

# Diana Isaac Retirement Village Limited - Diana Isaac Retirement Village

---

## Introduction

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

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

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

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

The specifics of this audit included:

|   |   |
|---|---|
| <b>Legal entity:</b>  | Diana Isaac Retirement Village Limited  |
| <b>Premises audited:</b>  | Diana Isaac Retirement Village  |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| <b>Dates of audit:</b>  | Start date: 25 October 2022      End date: 26 October 2022  |
| <b>Proposed changes to current services (if any):</b>   | None  |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 115   |



# Executive summary of the audit

---




## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Diana Isaac is a Ryman Healthcare retirement village. The service is certified to provide rest home, secure dementia level care and hospital level of care for up to 124 residents in the main care centre, and rest home level care for up to 40 residents across 79 serviced apartments. The care centre has 84 dual service beds (rest home and hospital level) and 40 beds in the two secure dementia units. There was a total of 115 residents on the day of the audit.

This surveillance audit was conducted against a subset of the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Te Whatu Ora Health New Zealand - Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relatives, management, staff, and the general practitioner.

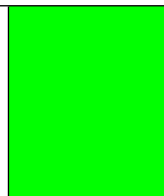
There are implemented quality and risk systems and processes. Feedback from residents and family was very positive about the care and the services provided.

This audit identified the service meets the intent of the standard.

The service has maintained a continuous improvement around reducing behaviours that challenge.

## Ō tatou motika | Our rights

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



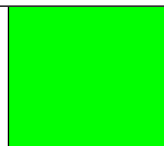
Subsections applicable to this service fully attained.

Diana Isaac provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Diana Isaac provides services and support to people in a way that is inclusive and respects their identity and their experiences. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A 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. There is an established quality and risk management system implemented. There are human resources policies including recruitment, selection, orientation and staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. 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 activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. Residents are supported to maintain links within the community. Residents' food preferences and dietary requirements are identified at admission.

The service adopts a holistic approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. Residents interviewed responded favourably to the food that is provided. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

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

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

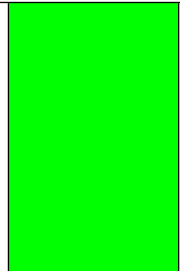


Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

There is an approved fire evacuation scheme. Fire drills occur six-monthly.


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

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is a registered nurse. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practices through meetings, and education sessions. There have been infectious outbreaks since the previous audit, which were notified, and managed appropriately.

## **Here taratahi | Restraint and seclusion**

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

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

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 21                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 1                           | 54                  | 0  | 0                                    | 0  | 0                                      | 0  |

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

---

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

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence   |
|--|-------------------|--|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA                | <p>The service currently has residents who identify as Māori. There are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi and tribal affiliations. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. This is also included in the Māori health plan.</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>   | Not Applicable    | <p>Ryman (New Zealand) are working towards developing health plans for all cultures including a Pacific health plan. The organisation is working towards identifying local Pacific groups to develop partnerships with. The Pacific group will be utilised to provide guidance around planning care for Pacific residents, ensuring Pacific voices and models of care are adhered to.</p>                    |

|  |           |   |
|--|-----------|---|
| <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>   |           |   |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>The five residents (one hospital and four rest home) and five relatives (two hospital, three with family in the secure dementia unit and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The organisation recognises Māori mana motuhake through the holistic model of care which is reflected in organisational policies. Mana motuhake is evidenced in the care planning process with evidence of residents and relatives input into care planning and decision-making processes.</p>  |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>  | <p>FA</p> | <p>There are a range of cultural safety policies in place including Access to Services for Kaumātua, Tikanga Māori (Māori Culture) Best practice, Services to Kaumātua and Providing Services for Pacific Elders and Other Ethnic Groups (which includes working with Asian people).</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2022 included cultural diversity, and Treaty of Waitangi. Signage in te reo Māori is in place in various locations throughout the care centre. Te reo Māori is reinforced by those staff who are able to speak/understand this language.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Ryman Diana Isaac promotes service that is holistic and collective in nature, through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed reported they are</p> |

