

Murray Halberg Retirement Village Limited - Murray Halberg 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:	Murray Halberg Retirement Village Limited
Premises audited:	Murray Halberg Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 8 August 2023 End date: 9 August 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	123



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Murray Halberg is part of the Ryman group, and provides rest home, hospital, and dementia levels of care for up to 130 residents in the care centre, up to 30 residents in the serviced apartments. On the day of audit, there were a total of 123 residents.

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

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

There are quality systems and processes being implemented. Feedback from residents and families 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 Ngā Paerewa Health and Disability Service Standard.

Continuous improvement ratings have been awarded for a reduction in falls, food satisfaction and improvement of resident dining experience, and their commitment to maintain a restraint free environment.

Ō tatou motika | Our rights

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Murray Halberg provides an environment that supports residents’ rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Murray Halberg provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Subsections applicable to this service fully attained.</p>
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Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Murray Halberg 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. Murray Halberg provides clinical indicator data for the three services being provided. There are human resources policies including recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

The engage programme meets the individual needs, preferences, and abilities of the residents with separate activities calendar for the rest home, hospital, and dementia level of care. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities

that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

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

Transfer between services are coordinated and planned.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility is divided into three floors, each with an individual lounge and dining area. All bedrooms are single with ensuites. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

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

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been seven Covid-19 outbreaks, and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the contracted cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	3	165	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their whānau. The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Murray Halberg. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The service currently has residents who identify as Māori. There are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori</p>

		<p>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 four managers (village manager, clinical manager, resident services manager, and regional operations manager) and twenty-four staff (seven registered nurses (RN), seven caregivers, four activities coordinators, one lead chef, one cleaner, one laundry assistant, one housekeeper and two maintenance) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents have been reviewed and updated by the cultural navigator and include recognition of east versus west cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services. All staff have completed this updated online training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ryman New Zealand have health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>At the time of the audit there were residents that identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The unit coordinators and RNs advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p>

		<p>The village manager described how they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and use their skills within the team to connect with residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Thirteen relatives (two rest home, seven hospital and four dementia care) and seven residents (four rest home and three hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on the Code of Rights at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua and providing services for Pacific Elders and other ethnic groups.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2022 and 2023 included (but not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & neglect; advocacy; spirituality; and cultural safety. Staff already receive education on tikanga Māori; the content has been reviewed by Ryman Christchurch cultural navigator. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care.</p> <p>The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is 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</p>

		<p>assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney 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 in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and</p>

		<p>Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family members, picture charts and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora - Te Toka Tumai Auckland specialist services (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around</p>

		<p>providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family members interviewed stated they receive appropriate timely notification to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Twelve resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available and those in the special care unit (dementia level care) had been activated.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Four complaints have been made since the last audit, one received in 2022 and three made in 2023. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints are documented as resolved, and no trends were identified. Staff interviewed reported</p>

		<p>that complaints and corrective actions as a result are discussed at meetings.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Murray Halberg Retirement Village is a Ryman Healthcare facility located in Lynfield. This 130-bed care centre is located on three levels. There are also 30 serviced apartment beds, 21 of which are certified for rest home level of care, and nine hospital level care. All beds in the hospital and rest home are certified as dual purpose. There are two 20 bed dementia (special care) units.</p> <p>Occupancy at the time of the audit was 123 residents in total; 41 hospital level residents (including one hospital resident funded by ACC, one respite, and four in the serviced apartments care), 47 rest home level residents (including four residents at rest home level of care in the serviced apartments, and one on an ACC contract), and 38 residents in the two dementia (special care) units; including one resident on a long-term support chronic health contract (LTS-CHC). All other residents were under the aged residential care contract (ARCC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p>

