

Ryman Healthcare Limited - Woodcote 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: Ryman Healthcare Limited

Premises audited: Woodcote Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 16 May 2023 End date: 17 May 2023

Proposed changes to current services (if any): At the time of the audit there was one hospital level resident on palliative care contract, which has been approved by Te Whatu Ora – Waitaha Canterbury under the NOHRRRA contract process.

Total beds occupied across all premises included in the audit on the first day of the audit: 42

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

Woodcote is part of the Ryman Group and provides rest home care for up to 56 residents. On the day of the audit there were 42 residents in total, 41 rest home residents and one hospital resident.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Waitaha Canterbury. 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 a clinical manager (registered nurse) 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.

Areas of continuous improvement were identified around quality initiatives and nutrition/weight management.

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.

Woodcote 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 Pasifika residents. Residents receive services in a manner that considers their dignity, privacy, and independence.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. 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. Woodcote 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. Woodcote provides clinical indicator data for the service being provided (rest home level 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.

There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan, and evaluate care needs of the residents. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner as well as visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Ryman menu plans.

Te aro ki te tangata me te taiao haumarū | 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.

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. The building has a current warrant of fitness, which expires in June 2023. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. There is safe access to outdoor areas with seating and shade.

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

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

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures are documented. The pandemic plan has been developed in partnership with Te Whatu Ora – Waitaha Canterbury. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board. The infection control officer is the clinical manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including Bug Control and Ryman Head office infection control nurse specialist. Education is provided to staff at induction to the service and is included in the education planner.

Internal audits are completed with corrective actions where required. There are policies and procedures implemented around antimicrobial stewardship, and data is collated and analysed monthly. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through meetings, and education sessions. There are documented processes for the management of cleaning, laundry, waste, and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the village 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	2	166	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>	FA	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Woodcote. The appointment of the Ryman Taha Māori Kaitiaki - Cultural Navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti partnership with mana whenua. A Taha Māori Educator has also recently been appointed to provide cultural diversity and awareness training for Ryman nationally. She has also had a long-standing relationship with Ryman Woodcote as a whānau member for a resident and cultural advisor.</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</p>

		<p>committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the 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 three managers (village manager, clinical manager, and operations quality manager) and 12 staff (one registered nurse (RN), seven caregivers, one activities coordinator, one chef, one laundry and one housekeeper) 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 Taha Māori Kaitiaki – 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</p>	FA	<p>Ryman (Australia and New Zealand) developed health plans for all cultures including for Māori and Pasifika. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pasifika linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>There were no residents that identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The clinical manager and RN advised that family/whānau of</p>

<p>outcomes.</p>		<p>future Pacific residents will be encouraged to be present during the admission process including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>Taha Māori Kaitiaki - Cultural Navigator previously interviewed at another audit explained that the Pacific Health plan should be read within the context of the Pacific Elders and Other Ethnicities policy and cultural strategy that sits within the objectives of the 2023 'best continuum of care for ageing well' operations objectives. The Taha Māori Educator supports the Taha Māori Kaitiaki - Cultural Navigator and the service to implement the cultural objectives.</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. Pasifika staff interviewed stated management is supportive and use their skills within the team to connect with residents and the Pasifika community.</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</p>

		<p>education and training programme, which includes a competency questionnaire.</p> <p>Three relatives (rest home) and five residents (rest home) 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>	FA	<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 Taha Māori Kaitiaki - Cultural Navigator. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy</p>

		<p>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 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>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</p>

		<p>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 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</p>	FA	<p>Information is provided to residents and family/whānau on admission. Bi-monthly 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 a 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</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>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 all residents were able 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 family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</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. Seven electronic resident files (six rest home and one hospital) were reviewed. Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated where required. Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the</p>

