

# Molly Ryan Lifecare (2007) Limited - Molly Ryan Lifecare and Retirement Village

---

## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Molly Ryan Lifecare (2007) Limited
<b>Premises audited:</b>	Molly Ryan Lifecare and Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 19 September 2023    End date: 20 September 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	35



# 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
Yellow	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
Red	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

Arvida Molly Ryan Lifecare is certified to provide rest home and hospital level care for 33 residents. The service also provides rest home level care across 28 studio apartments. At the time of the audit there were 35 residents, including four rest home residents in the studio apartments.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Te Whatu Ora Health New Zealand - Taranaki. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is supported by the administrator, clinical coordinator, Arvida head of clinical quality and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This surveillance audit identified areas for improvement required around quality and risk processes, staff roster, medicine management, and assessment.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Arvida Molly Ryan Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of resident's rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service partially attained and of low risk.

The 2023 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff.

Quality improvement projects are implemented. Quality and risk performance is reported across various meetings and to the organisation's management team. Arvida Molly Ryan Lifecare collates clinical indicator data and benchmarking occurs. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted nurse practitioner and visiting allied health professionals.

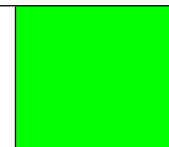
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



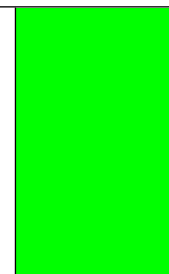
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

There is an approved evacuation scheme.

## 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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level. There is an appropriate number of protective personal equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been three outbreaks recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	--	--

The restraint coordinator is a registered nurse. The facility was restraint free at the time of audit. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	3	1	0	0
Criteria	0	47	0	3	1	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

---

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida. Staff are trained around the Māori health plan and the training programme ensure the principles of Te Tiriti o Waitangi. Ethnicity data is gathered when staff are employed, and this data is analysed at a national level. At the time of the audit there were Māori staff. There were no Māori residents.</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</p>	FA	<p>Arvida Molly Ryan Lifecare partners with Pacific organisations, to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. There are four stages identified for the implementation of the Pacific health plan and include setting the foundations, develop commitment, deliver the action plan, and providing leadership.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare. The service consults with Pacific staff who assist in the implementation of their Pacific health plan. At the time of the audit there were Pacific staff.</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>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The village manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Three residents (one hospital and two rest home) and three family/whānau (one hospital and two rest home) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Arvida Molly Ryan Lifecare policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document. A section of the electronic care plan captures any required Māori health and cultural information for each Māori resident.</p> <p>There is an overall Arvida Group Living Well Community Business Plan that is strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. The Arvida model of care is based on the 'Attitude of Living Well' framework, which is holistic, strengths based, and covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well and ensures equitable wellbeing outcomes for Māori.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and wellness partners (caregivers) confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p>

<p>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. Interviews with three family/whānau (two rest home, one hospital), and three residents (two hospital and one rest home) confirmed their choices regarding decisions and their wellbeing is respected.</p> <p>Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by competent residents or EPOA for procedures such as influenza and COVID-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). Enduring power of attorney documentation is filed in the residents' files and is activated as clinically indicated and medical certificates for incapacity were sighted on file.</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 complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There was one complaint logged since last audit. Documentation reviewed included acknowledgement, investigation, follow up and replies to the complainant demonstrating that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. The complainant was happy with the outcome and the complaint has since been closed. There were no external complaints received since last audit.</p>

