

Rita Angus Retirement Village Limited - Rita Angus 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Rita Angus Retirement Village Limited
Premises audited:	Rita Angus Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 December 2023 End date: 13 December 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:	71

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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 tātou 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

Rita Angus is part of the Ryman group, and provides hospital (geriatric and medical), and rest home levels of care for up to 69 residents in the care centre, and up to 20 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 71 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a 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 clinical support manager, and regional operations manager.

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

This certification audit identified the service meets the Ngā Paerewa Health and Disability Services Standard.

Continuous improvement ratings have been awarded for antimicrobial stewardship, and their commitment to maintain a restraint-free environment.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Rita Angus 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. Rita Angus provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to 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/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Rita Angus 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. Rita Angus 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/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight 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.

The engage programme meets the individual needs, preferences, and abilities of the residents with separate activities calendars for the rest home and hospital 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. A current food control plan is in place.

Transfers between services are coordinated and planned.

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

Includes two 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 an ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. 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 five 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 outbreaks since the previous audit, 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 four 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 a registered nurse. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their whānau. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Rita Angus. 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 no residents who identify as Māori; however, there are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident</p>

		<p>and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with three managers (village manager, clinical manager, and resident services manager) and fifteen staff (five registered nurses (RN), five caregivers, three activities coordinators, one lead chef, and one lead 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. The majority of 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>	FA	<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</p>

		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>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>	FA	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Five relatives (one rest home, four hospital) and six residents (one rest home and five 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>	FA	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on the Code of Rights at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice 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; 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>

		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 enables 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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment 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 possessions documented and signed for on entry to the service. Residents and family/whānau 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</p>

		<p>as part of staff wellbeing and to improve outcomes for Māori staff and 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 members is of a high standard.</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>	FA	<p>Information is provided to residents and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to 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 interpreters, family members, picture charts and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora - Capital, Coast and Hutt Valley 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</p>

		unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend.
<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>	FA	<p>There are policies around informed consent. Nine resident's files reviewed included informed consent forms signed by either the resident or power 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 attorney (EPOA) or welfare guardianship were in resident files where available and had been activated where necessary.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The 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 in 2022 and seven made in 2023 year to date. 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. There have been no external complaints.</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>	FA	<p>Rita Angus Retirement Village is a Ryman Healthcare facility located in Kilbirnie, Wellington. This 69-bed care centre is located on the third level of the building, with the lower two comprising reception, service area, and serviced apartments. Of the 49 serviced apartment beds, 20 are certified for rest home level of care. Forty beds in the hospital and rest home are certified as dual purpose.</p> <p>Occupancy at the time of the audit was 71 residents in total; 48 hospital level residents (including two respite), and 23 rest home level residents (including four residents at rest home level of care in the serviced apartments, two respite, and one on an ACC contract). All residents other than respite and ACC 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</p>

		<p>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, to 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 Rita Angus 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. Rita Angus objectives for 2023 include (but are not limited to): promoting a consistent reporting culture; staff retention and skill mix; and promoting improved resident health and wellbeing through clinical excellence. Organisational goals relate to overall satisfaction of the service.</p> <p>The 2023 objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman key</p>
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		<p>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 Rita Angus continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager (non-clinical) at Rita Angus has leadership experience in the residential disability sector and has been in the village manager role since August 2022. They are supported by a resident services manager (non-clinical) and a clinical manager who has been in the role for two years. The management team is supported by a regional clinical support manager, regional operations manager, and Ryman Christchurch (head office).</p> <p>The village manager attends management development sessions through Ryman. The management team 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 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</p>	FA	<p>Rita Angus is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2023 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives. This emphasis on constant improvement has resulted in continuous</p>