		EPOA. Discussion with family members identified that the 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 service has a complaints policy that describes the management of the complaints process. Information about complaints is provided on admission. 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. There have been three complaints received in 2023 year to date and no complaints made in 2022. All complaints reviewed were documented as resolved. Corrective actions had been implemented and any changes required were made following the complaint.</p> <p>Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. 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>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational</p>	FA	<p>Woodcote is a Ryman retirement village located in Christchurch. The service provides care for up to 56 residents at rest home level care including seven beds in the serviced apartments. On the day of audit there were 42 residents in total, 41 rest home level residents including three residents on respite and one hospital level resident on palliative care contract, which has been approved by Te Whatu Ora – Waitaha Canterbury. The service is in the process of notifying HealthCERT. There were no rest home residents in the serviced</p>

<p>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>apartments. All other residents were under the aged related residential care agreement.</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, who ensures policies and procedures within the company and the governance body represents Te Tiriti partnership and equality. The Taha Māori Kaitiaki – 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</p>
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		<p>meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Woodcote 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. Woodcote 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. The 2023 objectives were reviewed as planned in April, with progression towards completion and ongoing work to be completed and documented at each review. 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 Woodcote continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager is clinical and has been in the village manager role for 18 months and has been at Woodcote for four and a half years. She is supported by a clinical manager who has been in the role for 18 months and previously worked at another Ryman facility for four years as a unit coordinator. She is also supported by a regional operations manager and operations quality manager (who was present at the time of the audit).</p> <p>The village manager and clinical manager have maintained over</p>
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		<p>eight hours annually of professional development training related to managing an aged care facility. Both managers are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and leadership development online courses.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Woodcote 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 Taha Māori Kaitiaki – Cultural Navigator role commenced in July 2022. This person ensures that organisational practices from the Board, through 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 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. The service has been awarded a continuous improvement around decreasing the numbers of skin tears and pressure injuries.</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. The resident</p>

		<p>satisfaction survey was completed in February 2023 and demonstrated an overall satisfaction of 4.03/5.0. Corrective actions were implemented around care, communication, laundry, food service and building/grounds. 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. 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 safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are recorded on myRyman records, 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. 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 a gastroenteritis outbreak (two Ecoli cases) in April 2022. There have been three Covid-19 outbreaks in 2022, all of which were well managed and reported appropriately.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<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 Tuesday to Saturday. The village manager and clinical manager alternate the on call after hours duties weekly.</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. 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 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. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are sixty-four caregivers in total. Nine caregivers have achieved level two, ten have completed level three and four have achieved level four NZQA qualification.</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 two RNs employed at Woodcote and both 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</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>	FA	<p>There are comprehensive human resource policies including recruitment, selection, orientation, and staff training and development. Seven 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</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded</p>

<p>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>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 not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The village manager and clinical manager screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. There is ongoing and timely communication with potential residents, their family or referral agency. The village manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident, or if there were no beds available.</p> <p>The entry of services for residents' policy and procedure guide staff around admission and declining processes including required documentation. The village manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager. The service collects ethnicity information at the time of viewing and enters the information in the electronic database. Ethnicity data is captured on residents' identity and profile documentation at the time of entry and the service can easily analyse decline data pertaining to Māori.</p> <p>The facility has developed partnerships with Māori communities, iwi</p>

		<p>leaders, health practitioners and organisations to benefit Māori individuals and whānau. The service receives referrals from the NASC service, Te Whatu Ora - Waitaha Canterbury, and directly from residents. Ryman employs a Taha Māori Kaitiaki - Cultural Navigator and a Taha Māori Educator. Both are available to assist as required at a village level.</p> <p>The service has a detailed information pack relating to the services provided at Ryman Woodcote which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Ryman Woodcote has a person and whānau-centred approach to services provided which aligns with the organisation's philosophy 'it needs to be good enough for mom or dad.' Interviews with residents and relatives all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident files were reviewed: six rest home (including one on respite care) and one hospital level resident. Care planning follows a holistic approach to care delivery and includes Te Whare Tapa Whā for wellbeing. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>The RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments, six-monthly residents review meetings and long-term care plans reviewed, and this is documented in progress notes. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan.</p> <p>All long-term resident files identified that a RN had undertaken an initial assessment, interRAI assessment and developed long-term</p>