	<p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch which is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The governance body have terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor ensure policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident’s cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Murray Halberg 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. Murray Halberg objectives for 2023 include (but are not limited to): promoting a consistent reporting culture; staff awareness of health and safety personal responsibilities; and promoting improved resident health and wellbeing through nutrition. Organisational goals related to overall</p>
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		<p>satisfaction of the service.</p> <p>The 2023 objectives are planned to be reviewed six-monthly, with progression towards completion and ongoing work to be completed and documented at each review. Ryman key business goals are embedded through all processes from the Board, down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations. The organisation has completed reviewing all policies to ensure they align with the Ngā Paerewa Standard.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective action 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 Murray Halberg continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager (non-clinical) at Murray Halberg has leadership experience in the hospitality industry and has been at Ryman for three years and in the village manager role for fifteen months. They are supported by a resident services manager (non-clinical) and a clinical manager who has been in the role for five months. A notification to HealthCERT for change of clinical manager was sighted. The management team is supported by a regional operations manager and Ryman Christchurch (head office).</p> <p>The village manager attends management development sessions through Ryman. The new clinical manager has five years of experience in the aged care sector. Both managers are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and leadership development online course (eight hours).</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</p>	<p>FA</p>	<p>Murray Halberg 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</p>

<p>and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The cultural navigator/Kaitiaki role commenced in July 2022. This person ensures that organisational practices from the Board, down to village operations improve health equity for Māori.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2023 resident and relative satisfaction surveys were completed in February 2023 and demonstrate a net promoter score (NPS) of 20, which is an increase of two on the previous year's results. The NPS score for Murray Halberg places it at 29 out of 39 villages, and scores had gone up in five areas including food satisfaction. 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 health and safety representative interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register</p>
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		<p>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 the myRyman care plans, and data is collated through the electronic system. The 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. Each event involving a resident reflected a clinical assessment and follow up by a RN.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been fifteen Section 31 notifications completed to notify HealthCERT for pressure injuries, a missing resident and two unexpected deaths. There have been seven Covid outbreaks (five in 2022, and three 2023) all of which were well managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and two-unit coordinators work Sunday to Thursday, and two-unit coordinators work Tuesday to Saturday. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were</p>

	<p>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.</p> <p>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.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are seventy caregivers in total. Forty-four caregivers have achieved their level three or four (or equivalent). Eleven of 22 caregivers allocated to the dementia unit have completed their dementia unit standards. Two are well in progress, and nine recently employed (last six months) are enrolled and in the process of completing the standards.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management medication and insulin competencies. At the time of the audit there were 15 RNs employed at Murray Halberg and seven have completed interRAI training. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education,</p>
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		<p>promote health care and staff wellbeing. Staff interviewed report a positive work environment. The staff survey for May 2023 evidence staff satisfaction related to approachable management, training opportunities, positive work environment and teamwork. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. Murray Halberg was placed #22 in the overall ranking of all Ryman villages in the May 2023 staff survey results.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Thirteen staff files (one clinical manager, one resident services manager, two unit-coordinators, two RNs, two caregivers, two housekeepers, one laundry, and two maintenance) reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Māori staff files included iwi affiliation.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available where indicated.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within</p>