|  |    |   |
|--|----|---|
|  |    | supported to be independent and are encouraged to make a range of choices around their daily life.  |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.<br/> Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br/> As service providers: We ensure the people using our services are safe and protected from abuse.</p>   | FA | <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. During interviews with care staff, a culture of teamwork and inclusiveness was identified.</p> <p>The service provides education on cultural safety, and boundaries which includes racism. Cultural days are celebrated, and staff interviewed stated the service was inclusive of all ethnicities.</p> <p>Inclusiveness of all ethnicities, and cultural days celebrate diversity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent. The service promotes a strengths-based holistic model of care, which is evident in all staff interactions with residents and through the care plans reviewed.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.<br/> 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.<br/> 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>Ryman Diana Isaac ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. Management stated that additional advice can be accessed from the Ryman cultural advisor if required or staff who identify as Māori. Staff reported that they are encouraged to refer to the Māori Health policy on tikanga best practice.</p>  |

|  |           |   |
|--|-----------|---|
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>   | <p>FA</p> | <p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The village manager maintains an up-to-date complaints register. Concerns and complaints are discussed at relevant meetings. There was a total of four complaints in 2021, and two complaints year to date in 2022. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints are documented as resolved, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result, are discussed at meetings (also evidenced in meeting minutes). There have been no complaints received from external agencies since the previous audit.</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 leaflets attached.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Diana Isaac is a Ryman Healthcare retirement village. The service is certified to provide rest home, secure dementia level care and hospital level of care for up to 124 residents in the main care centre (inclusive of four double-rooms), plus an additional 79 serviced apartments are certified to provide rest home level care for up to 40 residents. The care centre has 80 dual service beds (rest home and hospital level) and 40 beds in the two (20-beds) secure dementia units.</p> <p>There was a total of 115 residents on the day of the audit. There were 45 rest home level residents (including one respite resident, and three rest home residents in the serviced apartments). There were 32 residents in the hospital unit (including one resident on accident compensation corporation (ACC), two respite, and one palliative care). There were 38 residents between the two (20-beds) secure dementia units, include one respite resident. The double rooms had single occupancy during the audit.</p> <p>The organisation has recently employed a Taha Māori Kaitiaki –</p>   |

|  |           |   |
|--|-----------|---|
|  |           | <p>cultural navigator, along with a Māori cultural advisor who has been working in partnership with Māori. The role of these staff is to ensure policy and procedure within the villages and the company 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. The Ryman organisation is focused on improving delivery of services that improve outcomes and achieve equity for tāngata whaikaha. This includes ensuring meaningful representation at management level.</p> <p>The governance board have completed training around Te Tiriti, health equity, and cultural safety.</p> <p>The Ryman organisational business plan is approved by the Board, senior executive team, and regional managers. The Ryman business plan has at its core, the improvement of outcomes for people with disabilities, and links to the Diana Isaac objectives for 2022. Diana Isaac incorporates improving outcomes for Māori as part of business as usual.</p>  |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Diana Isaac is implementing the Ryman quality and risk management programme. Quality goals for 2022 include a strength, weakness, opportunities, threat (SWOT) analysis and document and progress towards quality goals. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The cultural navigator/Kaitiaki ensures that organisational practices from the Board down to village operations improve health equity for Māori. Clinical indicator data (eg, falls, skin tears, infections, episodes of challenging behaviours) is entered into the electronic resident management system and analysed at head office, where the data is benchmarked within the organisation and results are shared in staff meetings.</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. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented</p> |

|   |           |  |
|---|-----------|--|
|   |           | <p>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.</p> <p>The Ryman Donesafe health and safety system assists in capturing reporting of near misses and hazards. Reminders ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The health and safety committee meet monthly and is representative of the facility. The resident services managers job description includes health and safety matters and attends the organisational health and safety forums. The internal audit schedule includes health and safety and environmental audits.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT of four pressure injuries. There has been two Covid outbreaks since the previous audit, which were notified appropriately.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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</p> | <p>FA</p> | <p>There is a staffing and rostering policy in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale.</p> <p>The village manager works Monday to Friday. The assistant to the manager works Monday to Friday, and two clinical managers cover Monday to Sunday. The clinical manager, assistant to the manager</p>   |