		<p>care plans within the required timeframes. Short-term residents had initial assessments and a support plan in place. Care plans had been evaluated at least six-monthly for long-term residents who have been at the service six months. Written evaluations reviewed identified if the resident goals had been met or unmet. Triggers, CAPS, and scores of the interRAI is incorporated into and addressed in the long-term care plan. Residents with changes to their health needs have timely assessments completed to determine the risk.</p> <p>The facility contracts with a GP who visits at least weekly and provides an after-hours service. The village manager and clinical manager rotate an on-call roster that provides clinical support for staff. Medical assessments were completed on admission by the GP within five working days of admission. All long-term files reviewed evidenced at least three-monthly GP reviews. The GP interviewed, stated that they are very happy with the care provided and is notified of any resident concerns in a timely manner.</p> <p>Allied health interventions were documented for visits and consultations. There is a contracted physiotherapist available as required. The dietitian is available by referral and a contracted podiatrist visits six-weekly.</p> <p>The RN's and caregivers complete a verbal handover between each shift and there are also handover sheets and RN diaries. Progress notes are documented electronically. Caregivers enter their notes in the myRyman tablets which are located in every resident room. The RN's review these notes and document any changes to care.</p> <p>Residents and family members interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager, unit coordinator or an RN initiates a review with a GP. Family was notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status as evidenced in the electronic clinical record.</p> <p>Wound assessment and management plans are completed on myRyman. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. A wound register is</p>
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		<p>available for each area and includes four wounds currently treated; a stage two facility acquired pressure injury (November 22), a surgical wound, an abscess, and a chronic ulcer. Wounds have been referred or reviewed by the wound nurse specialist and wound champions. The wound champion nurse reviews all wounds weekly in addition to ongoing review by the RN on duty. Pressure injury prevention equipment is available including booties, air alternating mattresses and roho cushions are used. Caregiver's documents change of position electronically as required. Nutritional support is provided with high protein supplements to assist with wound healing. Incident reports were completed for the pressure injury.</p> <p>Short-term care plans are generated through completing an updated assessment on myRyman and interventions are automatically updated into care plans. Evaluation of the assessment when resolved closes out the short-term care plan. Covid-19 assessments, care plans and post Covid -19 assessments are completed for all residents who had Covid-19.</p> <p>Resident files include urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. A continence advisor is available for advice and education.</p> <p>Electronic monitoring forms are in use as applicable such as: weight; food and fluid; vital signs; blood sugar levels; toileting, intentional rounding, neurological observations, wound monitoring, repositioning, bowel, and behaviour charts. The RNs review the monitoring charts daily. Care plans reflected the required health monitoring interventions for individual residents and all monitoring charts reviewed, including bowel, food and fluid records had been completed as per policy requirements.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to</p>	FA	<p>An experienced activity and lifestyle coordinator implements the Engage activities programme that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. The programme is provided Monday to Friday (9.30am-4.30pm) with support from</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>caregivers at weekends and as required during the week.</p> <p>There is a monthly programme, delivered to each resident's room. The daily activity programme is written on the lounge whiteboards. Residents have the choice of a variety of Engage activities in which to participate including (but not limited to), triple A exercises, board games, quizzes, music, reminiscing, sensory activities, crafts, women's and men's club, pet therapy and word games. 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. The village has a van available for the weekly outings. The activity coordinator has the appropriate competencies and first aid required.</p> <p>The activity staff support Māori residents in meeting their health needs, aspirations in the community and facilitating opportunities for Māori to participate in te ao Māori. Cultural celebrations including Māori language week and Matariki is part of the programme. June was set aside of cultural activities and included Filipino, Kiwiana, Pasifika and Chinese specific events, which was implemented successfully. Te reo Māori is promoted daily through utilising a word of the day. Signs in Te Reo identify communal toilets and lounge and dining areas. There are various denominational church services held weekly. There are regular entertainers visiting the facility. Special events like the kings coronation, St Patricks day, Melbourne Cup, Chinese New Year, Easter, Mother's Day, Father's Day, Kings birthday, Anzac Day, Christmas and theme days are celebrated.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the residents past hobbies and present interests, likes and dislikes, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan. Residents can provide feedback through resident and relative meetings and annual surveys.</p> <p>All interactions observed on the day of the audit evidenced engagement between residents and the activities team. Residents and relatives interviewed expressed satisfaction with the activities</p>
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		offered.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the secure medication room. Medication trolleys are lockable, clean, and stored securely in the medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications is checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use must be prescribed and reviewed by the GP. Six residents were self-medicating (rest home) on the day of audit and had a self-medication assessment in place authorised by the GP as well as safe and secure storage/drawer in their room.</p> <p>Thirteen electronic medication charts and one paper-based chart were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly. Each drug chart has photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site. There was documented evidence in the electronic clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with the current Māori residents and whānau to ensure the appropriate</p>