<p>sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>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 in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years.</p>
<p>Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Twelve admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service.</p> <p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager is available to answer any questions regarding the admission process and a waiting list is managed. The manager advised that the service openly communicates with potential residents and family during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates for Māori. The service has links with the local iwi and has Māori staff.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Twelve resident files were reviewed including three rest home residents (including one resident in the serviced apartments and one resident funded by ACC). Five hospital level residents (including one resident funded by ACC, and one resident on respite), and four residents from the dementia unit (including one on an LTS-CHC contract). The registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans; and this is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The ACC clients and the resident on the LTS-CHC contract had all assessments, interRAI and long-term care plans completed as per other aged related residential care (ARRC) residents. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan includes sections on personal history and social wellbeing, mobility, continence, activities of daily living including positioning, transfers and mobility, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognition, and behaviours, resident identity, and cultural awareness, social and spirituality, sexuality, intimacy, social and cultural activities. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. The long-term care plans align with the holistic model of care, and other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included. Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for</p>
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	<p>managing/diversion of behaviours.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission, who then reviews the residents at least three monthly or earlier if required. The GP/NPs visit five times per week and provide out of hours call services. The GP (interviewed) commented positively on the quality and consistency of the care provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse is available as required through Te Whatu Ora - Te Toka Tumai Auckland. The physiotherapist is contracted to attend to residents fifteen hours per week, and the service has a physiotherapy assistant who also attends for fifteen hours per week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift, RNs document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP/NPs and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p>
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	<p>A sample of wounds reviewed across the service (including chronic wounds, pressure injuries, skin tears and lesions), assessments and wound management plans including wound measurements and photographs were reviewed. There were four pressure injuries at the time of the audit: one resident had a two unstageable pressure injuries on their lower limbs, another resident had a suspected deep tissue injury on their lower limb and another resident had one stage 4 pressure injury. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The clinical manager acts as the wound care champion to ensure consistency is maintained in product use, assessment, and management of all wounds. The service uses the wound care nurse specialist input into chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts including observations, behaviour charts, bowel chart, blood pressure, weight, food, and fluid chart, turning charts, intentional rounding, blood sugar levels and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family are invited to attend the multi-disciplinary case conference meeting. Short term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two activities coordinators who are completing the diversional therapist training in the rest home and serviced apartments. The programmes in these areas are Monday to Friday. The dementia area - special care unit (SCU) and hospital activities coordinators provide activities over seven days per week. The SCU has two units and there is an activities coordinator on each side. The SCU programme allows for flexibility according to residents' mood and attention span. Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The SCU activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.</p> <p>There are monthly programmes for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of activities in which to participate including (but not limited to): triple A exercises; individual walks; chats; hand massage/pampering board games; quizzes; music; reminiscing; sensory activities; craft and van trips. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a conversation. There are two vans available at the village for weekly outings.</p> <p>The service ensures staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. There are culturally appropriate activities including Māori language week. School kapa haka groups are able to visit, and the facility actively supports residents to maintain links with the community.</p> <p>There are various denominational church services held in the care facility. Entertainers visit regularly. Special events such as birthdays, Matariki, Easter, Father's Day, Anzac Day, King's birthday, Christmas, and cultural theme days are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care</p>
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		<p>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 satisfaction surveys. Residents interviewed were happy with the variety of activities on offer.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers who have completed medication competencies, and RNs are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to in a safe and timely manner. There was one resident who was self-medicating (rest home) on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurse, the GP and nurse practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms (hospital, rest home, dementia unit, serviced apartments) for which medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twenty-four electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required'</p>

		<p>medication was documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required (prn). Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with Māori residents and whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff have received medication training covering medication management/pain management as part of the annual scheduled training programme</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A qualified chef manager oversees food services. There is a fully functional kitchen, and all food is cooked on site. The chef manager is supported by a weekend cook and kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. All food goes directly to dining rooms in temperature-controlled scan boxes. The food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are nutritious snacks available 24/7.</p> <p>The food control plan was verified until 8 May 2024. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are attended by the chef manager</p>

