

Evelyn Page Retirement Village Limited - Evelyn Page 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:

Legal entity:	Evelyn Page Retirement Village Limited
Premises audited:	Evelyn Page Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 December 2022 End date: 14 December 2022
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:	116



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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Ryman Evelyn Page provides rest home, hospital (geriatric and medical) and dementia level care for up to 147 residents. On the day of audit there were 116 residents.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand Waitematā. Audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, management, staff, and a nurse practitioner.

The village manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse) who oversees the care centre. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed the previous shortfall around neurological observations.

This surveillance audit identified the service has met the intent of the standard.

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 are fully attained.

Ryman Evelyn Page provides an environment that supports resident rights and reflects culturally safe care. There is a Māori health plan in place. The service is working towards partnering with Pacific communities to encourage connectiveness.

Residents are involved in providing input into their care planning in a manner that considers their dignity, privacy, choices, and independence. Staff receive training on Māori health, cultural safety, and awareness at orientation.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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 are fully attained.

The business plan reflects a holistic model to service delivery and ensure wellbeing outcomes for Māori and tāngata whaikaha are achieved. The executive team, village manager and clinical manager are able to demonstrate expertise in Te Tiriti, health equity

and cultural safety. There is an established quality programme in place which is implemented. Staff are informed of quality data trending through a range of meetings. There is a robust health and safety programme implemented. A current hazard register is in place and reviewed regularly.

There is a policy to ensure safe staffing levels. Residents receive appropriate services from suitably qualified staff.

A comprehensive education and training plan is implemented. An orientation programme is in place for new staff.

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 are fully attained.
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The service promotes equity of access to their facility through a well-documented entry and decline process. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The electronic care plans demonstrate service integration. There is a plan in place for registered nurses to review assessments and care plans on the resident's six-month anniversary.

The activities team provides and implements a wide variety of activities which include cultural celebrations.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner or nurse practitioner. Medications are stored securely.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified on admission.

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 are fully attained.

The building has a current warrant of fitness and an approved fire evacuation scheme in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster.

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

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

Subsections applicable to this service are fully attained.

There is a robust pandemic and Covid plan in place. Adequate supplies of personal protective equipment were sighted and are available to staff.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been outbreaks since the previous audit which were well managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Ryman Evelyn Page strives to maintain a restraint-free environment. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

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	19	0	0	0	0	0
Criteria	0	55	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 regional operations manager stated that Ryman supports increasing Māori capacity within the workforce and will be employing more Māori staff members when they do apply through equal opportunities at Evelyn Page. The ‘how to recruit a Rymanian’ policy reflects equal opportunities for all that apply. Ryman evidences a commitment to ensure equal employment opportunities for Māori in their business plan. At the time of the audit there were Māori staff.</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>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific Health plan. Staff interviewed (four caregivers, five registered nurses [RN], one activities and lifestyle coordinator, senior lead chef, laundry, cleaner and lead maintenance) confirmed the service respected resident’s cultural beliefs and values, knowledge, arts, morals, and identity.</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>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English, and te reo Māori.</p> <p>The service strengthens the capacity for recognition of Māori mana motuhake through their Māori Health plan and shared decision making and involvement in their care planning and resident focussed goals. Care plans reflect the promotion of residents' independence and choice. A specific Māori health care plan is utilised for residents who identify as Māori. Ten residents (five hospital, five rest home) and five family/whānau (three hospital, two dementia) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Three managers (regional operations manager, village manager, clinical manager) described their understanding of how residents' rights and mana motuhake translate into all areas of service delivery.</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>The service responds to tāngata whaikaha needs and enable opportunities to participate in te ao Māori. Matariki and Māori language week are celebrated throughout the village. The service promote 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.</p> <p>Staff receive education on tikanga Māori. The content is in the process of being further reviewed by Ryman Christchurch Cultural Navigator.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs and identity are captured in initial assessments, resident life experiences and identity map. During care</p>