<p>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>improvement ratings being awarded for antimicrobial stewardship, and their commitment to maintain a restraint-free environment.</p> <p>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. Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>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>The 2023 resident and relative satisfaction surveys were completed in February 2023 and demonstrate a net promoter score (NPS) of 45, which is an increase of 80 on the previous year's results. The NPS score for Rita Angus places it at 10 out of 39 villages, and scores had gone up in all 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 were sighted. A risk register is placed in all areas. Health and safety</p>
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		<p>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 Section 31 notifications completed to notify HealthCERT for a change in village manager, pressure injuries, and a missing resident. There have been six Covid-19, and two gastro outbreaks in 2023, and two Covid-19 outbreaks in 2022 since the previous audit; 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>	FA	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and serviced apartment unit coordinator work Tuesday to Saturday, and the hospital unit coordinator works Sunday to Thursday. 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/whānau 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 35 caregivers in total. Fifteen caregivers have achieved their level three or four (or equivalent).</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 eleven RNs, one enrolled nurse (EN), plus clinical manager (CM), and two unit-coordinators (UC) employed at Rita Angus, and five have completed interRAI training (including CM and UCs). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, and cultural safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. The staff survey for August 2023 evidence</p>
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		<p>staff satisfaction related to leader approachability, 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. Rita Angus has seen an increase in the net promoter score (NPS) to plus 10 from minus 18 in the 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>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Eleven staff files (one clinical manager, one unit-coordinator, two RNs, two caregivers, one senior caregiver, one chef, one van driver, one activities and lifestyle coordinator, and one 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.</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 through the occupational counselling (OCP) programme.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. 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/whānau 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 a Māori representative from Waiwhetu Marae.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Nine resident files were reviewed, including three rest home residents (including one resident in the serviced apartments and one short term resident funded by ACC) and six hospital level residents (including one resident on respite). 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 the myRyman 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, and myRyman electronic care plans (development and reviews) have been completed within the required timeframes. The residents on respite and ACC contracts had appropriate 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 electronic myRyman long-term care plan is holistic, strengths focused, includes all aspects of care, and aligns with the organisational model of care. Risk assessments are conducted on admission. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. The myRyman long-term care plans are developed using other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included.</p> <p>The nurses interviewed could describe how the service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic myRyman 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) within</p>

	<p>five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GP visits twice a week for eight to ten hours per week and provides after hours on-call services. The GP (interviewed) commented positively on the communication, staff interactions and the cohesive culture at Rita Angus. 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 – Capital Coast and Hutt Valley. The physiotherapist is contracted to attend to residents sixteen hours per week, and the service has a physiotherapy assistant who is employed 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 level care residents. There is regular documented input from the GP 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/whānau have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p> <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 was one stage II pressure injury and one unstageable pressure injury (almost healed) at the time of the audit. 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</p>
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		<p>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>The myRyman 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 multidisciplinary case conference meeting. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</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</p>	FA	<p>The activities Engage programme is overseen by head office in Christchurch and includes the theme of the months and related ideas to be implemented into the monthly programme.</p> <p>There are three activities coordinators who are assigned to either the rest home, hospital, or serviced apartments. Activities are provided in each area from 9:30am to 4:30pm Monday to Friday. An additional activities assistant position has recently commenced employment, working weekends and two weekdays.</p> <p>The activities coordinator completes an electronic life experience and</p>

<p>satisfying to them.</p>	<p>social and cultural assessment within three weeks of admission for new residents. The activities plan is integrated within the overall care plan. All the information around activities to engage residents are documented throughout the care plans in various sections of myRyman by the activities coordinator and registered nurse. 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 though resident and relative meetings and satisfaction surveys. Residents interviewed were happy with the variety of activities on offer.</p> <p>A separate monthly planner is developed for each area. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. The planner is also uploaded to a Rita Angus website which family can access. The activities staff endeavours to include previous hobbies and interests to the planner. The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group, including individual walks; triple A exercise programme; movies; armchair travel; memory lane; musical moments; happy hour; news and views; board games; baking and cooking; singalongs; craft; and quizzes. 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>There are various denominational church services held in the care facility on a weekly rotational basis. 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>Waitangi Day, Matariki and Māori language week are celebrated. 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 can visit, and the facility actively supports residents to maintain links with the community. The service has recently connected with a representative from Waiwhetu Marae and have documented a plan for 2024 increasing meaningful resident engagement in Māori culture.</p> <p>Rita Angus has established links with the community, including (but not</p>
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		limited to) local schools and preschools, kapa haka groups and pet therapy. Resident survey results from February 2023 show a significant improvement in resident satisfaction with the activities programme.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers who have completed medication competencies, and RNs are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were two residents who were self-administering medications on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, and the GP are available to discuss treatment options to ensure timely access to medications.</p> <p>There is one secure medication room centrally located; the medication trolley for the serviced apartments is stored there. The 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. Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication 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</p>