		<p>when required and satisfaction surveys. The latest resident satisfaction survey showed an improvement from 3.22/5 to 3.95/5.</p> <p>The chef manager stated that cultural preferences are catered for where residents request. The chef manager provides three Indian meals and one Chinese meal daily. Māori and Pasifika residents enjoy two roast dinners weekly and kai moana every Friday. Residents and families interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are able to be referred to the dietitian. The dietitian can then inform the care staff and kitchen of any extra requirements.</p> <p>The facility has recently implanted Saffron – an advanced digital menu ordering system. The service has exceeded the standard around the dining experience and resident food satisfaction.</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 facility participates in the local Te Whatu Ora – Te Toka Tumai Auckland ‘transit envelope’ scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their family/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</p> <p>Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p>	FA	<p>The building has a building warrant of fitness which expired 6 August 2023. An inspection has been completed and passed and the facility is just awaiting the documentation (email sighted). The lead maintenance person works full time and is on call as required. There is an assistant maintenance person who also works full time. The annual preventative</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>maintenance schedule is online. This comes from head office and tasks are signed off monthly. The reactive maintenance requests are documented on an i-pad at each nurse's station and reception. The lead maintenance person signs off all requests when completed. The call bell checks were completed 27 March 2023, electrical testing and tagging 16 February 2023 and calibration of medical equipment 20 October 2022. Hot water temperatures are checked monthly and if there are any problems there is a contracted plumber. There is also a contracted electrician if required. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>The facility is divided into three floors, rest home, hospital, and the special care unit (dementia level).</p> <p>The rest home and hospital have lounges, dining rooms and nurses' stations in the middle with resident rooms either side. There is a kitchenette in each dining room where residents can help themselves to drinks. There is a library and a quiet room. There are balconies off the lounges.</p> <p>Entry to the special care unit is by password door code. The unit is divided into two with the nurse's station in the middle. Each side has a lounge and dining room. The dining rooms have small kitchenettes where residents may obtain snacks and drinks. There is also a quiet room each side. Resident rooms have different coloured doors. There is ample room for residents to walk freely and safely. There are gardens either side and one has a looped walking path.</p> <p>All areas have single rooms with ensuites. There are four double rooms, these are currently each occupied by only one resident. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms were personalised. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. Toilets in the special care unit have photos of toilets on the door. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. There are lifts between floors</p>
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		<p>which can accommodate ambulance stretchers.</p> <p>Fixtures, fittings, and flooring are appropriate. The external area and balconies are well maintained and have seating, shade and raised garden beds or pots.</p> <p>There is thermostatically controlled electrical heating. Residents are able to control the temperature in their rooms. Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility is non-smoking. There are no plans for redevelopment in the care centre; however, if there are in the future the organisation are aware of their obligation to seek Māori advice to ensure their aspirations and identity is included. Residents and family/whānau relatives interviewed reported the environment was suitable and maintained at a comfortable temperature.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was last held April 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are civil defence supplies, and these are checked monthly. Supplies include enough water and food for at least three days. In the event of a power outage, there is an on-site generator. Emergency management is included in staff orientation and external contractor orientation, this is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Some residents wear call bell pendants. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p>

		The building is secure after hours and staff complete security checks at night. The special care unit is secure at all times. Currently, under Covid-19 restrictions visitors are asked to sign in and to always wear a mask.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by head office. Infection control audits are conducted. Infection rates are presented and discussed at infection control, quality, and staff meetings. Infection control data is also sent to head office where it is reported at Board level. The data is also benchmarked with other Ryman facilities. Results of benchmarking are presented back to the facility electronically (PowerBi) and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from head office and they may also contact Te Whatu Ora- Te Toka Tumai Auckland infection control specialist. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of the medical and nurse practitioners.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations. All staff visitors and contractors are requested to wear a face mask while in the facility. Visitors are asked not to visit if unwell.</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</p>	FA	The rest home unit coordinator (RN) oversees infection control and the antimicrobial stewardship programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The CM supports the infection control coordinator. The service has a comprehensive

