckland.</p> <p>An organisational infection prevention and control manual is available and includes 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. A suite of infection control policies is available and accessible to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for wound care, catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices, acknowledging the spirit of Te Tiriti. Infection control policies and practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention, to promote culturally safe practice. Staff interviewed were knowledgeable around culturally safe practices in relation to infection control. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The cleaning of reusable items, disposal of waste/sharps, and cleaning of medical equipment is a topic at the bimonthly infection control committee meeting. Infection control audits are completed, and visual checks are performed to ensure the procedures and processes are carried out.</p> <p>The infection control coordinators confirmed discussions around infection control matters in relation to the building and amenities.</p>
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		<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 noticeboards, ChattR communication channel, handovers, and toolbox talks. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through emails, regular phone calls and the newsletter.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally 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>FA</p>	<p>The service has policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Changes to the infection prevention & antimicrobial stewardship policy was updated in August 2022. The policy refers to a set of commitments and actions that the village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use". Infection control and antimicrobial stewardship education was held in March 2023.</p> <p>Site specific infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinators record antibiotic use (duration and quantity) as part of the monthly quality report. Antimicrobial prescribing is reported monthly and discussed at the bimonthly infection control committee meeting.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</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 infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly, and annually. Benchmarking occurs.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, management, and full facility meetings. Meeting minutes and graphs are displayed for staff. 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 regular notifications and alerts from Te Whatu Ora- Te Toka Tumai Auckland for any community concerns.</p> <p>There have been three Covid-19 exposure outbreaks July 2022, December 2022, and March 2023 and two respiratory outbreaks in September 2022 and February 2023. All outbreaks were appropriately managed with Te Whatu Ora- Te Toka Tumai Auckland and Public Health appropriately notified. There was daily communication with the portfolio manager of Te Whatu Ora- Te Toka Tumai Auckland. Daily outbreak management meetings occur (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. Residents and relatives were updated regularly throughout the outbreaks.</p> <p>Outbreak logs were completed, and the service incorporates ethnicity data into the Ryman surveillance outbreak logs. Surveillance methods and data captured around infections and reports against the analysis of this were recorded. The infection control coordinators confirmed that the screening process, cohorting of residents to reduce risk and care delivery within a constraint workforce proved to be challenging but successful. Staff confirmed resources (including PPE) were adequate and their wellbeing has been looked after.</p>
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<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There are cleaning and laundry policies with task lists. The service provides cleaning services seven days a week. Cleaning trolleys are well equipped and kept in locked areas when not in use. There is a cleaning manual available. Effectiveness of the cleaning and laundry services are monitored by the facility through the internal auditing system and annual resident satisfaction surveys. An external provider regularly services the commercial washing equipment. There is input from the infection control coordinators relating to cleaning, laundry, and environmental audits.</p> <p>All personal clothing and linen are laundered on site. There is a clear clean and dirty flow and residents clothing is labelled and sorted in baskets for easy identification. Clean laundry is delivered to each area in trolleys. There was sufficient clean linen available on the day of audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>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. The clinical manager (restraint coordinator) confirmed the service is committed to providing services</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>to residents without use of restraint. The rest home unit coordinator was being trained by the clinical manager in the restraint coordinator role.</p> <p>The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary which is shared with Ryman head office. 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. 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>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.