		<p>supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff 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>	FA	<p>A qualified lead chef oversees food services. There is a fully functional kitchen, and all food is cooked on site. The lead chef is supported by the resident services manager, a third chef who works four days a week, 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 in the satellite kitchens in the rest home, hospital, and serviced apartments.</p> <p>The food control plan is verified with an expiry date of 30 November 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 when required and satisfaction surveys. The latest</p>

		<p>resident satisfaction survey showed an improvement from 2.76 to 3.79 out of 5.</p> <p>The lead chef manager stated that cultural preferences are catered for where residents request. The lead chef manager provides Greek and Pasifika preferences weekly for specific residents. Residents and families/whānau 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 implemented Saffron – an advanced digital menu ordering system.</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 discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility utilises the local Te Whatu Ora- Capital, Coast and Hutt Valley '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 transfers or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. 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> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>The building has a current building warrant of fitness expiring 12 September 2024. The lead maintenance person works full time and is on call as required. There is a village support maintenance person and a gardener who also works full time. There is an online annual preventative maintenance schedule in place, which includes the calibration of medical equipment and functional testing of electric beds and hoists. All electrical equipment has been tested and tagged</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>annually and last completed in September 2023. Calibration of medical equipment was completed 21 July 2023. Hot water temperatures are monitored and recorded monthly with temperature recordings being within the required temperature limits. Contractors are available 24/7 for essential services. The reactive maintenance requests are documented on an Ipad at each nurse's station and reception. Residents can log requests directly into the system at reception or ask staff for assistance to enter information. The lead maintenance person signs off all requests when completed. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility is divided into three floors; rest home and hospital on level two and serviced apartments on the ground floor and level one.</p> <p>The rest home and hospital areas have lounges, dining rooms and a shared nurses' station. There is a satellite kitchenette in each dining room where residents can help themselves to drinks. There is a hair salon, library, gym, and swimming pool. Fixtures, fittings, and flooring are appropriate. The external areas are well maintained and have seating and shade.</p> <p>All rooms are single with full ensuite. 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. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. There are lifts between floors which can accommodate ambulance stretchers.</p> <p>There are heat pumps in communal areas and a boiler system with ducted hot air which is thermostatically controlled. 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. Environmental improvements including improvements to reception and the apartment lounge have been completed and renovation plans for 2024 include the dining area, café, and level two (hospital and rest home). Café</p>
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		development has commenced with screening in progress to ensure safety of residents, staff, and visitors. The redevelopment and refurbishment plans have been discussed with Māori representatives in order to ensure their aspirations and identity are included.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>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 30th October 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are civil defence supplies located at each nursing hub and reception, and these are checked monthly. Supplies include enough water to meet Wellington area requirements 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 relatives interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, with security firm visits twice each night and staff completing security checks at night. External gates and garage doors are on timers and close automatically at predetermined times.</p>
Subsection 5.1: Governance	FA	The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The

<p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>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 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-Capital, Coast and Hutt Valley 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. 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 navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical manager (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 service has a comprehensive 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 Te Whatu Ora - Capital, Coast and Hutt Valley infection control nurse specialists. The infection control coordinator has input to purchasing supplies and equipment. The infection control coordinator stated both they and the head office</p>