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is ample personal protective equipment, with extra stocks available as required.</p> <p>The infection control coordinator has completed infection control education. There is good external support from the GP, laboratory, Bug Control, and the head office and local Te Whatu- Te Toka Tumai Auckland infection control nurse specialists. The infection control coordinator has input to purchasing supplies and equipment. The CM and the infection control coordinator stated both they and the head office infection control specialist would have input if there were any plans or refurbishments taking place.</p> <p>The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by head office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The facility has handwashing posters in te reo Māori in all appropriate bathrooms. Māori protocols are adhered to, and staff are able to describe these practices acknowledging the spirit of Te Tiriti o Waitangi. Reusable medical devices are decontaminated according to manufacturing recommendations and best practice. Single use items are not reused.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
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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 service has an 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. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored weekly and monthly and reported to the quality and infection control meetings as well as Ryman head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the 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 risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six monthly. Infection control surveillance is discussed at quality, staff and infection control meetings and sent to Ryman head office. Infection control reports including benchmarking are sent back to the facility electronically on Power Bi. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern.</p> <p>The service captures ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Ryman head office and the local hospital for any community concerns.</p> <p>There have been seven Covid 19 outbreaks. The first was February 2022, then March 2022, May-June 2022, August 2022, February 2023, March 2023, and June-August 2023. The outbreaks have been well documented and appropriately reported. The facility followed their pandemic plan. All wings were kept separate, and staff were kept to one wing if possible. Staff wore full PPE. Rapid antigen tests (RAT) were obtained as per guidelines at the times of the outbreaks. Families were kept informed by phone or email. Visiting was restricted.</p>

		<p>The June-August 2023 outbreak still has three residents currently infected. The dementia unit is in two parts with nurses station in the middle. The three residents with Covid-19 are in the left side and staff on that side do not mix with the other side. There is a break room and bathroom put aside for their use. There are ample supplies of PPE.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms on each floor, one on each wing. They have sanitisers, sinks and separate hand washing facilities. Goggles are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. There is a housekeeper who supervises the cleaning service.</p> <p>The laundry is divided into clean and dirty areas. Laundry comes in on ‘dirty’ trollies but is distributed back on ‘clean’ trollies. Personal laundry is placed in named baskets. There is a large linen storage area and the linen cupboards on each floor were well stocked.</p> <p>Cleaning and laundry services are monitored through the internal auditing system. Residents and relatives interviewed were satisfied with the standard of cleanliness and laundry services. The infection coordinator and the maintenance person are responsible for the oversight of the facility testing and monitoring programme for the built environment. They report to management and the quality meeting.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the 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 anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p> <p>The service has been awarded a continuous improvement rating for maintaining a restraint-free environment.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The service identified an opportunity to reduce falls, and there were several initiatives implemented which have been successful in reducing falls over the past year in the rest home and special care unit areas, well below the Ryman group and target rate.</p>	<p>An action plan was developed in consultation with the clinical team and included a) initial assessments completed for residents by the physiotherapist and development and review of mobility, positioning, and safe transfer plans; b) staff education around falls prevention strategies including safe use of equipment, use of sensors and devices, promoting nutrition and hydration, managing distressed behaviour; c) medication reviews to reduce psychotropic, hypnotic and sedation medication. Deprescription to reduce polypharmacy; d) review of all falls accident/incidents and post falls assessments including identification of contributing factors/corrective actions; e) weekly monitoring, trending, and analysing of accident/incident data to identify areas of improvement and increased resident participation in strength and balance classes and</p>

			<p>walking groups.</p> <p>Care staff interviewed were knowledgeable in falls prevention strategies. For the August 2022 to July 2023 period, the rest home residents' falls rate were consistently below the group average for the entire period.</p> <p>The falls rate in the special care unit were below the group average apart from one instance in June 2023 due to a frequent faller.</p> <p>Staff and management interviewed confirmed that the low rate of falls reduced the likelihood of post falls complications, reduced pain, and discomfort, maintained resident safety, dignity, and wellbeing, thereby greatly improving the quality of life and wellbeing for all residents.</p>
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	CI	<p>Feedback through a resident survey in February 2022 showed that the facility could improve and delight residents through menu options and meal service. The facility felt that it was important to offer tasty, nutritious, and well-presented food that residents enjoyed and that promoted health and quality of life.</p> <p>The project aimed to a). provide residents with a stable nutritious diet that provides a variety of choices, b). offer residents the opportunity to make their own choices, c). promote wellbeing and improved health through improved nutrition, d). provide an enjoyable and positive dining experience and promote social interaction between residents, and e). review residents requiring texture modified diets to ensure they are receiving adequate nutrition.</p> <p>This project ran from March 2022 to May 2023. It</p>	<p>The Ryman dietitian reviewed and approved the menu served to residents to ensure a balanced healthy diet. Senior and regional chefs continue to review and improve menus to suit Ryman residents. Weekly food reviews by management including head chef and discussion of any food concerns in weekly management meetings. The village manager circulates through the facility daily to speak with residents about their meals. If there are concerns the chef will visit residents one on one. The chef provides a variety of seasonal menus with restaurant quality options. After discussion with residents' extra gravy and sauces are available at all midday meals.</p> <p>The service has implemented 'Saffron' an advanced digital menu ordering system. The residents with the help of family or staff choose their meal on an i-pad. There are always two options. If a resident does not like either options, the chef can make them a sandwich or a light meal option. Saffron captures</p>