|   |  |   |
|---|--|---|
| <p>managed to deliver effective person-centred and whānau-centred services.</p> |  | <p>and village manager are in addition to the rostered staffing.</p> <p>There is a unit coordinator for each unit and they are included as part of the rosters.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses 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. Seventeen staff have achieved their level four (or equivalent) Careerforce health and wellbeing qualification, twenty-nine have achieved level three or equivalent and eight have completed level two.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular (two-monthly) 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 20 RNs. Eleven RNs have completed interRAI training. The service also trains new village managers, clinical managers and unit coordinators for the Ryman organisation and these staff are extra to the staffing rosters.</p> <p>The organisation shares health information for all residents through quality data, which includes information for Māori residents.</p> |
|---|--|---|

|  |           |   |
|--|-----------|---|
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>   | <p>FA</p> | <p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Ten staff files 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.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with a process in place to maintain an employee ethnicity database.</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> | <p>FA</p> | <p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile; however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service engages with the local marae in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>   |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>   | <p>FA</p> | <p>Seven resident files were reviewed (three hospital level, two rest home and two dementia care files). All residents have admission</p>   |



|  |   |
|--|---|
| <p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>assessment information collected and an initial care plan, interRAI assessments and long-term care plans documented within required timeframes. The long-term care plan is holistic and aligns with the organisations 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. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others, form the basis of the long-term care plans. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service works with residents and their family to identify their own pae ora outcomes.</p> <p>Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and includes strategies for managing/diversion of behaviours.</p> <p>Medical services are provided by four general practitioners (GPs) from the local medical centre. There are two GP visits a week. The resident files identified the GP had seen the resident within five working days of admission and had examined the residents at least three-monthly or earlier, dependent on the resident's health status. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the communication between the RNs and the GP and there was good use of allied health professionals in the care of residents. The GP liaises with families and has been actively involved in advance care planning with staff, residents (as appropriate) and families.</p> <p>The older persons mental health services are readily available to the GP and staff as required. There are regular visits from the palliative care nurse specialist and dietitian. A contracted physiotherapist is on site for 20 hours a week and completes initial assessments for all hospital level residents and other residents as required. There are six-monthly reviews, equipment assessment and post falls assessments also completed. The physiotherapist is supported by an employed physiotherapy aid who ensures exercise programmes and</p> |
|--|---|

|  |  |
|--|--|
|  | <p>walks are completed for individual residents under the care of the physiotherapist. There are podiatry services.</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 document progress notes at least twice-daily and as necessary by the GPs 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 registered nurse (RN) initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>Seventeen wounds across the service were reviewed. Electronic assessments and wound management plans, including wound measurements, were reviewed. There were no pressure injuries at the time of the audit. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound care nurse specialist. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including: observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Overall, monitoring charts had been completed as</p> |
|--|--|

|  |    |  |
|--|----|--|
|  |    | <p>scheduled; however, neurological observations have not been completed routinely 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 is invited to attend the MDT case conference meeting.</p> <p>Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>   |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included making and using poi, cooking Māori bread, singing of Māori songs, dancing to Māori music, and learning words and phrases in Māori language. The service maintains links with local marae. There are weekly van outings and scenic drives for all residents. The van has wheelchair access. Residents are encouraged to maintain community links. Themed events and festive occasions are celebrated.</p> <p>The residents/relatives interviewed were satisfied with the activity programme. Activities were observed in each of the units with good resident attendance and participation.</p>   |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.<br/>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br/>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 that meet legislative requirements. All medications are stored safely in each unit. Registered nurses and senior caregivers' complete annual medication competencies and education. Registered nurses complete syringe driver training. Medication reconciliation of monthly blister packs and 'as required' blister packs is checked by an RN with the signature on the back of the blister pack. Any errors are fed back to the pharmacy. Hospital level impress medications are checked regularly for stock level and expiry dates. Medication audits are completed.</p> <p>There were no residents self-administering medications on the day of audit. The medication fridge and medication room temperatures are</p> |