		support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The meals at Ryman Woodcote are all prepared and cooked on site. The lead chef oversees the operations of the kitchen and is supported by another chef, kitchen hands and kitchen assistants. The kitchen was observed to be clean and well organised, and there is a current approved food control plan which expires 9 May 2024. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The current Māori residents' cultural values and beliefs are incorporated into their nutritional profiles and considered during the meal preparation and provision. Caregivers interviewed understands tikanga guidelines in terms of everyday practice.</p> <p>The lead chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The service has exceeded the standard around decreasing unintentional weight loss. The lead chef (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. The service utilises pre-moulded pureed foods and fortified smoothies for residents requiring modification. There are 24/7 snacks including fruit available throughout the facility. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the electronic kitchen management system. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated and served directly to residents in the adjacent dining room. Where residents prefer to eat in their rooms or in one of the smaller lounges, meals are plated and delivered on trays with thermal covers to maintain delivery temperature. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries. Cleaning schedules are maintained. Staff were observed assisting residents with meals in the dining</p>

		<p>rooms and modified utensils are available for residents to maintain independence with meals. Care staff interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents can offer feedback on a one-to-one basis, at the resident meetings and through resident surveys. Food satisfaction was rated 3.58 at the February 2023 survey.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service, including being given options to access other health and disability services, social support or Kaupapa Māori agencies when indicated or requested. At the time of transfer, a verbal handover occurs and transfer documentation including the resident's profile/identification, resuscitation status, overview and summary of the care plan, problem/medical condition list, and recent GP notes is provided.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The single level building has a current building warrant of fitness that expires 01 June 2023.</p> <p>The part time maintenance person (1.5 days per week) oversees the preventative and day to day maintenance of the site. The village manager on interview confirmed the regional property manager can assist when the maintenance person is unavailable. The village manager is responsible for contract/contractors' management, and hazard management. A full time and casual gardener maintain the gardens.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan and a monthly</p>