		<p>planning with the resident and their important people, the resident's values and beliefs are discussed and the ways in which Ryman can provide support for their engagement, spiritual and cultural needs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment, and are encouraged to address issues of racism and bias. Cultural days are completed to celebrate diversity. Training has been provided around staff code of conduct, discrimination, and bullying. During interviews with care staff, a culture of teamwork and inclusiveness was evident.</p> <p>A strengths-based and holistic model is prioritised through the Māori health plan to ensure wellbeing outcomes for all residents, including Māori. The service's electronic care plan reflects a holistic model of care, that reflects all aspects of wellbeing and integrates achievable goals as and when healthcare needs change, for all residents, including Māori. The service provides education on cultural safety and explores opportunities to improve outcomes for Māori.</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. 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. 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</p>	FA	<p>The service follows relevant best practice tikanga guidelines to ensure culturally safe care. The registered nurses and clinical manager have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services to Māori are available. Residents stated they were involved in decisions relating to their care and everyday activities.</p>

ability to exercise independence, choice, and control.		
<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. 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. 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 complaints procedure is provided to residents and families during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. Complaints can be handed to reception. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process and forms are visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Complaints management meets the Health and Disability Commissioner's guidelines. Four complaints were lodged in 2021 and five have been lodged for 2022 (year-to-date). Complaints are subject to a risk rating, with all received being rated as low risk.</p> <p>Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. All complaints are documented as resolved and no trends were identified. Concerns and complaints are discussed at relevant meetings. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaints process and reported they felt comfortable discussing any issues with the registered nurses, or the management team.</p> <p>The village manager interviewed stated the complaints process works equitably for Māori, support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>Evelyn Page is a Ryman Healthcare retirement village. They are certified to provide hospital (medical and geriatric), rest home and dementia levels of care. There are 80 dual purpose beds (40 on level</p>

<p>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>one and 40 on level two) and 37 beds across two dementia units (one 19 bed and one 18 bed) in the care centre, with a further 30 serviced apartments certified as rest home level care.</p> <p>On the day of the audit there were a total of 116 residents (21 rest home, 56 hospital, including one resident on an ACC contract, and 34 residents across both dementia units) and five residents in the serviced apartments receiving rest home level care. All other residents were under the age-related residential care (ARRC) contract.</p> <p>The current village manager has been in the role for over four years and is supported by a clinical manager that has been in the role since February. The clinical manager was previously a unit coordinator on the same site for four years.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional operation 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 Ngāi Tahu is also on the Board. A range of reports are available to managers through electronic systems which 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). There is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board.</p> <p>The Ryman business plan is based around Ryman characteristic including (but not limited to) excellence, teamwork, and communication. These characteristics are built into the village objectives. Evelyn Page objectives for 2022 include (but are not limited to): clinical objectives related to reduction in falls; reduction of skin tears and bruising; business objectives related to promoting staff wellbeing; staff retention; and organisational goals related to overall satisfaction of the service. Ryman's strategic direction aligns with improving outcomes and equity for tāngata whaikaha, through regular feedback from residents and family meetings and an annual satisfaction survey.</p> <p>The organisation has recently employed a Taha Māori Kaitiaki – Cultural Navigator, along with a Māori cultural advisor who have been</p>
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		<p>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 the Board to ensure these can be addressed. The cultural navigator ensures the Board are culturally competent; this includes ensuring meaningful representation at management level and assists in adapting systems to support Māori residents and employees and tāngata whaikaha.</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>Ryman Evelyn Page is implementing a quality and risk management programme as part of the business plan. Quality goals for 2022 are documented. The quality and risk management systems include a risk-based approach and include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>A range of meetings are held monthly, including full facility, health and safety, infection control, and RN. There are monthly teamRyman (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.</p> <p>Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Opportunities to minimise future risks are identified by the clinical manager and registered nurses. Benchmarking occurs on a national level against other Ryman facilities and other aged care provider groups.</p> <p>Staff received a wide range of culturally diverse training, including cultural sensitivity and awareness, with resources made available on the intranet to ensure a high-quality service is provided for Māori and</p>