|  |    |  |
|--|----|--|
|  |    | <p>monitored daily, and the temperatures were within acceptable ranges<br/>All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Fourteen medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress notes.</p> <p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurse and management described working in partnership with the 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>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>Residents can provide feedback on the meals through resident meetings and direct contact with the food services staff. Resident and relatives interviewed spoke positively about the choices and meals provided.</p> <p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. The service described how they implement menu options culturally specific to te ao Māori. Kitchen staff and care staff interviewed understood Māori practices in line with tapu and noa.</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>                | <p>FA</p> | <p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service.</p>   |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The building has a current warrant of fitness that expires 30 January 2023. The buildings, plant, and equipment are fit for purpose at Diana Isaac, and comply with legislation relevant to the health and disability services being provided. Hot water checks are completed regularly and were all recorded as being within expected ranges.</p> <p>There are no plans for building projects, or further refurbishments; however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included and would consult with the Taha Māori navigator.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>  | <p>FA</p> | <p>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently in October 2022.</p> <p>Staff advised that they conduct security checks inside at night, in addition to an external contractor who checks the external area. Currently, under Covid restrictions all visitors and contractors are required to sign in and wear N95 mask at all times when in the facility.</p>   |

|   |           |  |
|---|-----------|--|
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br/>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.<br/>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>A Covid-19 preparedness folder has been developed which clearly indicates essential contact numbers of key management, which provides clear easy to follow instructions for staff to follow if Covid-19 is identified in the facility. The service has a flow chart with instructions on what to do in the first 30 mins, and stages for the first 24 hours. A self-preparedness tool has been implemented and a 'walk through' of the facility is completed at least monthly. The updated pandemic plan and isolation plan is included in the folder. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>   |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.<br/>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br/>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>        | <p>FA</p> | <p>Infection surveillance is an integral part of the infection control programme and is described in the Ryman infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to head office. Infection control surveillance is discussed at all facility meetings.</p> <p>There is close liaison with the GPs that advise and provide feedback/information to the service. Plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service is incorporating ethnicity data into surveillance methods and resident progress notes document a high level of communication with</p> |

|  |    |   |
|--|----|---|
|  |    | families as needed.   |
| <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 practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The policies and procedures are comprehensive, and include definitions, processes and use of restraints. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The restraint policy describes the organisation's commitment to restraint minimisation. All restraint across the organisation is reported monthly to the organisation governance body.</p> <p>The designated restraint coordinator is the clinical manager. There are no residents currently listed on the restraint register as using a restraint.</p> <p>The restraint approval process identifies the indications for restraint use, consent process, duration of restraint and monitoring requirements. The approval group meets six-monthly, and all restraint and enablers are reported to Team Ryman monthly.</p> <p>Staff training is in place around restraint minimisation and enablers, falls prevention and analysis, and management of challenging behaviour.</p> |

## Specific results for criterion where corrective actions are required

---

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

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

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

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



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

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence  | Audit Finding   |
|--|-------------------|---|---|
| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | CI                | <p>The previous certification audit identified a project to reduce the incidence of distressed behaviour in the dementia unit. Since the last audit, the service has extended the project to manage residents with behaviours that challenge in the rest home, to prevent admission to the secure services, and the management of residents with behaviours that challenge in the secure dementia unit, to prevent transfer to a different level of care.</p> | <p>The service has created an additional outdoor area that is safe and semi-secure for the rest home to allow residents who wander a safe environment. This has enabled a resident who might wander, but did not need a secure dementia unit the ability to walk around outside in safety. The area is easily observable by staff. As part of resident management, the care plans have been designed to consider what is best for this resident and their family. Residents and family had stated that independence rated very highly. Care plans reviewed documented a high level of encouraging and enabling independence.</p> <p>In the secure dementia unit, education sessions have continued around becoming a dementia friend, and demystifying dementia. A higher level of reporting around challenging behaviour has been continued to include reasons for challenging behaviours. The</p> |

|  |  |  |  |
|--|--|--|--|
|  |  |  | <p>integrated care plan ensures the caregivers have access to resident preferred activities to utilise as a distraction/ diversion technique. Family and residents (as much as possible) have been involved in care planning to enable both the family and the resident to be involved and make decisions regarding their care.</p> <p>Caregivers assist residents with activities along with the lounge carers, which allows for early interventions of distressed behaviour. The data continues to document a reduction in distressed behaviours over time and remains lower than the Ryman group trend.</p> <p>The previous continuous improvement around reduction in distressed behaviour (NZS 8134:2008 criteria #1.2.3.6) has been continued.</p> |
|--|--|--|--|

End of the report.