		<p>maintenance checklist that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Hazard identification is an ongoing process and actions are taken to remedy where necessary. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Manufacturers guidelines for new equipment are followed and implemented. Vehicle checks are completed as part of annual maintenance plan.</p> <p>Essential contractors such as plumbers and electricians are available 24 hours as required. Checking and calibration of medical equipment, hoists and scales was completed in January 2023, and testing and tagging of electrical equipment were completed in April 2023 . Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The rest home service consists of two wings with a central nurses station, kitchen and adjacent dining room. There are two lounge areas and a smaller quiet library area. Care centre residents also use the attached new well-appointed village community centre. There is a hairdressing salon centrally located near reception. The facility corridors are wide and provide space for residents to mobilise using mobility aids. Residents can access communal areas, the outdoor gardens and courtyards safely with mobility aids. Seating and shade is provided. Smoking on site is prohibited. The caregivers and RNs interviewed stated they have sufficient equipment to safely deliver the cares as outlined in the resident care plan.</p> <p>Forty-three of forty-nine resident rooms have full ensuite facilities. Eleven resident rooms have ensuite with toilet and basin only. There are three communal showers for residents. Communal toilets are located closely to the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate rest home level care mobility equipment. There are plenty of storage for</p>
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		<p>equipment. Caregivers interviewed reported that they have adequate space to provide care to residents.</p> <p>All bedrooms and communal areas have external windows, sufficient natural light, and ventilation. There are ceiling panel heaters on individual thermostats in all resident rooms and heat pumps in communal spaces. The service includes well equipped service areas including a laundry, kitchen, chemical and cleaning storage. There are no plans for further refurbishments, however when arises, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori providers to ensure aspirations and Māori identity is 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>	FA	<p>Emergency management 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. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 24 February 2022. Fire evacuation drills have been completed every six months, last completed on 27 April 2023. 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. In the event of a power outage, there is back-up generator available and gas for cooking (two BBQs). There are first aid kits located in the facility van, kitchen and nurse station.</p> <p>There are adequate supplies in the event of a civil defence emergency, including sufficient water stores in holding tanks and bottled water 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 aid is always available in the facility.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed</p>

		<p>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 proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. There are call bells in the serviced apartments.</p> <p>The building is secure after hours and staff complete security checks at night.</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. 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>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Ryman strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Ryman have as part of their senior management team personnel with expertise in IPC and AMS. Expertise can also be accessed from Ryman head office, public health and Te Whatu Ora – Waitaha Canterbury who can supply the Ryman with infection control resources.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Ryman Board. The Board and senior management team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection prevention and control programme are appropriate for the size and complexity of the service. The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually, and a six-month analysis (power BI) is completed and reported to the governing body. The monthly team Ryman full facility meeting and clinical and health and safety meetings, weekly management meetings and bimonthly caregiver meetings receive a report on infection prevention and control matters at their meetings.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control officer, the senior management team, the GP, and the public health team. External resources and support are available through external</p>

		<p>specialists, microbiologist, GP, wound nurse, and Te Whatu Ora – Waitaha Canterbury when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical manager is the infection control officer and has completed induction training for the role induction to Bug Control programme, through e-learning and the Bug Control programme. A documented and signed role description for the infection control officer is in place. The infection control officer reports to the village manager.</p> <p>There are adequate resources to implement the infection control programme at Ryman Woodcote. The infection control officer is responsible for implementing the infection control programme and liaises with the infection control committee (each department representative) who meet monthly and as required.</p> <p>The infection control officer has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The designated infection control officer has been in the role for eighteen months and is supported by Ryman infection control nurse specialist. During Covid-19 outbreaks, there were regular meetings with Ryman head office and Te Whatu Ora - Waitaha Canterbury, which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan including an easily accessible infections disease management pathway on SharePoint, which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control officer has completed Bug Control training and Ryman infection control training. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra personal protective equipment (PPE) as required. The Ryman infection control nurse specialist and</p>

		<p>the infection control officer has input into the procurement of PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed annually by Ryman head office in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels. There are adequate hand sanitisers available for use.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The organisational policies acknowledge importance of te reo Māori information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>There is an infection prevention and control policy and procedure documented that outlines direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. There were contractors on site completing maintenance at the time of audit. Safety considerations were compliant with health and safety and infection prevention requirements. There is consultation with Ryman IPC nurse specialists when required.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around</p>
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<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>	FA	<p>The organisation has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Prescribing patterns are also monitored. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>Changes to the infection prevention & antimicrobial stewardship (IPAS) 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."</p> <p>The Medication Advisory Committee (MAC) provides guidance on antibiotic usage. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Ryman infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>monthly review, and this is reported locally to all staff and to head office. Infection control surveillance is discussed at clinical meetings, weekly management meetings, and full facility meetings. Staff are informed through the variety of meetings held at the facility and electronically.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control officer use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Te Whatu Ora – Waitaha Canterbury for any community concerns.</p> <p>There have been three Covid exposure events in 2022 (April, July and October) and a gastroenteritis outbreak in April 2022. The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The infection control and prevention coordinator interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks. The infection control officer confirmed that the screening process, cohorting of residents and care delivery within a constrained workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period resources including PPE were adequate.</p> <p>Currently visitors are required to wear surgical masks. Residents and staff complete rapid antigen tests when symptomatic.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>The facility implements Ryman waste and hazardous management policies that conform to legislative and local council requirements.</p>