		<p>Staff are informed of complaints (and any subsequent corrective actions) in the quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include whānau participation.</p>
<p><b>Subsection 2.1: Governance</b></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>Arvida Molly Ryan Lifecare is owned and operated by the Arvida Group. The service is certified to provide rest home and hospital (geriatric and medical) level care for 33 residents and up to a further 28 residents requiring rest home level care in studio apartments. At the time of the audit there were 35 residents, including four rest home residents in the studio apartments.</p> <p>The care centre operates over two levels. Ground floor includes service areas, studio apartments and dual-purpose beds (rest home and hospital), reception, offices, two separate dining areas and a large main lounge area. On level one, there is a combination of studio apartments and dual-purpose beds (rest home and hospital). There is a lift and stair access between the downstairs and upstairs resident rooms. At the time of the audit, there were 11 hospital level care residents (including one on Accident Compensation Corporation funding) and 24 rest home level care residents (including four in the studio apartments with one on private respite). All other residents were under the age-related residential care (ARRC) agreement.</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including: a wellness and care team (including health and safety), information</p>

	<p>technology, people and culture and finance and accounts personnel. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters and occupancy.</p> <p>The executive team, village manager and clinical staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a health equity group that is responsible for the Arvida Group overall clinical governance, reviewing and implementation of the Ngā Paerewa Services Standard. There is a separate Māori advisory committee (with eight members from different villages) that assist the Health Equity Advisory Group to improve the outcomes that achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, te reo Māori, Te Tiriti and tikanga Māori training. A Pacific liaison/cultural advisor provides the same support for Pacific peoples at Arvida Molly Ryan.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise, and clear links to the clinical indicator steering group, Māori and Health equity advisory groups.</p> <p>The service has an experienced village manager who has been with Arvida for one year. The clinical manager role is currently vacant with a successful candidate expected to start in October 2023. There is a clinical coordinator who has been in the role for three weeks, but has been a registered nurse at another Arvida facility for five years.</p> <p>The village manager has maintained the required eight hours of professional development activities related to aged care and managing an aged care facility.</p>
--	--

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Arvida Molly Ryan Lifecare continues to implement the Arvida quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality and infection control, health and safety, clinical, wellness teams, kitchen, housekeeping, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. However, meetings were not completed as scheduled and meeting minutes reviewed did not always evidence follow up of action and sign off when completed. Internal audits 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. However, not all internal audits were completed as scheduled in the last twelve months.</p> <p>Quality data and trends in data are posted in the meeting minute folder that stays in the staff room. The resident/relative satisfaction survey completed in March 2023 showed overall satisfaction with service delivery. Survey results analysis and generated corrective actions have been communicated to residents and staff and there is evidence of action plans being implemented.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and have been updated to align with the Ngā Paerewa 2021 Standard. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in 12 accident/incident forms reviewed. Results are discussed at handovers and in meetings.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p>
--	---------------	---

		<p>There have been weekly Section 31 notifications completed to notify HealthCERT of RN shortages. Section 31 notifications were sent for changes in management. There were three outbreaks in the facility since last audit that have been notified to Public Health. Two Covid-19 outbreaks in March-April 2022 and August-September 2023 and a gastroenteritis outbreak in July 2023.</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>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Arvida Molly Ryan Lifecare has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The facility adjusts staffing levels to meet the changing needs of residents. The RN on each shift is aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them; however, cited shortage around registered nurses. The resident and family/whānau interviewed supported this feedback. Rosters from the past three weeks showed some shifts with no RN cover. These were being covered by experienced level four wellness partners with support from the management team.</p> <p>The village manager and clinical coordinator work 40 hours per week and are available on call after hours for any operational and clinical concerns, respectively. They are closely supported by the Arvida support team including the head of clinical quality. There is a current clinical manager (CM) vacancy with the newly appointed CM scheduled to start in October 2023.</p> <p>There are dedicated housekeeping and laundry staff.</p> <p>There is an annual education and training schedule completed for 2022 and is being implemented for 2023. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Te Whatu Ora Health New Zealand- Taranaki, and hospice. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their</p>