		<p>residents with diverse ethnicities.</p> <p>The 2022 resident satisfaction surveys completed in May 2022 demonstrate an overall satisfaction of 4.27/5.0 with service delivery. Corrective actions were implemented to improve areas of concern around activities and a food supplier.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. The health and safety committee meet monthly and is representative of the facility. There are procedures to guide staff in managing clinical and non-clinical emergencies. New policies or changes to a policy are communicated to staff. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities is then provided to the Governance body.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT since the last audit related to stage three, unstageable pressure injuries and suspected deep tissue injuries. There had been one gastro outbreak in November, and three Covid-19 exposure events in March, July, and November 2022 and these were appropriately notified to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record. Training or 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 have a</p>

		<p>current first aid certificate. There is at least one person on each shift with a valid current first aid certificate. There is a range of competencies specific to the employee's role. All competencies had been completed for 2021/2022. Twelve of nineteen registered nurses are interRAI trained.</p> <p>There is an annual education and training schedule that includes mandatory training across 2021 and 2022 which has been fully implemented. Training topics include: health and safety and hazard management; Code of Rights; cultural safety training; chemical training; and emergency preparedness. Staff complete eLearning and webinars. Staff complete cultural safety on the e learning platform and provide the learning opportunity to learn about Māori health outcomes, disparities, and health equity trends. Staff have cultural safety training that equips them to provide high quality care for Māori.</p> <p>Caregivers are encouraged to gain qualifications with the New Zealand Qualification Authority (NZQA). Thirteen caregivers have achieved a level 4 or above. All of the 25 caregivers who work in the dementia unit have achieved the relevant dementia unit standards.</p> <p>Registered nurses (RNs) are supported to maintain their professional competency. RNs 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.</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</p>	<p>FA</p>	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori. Caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role.</p> <p>Eight staff files reviewed included evidence of completed orientation,</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>training and competencies and professional qualifications on file where required. The service collects and records staff ethnicity information as part of the employment process.</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 are policies documented in relation to entry and decline processes to guide management around admission and declining processes, including required documentation. The village manager keeps records of the number of prospective residents and families that have viewed the facility, admissions and declined referrals, which goes to the Board. The report does include ethnicity data and analysis of ethnicity/race/Indigenous status and iwi.</p> <p>The service identifies links to Māori health providers within the Māori plan. The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p> <p>The service is committed to working collaboratively to incorporate the principles of the Treaty in a seamless and integrated way, in a culturally and spiritually safe environment for residents, their whānau/family, and staff.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident clinical files were reviewed: two rest home, three hospital and two dementia level care. Files reviewed included one contract for an ACC resident.</p> <p>A registered nurse completes an initial assessment and care plan on admission, including relevant risk assessment tools. Initial care plans for long-term residents reviewed were evaluated by the registered nurses within three weeks of admission. Risk assessments are completed six-monthly or earlier if indicated, due to health changes. InterRAI assessments and reassessments were completed within the required timeframes, with outcomes of the assessments reflected in the needs and supports documented in the resident electronic care plans. Long-term care plans have been developed on the myRyman electronic system within expected timeframes. Interventions recorded in the long-term care plan to address medical and non-medical needs were</p>