<p>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>Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used appropriately during the days of audit.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled and personally delivered to their rooms. Families confirmed satisfaction with laundry services in interviews and in satisfaction surveys (satisfaction score 4.38 in August 2022).</p>
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<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>At the time of the audit, the facility was restraint free. The restraint coordinator (village manager) confirmed the service is committed to providing services to residents without use of restraint.</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.</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.</p> <p>Maintaining a restraint-free environment, 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	Robust systems are in place for the collection, analyses, and evaluations of quality data. A range of data is collected around skin tears and pressure injuries across the service through myRyman. Data collated is used to identify any areas that require improvement. Clinical indicator data has individual reference ranges for acceptable limits and levels of incidents and infections. Data is benchmarked against other Ryman facilities. Quality improvement plans (QIP) are developed where results do not meet expectations. Communication of results occurs across a range of meetings across the facility (eg, management, full facility, and clinical/RN meetings). Templates for all meetings document action required, timeframe, and the status of the actions. Incidents are discussed at the handovers between shifts to ensure staff are up to date with	Skin tears and pressure injuries were identified in 2022 as areas that could be improved. A continuous improvement plan was developed in June 2022 to reduce skin tears and pressure injuries. The plan included weekly and monthly analysis of incidents, identifying causative factors, reviewing interventions, and updating strategies to prevent skin tear and pressure injuries, improved nutritional assessment and increased protein intake, ensuring that pressure relieving equipment is available for at risk residents, monitoring and promoting the use of the Molicare skincare products, correct positioning of at-risk residents, improving skin assessment and intentional rounding. In-service training has been provided around safe manual handling, wound care, skin care personal grooming and hygiene and pressure

		current information.	<p>injury prevention.</p> <p>The skin tear and pressure injury rates at Woodcote have been maintained at well below the group average since June 2022. There has been no skin tears and no stage 1 or 2 pressure injuries since December 2022. The outcome of this continuous improvement has included raising awareness amongst staff of early detection and reporting of skin changes by promoting good skin integrity, and preventing injury if the skin is compromised. The risk of complications of skin tears and pressure injuries has reduced.</p>
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	CI	<p>In 2021 the service identified high levels of weight loss and identified a need to prevent and minimise unintentional weight loss</p>	<p>Management and key staff identified an action plan which identified three main areas to focus on as follows: improving the dining experience, ensuring residents individual choices were accommodated and a review of individual residents with current weight loss or at risk.</p> <p>To improve the dining experience, resident seating positions were reviewed to ensure psychological needs and positive interaction occurred. Menu options were increased to ensure diet choices were individualised and menu options were made available to all residents. Preferences for coffee mugs were met. Pea protein smoothies were introduced in different flavours and served to residents at risk of weight loss. Residents are encouraged to enjoy morning and afternoon tea in the dining room where the aromas of home baking from the adjacent kitchen contributed to encouraging appetites. Monthly weights were closely reviewed and staff identified residents with a gradual weight loss allowing early intervention. In June 2022 staff received training on nutrition and</p>

			<p>weight loss.</p> <p>By providing more options for residents identified as at risk and promoting an enjoyable dining experience, Ryman Woodcote has been successful in reducing weight loss trends from a rate of 17 residents with weight loss in July 2022 to one in May 2023. There is a continued downward trend since the project was first implemented in July 2022.</p>
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End of the report.