		<p>involved the village manager, the clinical manager nursing staff, activities staff, the chef and kitchen staff.</p> <p>Implementation</p>	<p>tracked allergens and items on the menu that are not safe for residents to eat are not available for them.</p> <p>Dining rooms are set up with restaurant settings, salt and pepper, napkins, water carafes and where appropriate background music. Residents are encouraged to come to the dining room for social interaction. The chef regularly checks all servery areas to ensure the staff are plating the meals to look presentable and that they are served warm. The facility has introduced a modified food specific menu for textured modified diets. The chef has purchased additional moulders for pureed meals to ensure better food presentation.</p> <p>Staff education has included kitchen food service and safe food handling, nutritional needs and special diets, and Saffron training.</p> <p>The success of this project was measured by verbal feedback from residents, improved monthly food satisfaction ratings and in the recent resident satisfaction survey (February 2023) an improvement from 3.22 to 3.95.</p> <p>The impact on resident outcomes includes a). increased enjoyment of meals and a positive dining experience, b). satisfaction with choices on the menu which has promoted their independence in making their own preferences in regard to food, c). a positive contribution to resident health by ensuring quality meals of nutritional value. Less weight loss has been noted, and d). opportunities to give feedback and improve services to the facility's food and kitchen.</p>
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment</p>	<p>CI</p>	<p>A review of the clinical indicator data indicated Murray Halberg Retirement Village to be restraint free from April 2021 to date. The unit coordinators, clinical manager and village manager interviewed</p>	<p>The service wanted to continue to support residents' independence and safety with proven strategies and initiatives that maintains the restraint-free</p>

<p>toward eliminating restraint.</p>		<p>confirmed that a range of initiatives are implemented to ensure the restraint-free environment is maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint-free environment. Caregivers interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>environment. This includes:</p> <p>Individual strategies to respond to specific resident needs including falls prevention, early intervention to identify changes in behaviour, quality use of medication, safe environment including a dementia friendly design, review of timing of other activities and individual schedules/routine.</p> <p>Ryman is committed to their responsibility of providing adequate staff levels and skill mixes to meet the needs of the residents. Rosters include physiotherapy assistants to promote residents' independence through mobility support and exercise; lounge carers oversee residents in the lounge area to assist with supervision, activities and de-escalation where required; and fluid assistants to ensures residents are hydrated. Education sessions for staff were provided to include dementia related training, restraint minimisation practices, distressed behaviour management and behavioural and psychological symptoms of dementia (BPSD) management. This resulted in an increased understanding of the importance of early intervention, encourage staff input into residents' cares and empower staff through accountability. Ongoing communication and involvement of the next of kin and with residents improved an understanding of the Ryman strategy to maintain a restraint-free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet needs, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint-free environment since the start of the initiative, with no incidences of restraint. Quality data related to incidence of falls</p>
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			during the same period show they have also decreased and are consistently below the group average. Positive feedback from residents and relatives indicates that residents have been able to enjoy a safer and more comfortable home experience with less distress and anxiety. These positive results were discussed at clinical and quality meetings, and in monthly staff meetings.
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End of the report.