		<p>cultural training. The online learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Arvida Molly Ryan Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Of the thirty-three wellness partners at Arvida Molly Ryan Lifecare, 12 have achieved level four NZQA qualification, 15 have achieved level three NZQA, and one has achieved level two NZQA.</p> <p>All wellness partners are required to complete annual competencies for: restraint; moving and handling; personal protective equipment (PPE); medication; handwashing; insulin administration; and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including restraint, and medication management (including controlled drug management, insulin administration and syringe driver training). Additional RN specific competencies include subcutaneous fluid, and interRAI assessment competencies. There are three registered nurses in the facility (plus the clinical coordinator) and one casual enrolled nurse. Three registered nurses (including the clinical coordinator) and the enrolled nurse are interRAI trained. All RNs are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training.</p> <p>At the time of the audit, there was a significant national workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</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</p>	<p>FA</p>	<p>Six staff files reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when</p>



<p>care that meets the needs of Māori. 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>first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and wellness partners to provide a culturally safe environment to Māori. Wellness partners interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment. Annual appraisals have been completed in the six staff files reviewed (one cook, two wellness partner, two registered nurse and one laundry).</p> <p>All staff information and staff files are held securely. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident or accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites which is available to all staff. Staff are supported with rehabilitation and to return to work.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Five electronic resident files were reviewed: two hospital resident files (including one on Accident Compensation Corporation funding), and three rest home resident files (including one respite resident in studio apartments). The registered nurses (RN) and enrolled nurses (under the direction and delegation of the registered nurse) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences; however, one respite resident did not have the interim care plan completed within 24 hours. Each care plan was reflective of assessment outcomes, and individualised. InterRAI assessments had been completed for all long-term residents. Long-term care plans were then formulated within the required timeframes. Documented early warning signs meet the residents' assessed needs. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The care plans are updated for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-</p>

	<p>assessments and when there is a change in the resident's condition. Evaluations are documented by an RN (or EN) and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits the facility weekly and as required. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. After hours, the facility communicates with the local hospital. A physiotherapist visits the facility weekly and on request to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through the local Te Whatu Ora Health New Zealand - Taranaki.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were 25 active wounds across 12 residents, including one previous unstageable heel pressure injury that is nearly healed.</p> <p>The clinical progress notes are recorded and maintained on the electronic resident management system. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. Staff interviews</p>
--	---

		<p>confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent wellness partners interviewed could describe their role regarding medication administration. The service currently uses robotics rolls for regular medication and blister pack for 'as required' and short course medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication room. The medication fridge and medication room temperatures are monitored daily; however, these were not done consistently and there were no records sighted or available prior to July 2023. All stored medications are checked in monthly. Eyedrops have been dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has a photo identification and allergy status identified. Effectiveness of Pro re nata (PRN) medication are recorded in the progress notes and electronic medication chart; however, not all charts and records reviewed demonstrated documentation on the effectiveness of PRN medications given to residents. There were no residents self-administering medications; however, there are safe procedures in place should a resident self-administer. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents</p>

		occurred, these were not always investigated and followed up on.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The four-week seasonal menu is reviewed by a registered Arvida dietitian and follows Arvida ‘Eating Well’ requirements. Food preferences and cultural preferences are encompassed into the menu. 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 cook interviewed reported they accommodate residents’ requests.</p> <p>There is a verified food control plan expiring 14 June 2024.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Molly Ryan Lifecare and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 8 February 2024. There is a maintenance request book for repair and maintenance requests located in the nurse’s station. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes</p>

<p>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>electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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>The facility has an approved fire evacuation plan (January 2020), and fire drills take place six-monthly with last one completed 18 September 2023.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees infection control and prevention across the service. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection control coordinator has completed workshops /webinar with Te Whatu Ora Health New Zealand and online Altura education. The infection control coordinator has access to Bug Control information and education.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</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 (Altura). There has been additional training and education at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training.</p>

		Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed through meetings, newsletters, and emails.
<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. The infection control programme is reviewed annually and endorsed by the Arvida executive team. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic system. Surveillance of all infections (including organisms) occurs in real time. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. Staff are informed of infection surveillance data through meeting minutes and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Action plans are completed for any infection rates of concern. Benchmarking occurs monthly within the organisation. Monthly infections of concern are presented to the Board monthly by the Arvida support office.</p> <p>Infections, including outbreaks, are reported, and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, aseptic technique, and transmission-based precautions. There have been two Covid-19 outbreaks and one gastroenteritis outbreak. One Covid-19 outbreak was March to April 2022 affecting 12 residents; second Covid-19 outbreak was from August to September 2023 affecting 20 residents and seven staff; and the gastroenteritis outbreak occurred in July 2023 affecting four residents and three staff. These were well documented and managed. Outbreaks were reported to Public Health.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least</p>	FA	<p>Arvida Molly Ryan Lifecare is committed to providing services to residents without the use of restraint. An interview with the restraint coordinator and head of clinical quality compliance described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by the Wellness and Care team. This is achieved using proactive</p>

<p>restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>de-escalation strategies. The designated restraint coordinator is a registered nurse, supported by the clinical manager. At the time of the audit, the facility was restraint free. Training for all staff occurs at orientation and annually as sighted in the training records.</p>
---	--	--

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>There is an internal audit schedule and meeting schedule documented as part of the quality and risk plan. Review of the internal audits evidence that there were audits not completed in June, July 2023 and November and December 2022.</p> <p>Monthly quality, nurse and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education with corrective actions identified and documented. However, the meeting minutes reviewed did not demonstrate evidence of corrective actions being followed up and signed off when completed and these meetings did not occur as scheduled.</p>	<p>(i) Meetings were not completed as scheduled and meeting minutes reviewed did not always evidence follow up of actions and sign off when completed.</p> <p>(ii) Not all internal audits were completed as scheduled in the last twelve months.</p>	<p>Ensure meetings and audits are completed as scheduled and follow-up actions signed off when completed.</p> <p>90 days</p>



<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Low</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>The service has been unable to provide a registered nurse on site 24/7 as per the ARRC agreement D17.4. It was noted that the service has attempted to mitigate the risk of by advertising for the 2.0 FTE RN roles and ensuring on-call support. At present, the service has three RNs; a new clinical coordinator in their third week; CM vacancy with a new one starting in October 2023; x2 RN vacancies, with one prospective RN waiting for their Nursing Council registration so they can start.</p> <p>The shifts not covered by registered nurses are all covered by wellness partners (who are all overseas registered nurses) working at Level 4 and some awaiting their New Zealand registration.</p>	<p>The service does not have sufficient numbers of registered nurses to have a registered nurse on duty at all times in the hospital level care as per ARRC agreement D17.4.</p>	<p>Ensure a registered nurse is on duty 24/7 to meet the requirements of the ARRC agreement.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>All assessments are completed by an RN or EN in partnership with residents and family/whānau. An interim care plan is developed within 24 hours of admission to provide guidance for wellness partners on care delivery for the residents; however, a rest home respite resident did not have an interim care plan in place. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. For the sample files reviewed, the interRAI assessments were current and have been reviewed six-monthly as</p>	<p>One respite resident who has been in the facility for three days did not have assessments and an interim care plan completed.</p>	<p>Ensure all new admissions have assessments and interim care plan completed within required timeframes.</p> <p>90 days</p>

		per policy. There are policies and procedures that provide guidance on assessment and support planning timeframes and processes.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurses and medication competent wellness partners are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including reconciliation, storage, and documentation requirements. However, medication room and fridge temperature monitoring and documentation were not consistently demonstrating compliance with policy, standards, and legislative requirements. Staff were not always documenting the outcome or effectiveness of pro re nata (PRN) medications when they were administered. Staff have received training related to medicine management and medication related audits have been completed in line with the audit schedule.</p>	<p>(I)Medication room and fridge temperatures are not monitored and recorded consistently as per policy.</p> <p>(ii)Nine of ten charts did not demonstrate documentation on the effectiveness of PRN medication administered to residents.</p> <p>(iii)Medication related incident errors are not always followed up on and investigated.</p>	<p>(i)Ensure that medication room temperature monitoring is completed.</p> <p>(ii)Ensure effectiveness of PRN medication is consistently documented.</p> <p>(iii)Ensure that medication related incidents are fully investigated and followed up on.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.