		<p>infection control specialist have had input into recent refurbishment plans. The service has commenced a village wide refurbishment including an onsite café in the reception area.</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/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is</p>	FA	<p>Ryman Rita Angus implement the organisational 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</p>

appropriate to the needs, size, and scope of our services.		discouraged. Rita Angus has attained a continuous improvement rating for antimicrobial stewardship.
<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. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. 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 Te Whatu Ora - Capital, Coast and Hutt Valley for any community concerns.</p> <p>There have been six Covid-19 outbreaks in 2023 (January, March, June, August, September, and November), and two gastroenteritis outbreaks (September and August). There were two Covid-19 outbreaks in 2022 (May and November). The outbreaks have been well documented, managed, and appropriately reported. The facility followed their pandemic plan. Personal protective equipment (PPE) was used, and rapid antigen (RAT) tests were obtained as per guidelines at the times of the outbreaks. Families/whānau were kept informed by phone or email. Visiting was restricted. 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</p>	FA	<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</p>

<p>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>use. Safety datasheets and product sheets are available. Sharps 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 is a sluice room on the upper care floor which has a sanitiser, sink, separate hand washing facilities, eye protection and other appropriate PPE for staff use. 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 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 lead 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 restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The hospital unit coordinator (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the 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 achieving and 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 audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>The service has an antimicrobial stewardship policy that promotes the appropriate use and review of antibiotics to optimise residents' health outcomes, and to lessen the risk of adverse effects or antibiotic resistance. A review commenced in December 2022 has shown to date a significant reduction in antibiotic usage both internally, and in comparison, to other Ryman villages.</p>	<p>A project was undertaken to reduce unnecessary antibiotic use to reduce the risk of antimicrobial resistance, while maintaining good infection control practices, and the appropriate treatment and management of infections.</p> <p>The actions completed included an increased awareness of antimicrobial stewardship through the monitoring and evaluation of antimicrobial prescribing and how this related to local resistance patterns; the sharing of consistent messages to staff and families regarding antibiotic use; use of non-pharmacological interventions, and alternative medications; close liaison with the GP, and an upskill in nurses' knowledge in this sphere.</p> <p>As a result of these actions antibiotic use decreased by 50%: from 22% in December 2022 to 10.7% in November 2023. This is the lowest usage of antibiotics on site in comparison to the three previous years. In</p>

			comparison to other Ryman sites, Rita Angus has the third lowest antibiotic use.
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>A review of the clinical indicator data indicated Rita Angus Retirement Village to be restraint free from April 2022 to date. The unit coordinators, clinical manager and village manager interviewed confirmed that a range of initiatives are implemented to achieve and maintain a restraint-free environment. 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>The service implemented a project to eliminate restraint while continuing to support residents' independence and safety with proven strategies and initiatives. Ryman Rita Angus has successfully reduced the use of restraint from five residents in January 2020 to being restraint free in February 2022. The service has maintained the restraint free status through the following;</p> <p>The service ensures that all staff are well informed regarding Rita Angus' rationale for maintaining a restraint-free facility, strategies for managing challenging behaviour and the use and risks of restraint. Strategies included discussion informing relatives of new residents the services restraint minimisation approach, ensuring families are well informed of the risks of restraint, advising family of the rationale for maintaining a restraint-free environment and involving next of kin with alternative options, and strategies for reducing falls and managing challenging behaviours. Individual strategies to respond to specific resident needs including falls prevention, scheduling intentional rounding, sensor mats, perimeter surrounds and early intervention to identify changes in behaviour and involving the activities team to improve engagement with residents.</p> <p>The service monitors its performance through internal benchmarking (i.e. within Ryman facilities), residents' meetings, staff appraisals, satisfaction surveys, education and competencies, complaints, and incident management. Staff orientation includes specific orientation to each relevant area, and code of conduct expectations for staff. The management team utilises a whole village approach ensuring that all staff are</p>

			<p>committed to increasing engagement, responding to individual resident needs in a timely manner and implementing intentional rounding. Education sessions for staff were provided to include restraint minimisation practices, challenging behaviour management, closing the loop on depression, dementia, and delirium. This resulted in an increased understanding of the importance of early intervention and encouraging staff input into residents' cares. 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 data evidenced the service maintained the restraint-free environment since becoming restraint free in February 2022. Quality data related to incidence of falls during the same period show that overall falls have remained at similar levels or below (apart from spikes related to individual residents or Covid-19 outbreaks). Fall rates have been below the group average for 18 of the last 24 months. 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.</p>
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End of the report.