	<p>comprehensive to a level of detail that sufficiently guide staff in the care of the resident. The care plans were resident focused and individualised with clear and flexible goals. Care plans include allied health and external service provider involvement. Short term needs such as current infections, wounds, weight loss, or recent falls automatically populates the long-term care plan to reflect resident needs and removed when appropriate/resolved. Care plans had been evaluated at least six-monthly for long-term residents who had been in the service six months and evidence progression towards meeting goals. Residents interviewed confirmed that they participate in the care planning process and review.</p> <p>There is a Māori health plan that supports Māori constructs of Oranga and ensures there is a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these are documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>The nurse practitioner (NP) has reviewed residents three-monthly. Residents and whānau interviewed confirmed they participated in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>The service contracts with the local medical centre and the general practitioner (GP) or nurse practitioner (NP) provides medical services to residents. The GP or NP visits occur four times a week or more often if required, and completes three-monthly reviews, admissions, sees all residents of concern and provides an out of hours on-call service. The service also has access to the 24-hour on-call GP service. The NP (interviewed) stated they are notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All GP/NP notes are entered into the residents' electronic clinical file. Allied health care professionals involved in the care of the resident including, (but were not limited to): physiotherapist; hospice community staff; speech language therapist; older persons health clinicians; wound specialist; continence specialist;</p>
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	<p>and dietitian. There is a physiotherapist who works three hours a day per week. The physiotherapist completes residents' mobility assessments and provides staff education, including manual handling. Relatives are invited to attend GP/NP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident. Communication with relatives was evidenced in the electronic system.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated their relative's needs were being appropriately met and stated they are notified of all changes to health, as evidenced in the electronic progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP /NP visit or referral to nurse specialist consultants occurs. The 2022 resident/family satisfaction survey showed high satisfaction related to care.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 18 residents with 27 wounds, including three residents with five pressure injuries (one unstageable, three suspected deep tissue injuries and one stage III pressure injury). The electronic wound care plan documents assessments and wound management plan, and evaluations are documented with supporting photographs and wound assessments. The Te Whatu Ora - Waitematā specialist wound nurse and the GP/NP have input into chronic wound management. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to): weights; neurological observations; vital signs; weight; turning schedules; and fluid balance recordings. Monitoring charts were implemented according to the care plan interventions. All neurological observations viewed were completed as per policy. The previous audit shortfall (NZS 8134:2008 criteria 1.3.6.1) around neurological observation documentation has been addressed. Incident reports reviewed evidenced timely RN follow up and opportunities to minimise risks have been implemented.</p>
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		Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained on the electronic management system and entered by the caregivers and RNs after each duty. The RN further adds to the progress notes if there are any incidents or changes in health status.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	Not Applicable	Residents cultural, spiritual and activities preferences are documented in the nursing care plan. There are various celebrations planned throughout the year, including Matariki, Easter, and Christmas. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme. The service does not currently have any Māori residents; however, is planning towards ensuring opportunities are facilitated for Māori residents to participate in te ao Māori.
<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>Policies and procedures are in place for safe medicine management. Medications are stored safely in medication rooms. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication is checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and the safe storage of the medications. There were no residents self-administering medications on the day of the audit. Registered nurses advised that the GP / NP prescribes over-the-counter medications. All medication errors are reported and collated with quality data.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy. There were</p>

		<p>no expired drugs on site on the day of the audit.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP / NP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately, with outcomes documented in progress notes. Two registered nurses were observed administering medications correctly on the day of audit. Residents and relatives interviewed stated they are updated around medication changes, including the reason for changing medications and side effects. No standing orders are used at the facility.</p> <p>The registered nurses and management described working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>Not Applicable</p>	<p>The menus have been approved and reviewed by a registered dietitian on a two-yearly basis. There is a choice of meals and likes, dislikes, special dietary requirements and religious dietary needs are catered for. The senior lead chef (interviewed) consults directly with residents to gain feedback of the food services and adjusts the menu if any special requests. The senior lead chef advised that they plan celebrations to align with activities celebrations.</p> <p>The service is working towards a better understanding of tapu and noa, ensuring all staff adhere to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices.</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>FA</p>	<p>The transfer and discharge of resident management process and policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. A</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>verbal handover is provided. Referral to other health and disability services is evident in the resident files reviewed.</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 which expires in September 2023. The service has two maintenance staff (full time and on call) and gardens and grounds staff. There are essential contractors who can be contacted 24 hours a day every day. Maintenance requests are completed on a form and checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius.</p> <p>The service advised future developments would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori. This would be coordinated by the head office.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 5 November 2012. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night. There is closed circuit TV monitoring.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	<p>FA</p>	<p>The service has a pandemic plan which includes preparation and planning for the management of lockdown, business contingency plan, screening, transfers into the facility and management of positive</p>

<p>policies, systems, and processes to manage my risk of infection. 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. 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>COVID-19 tests. The Bug Control Infection Control Manual is used as a reference for best practice around infection control. Policies are available and accessible to staff. Staff have access to an online resource on the intranet called SharePoint, with clinical pathways for different responses and communication pathways related to stages of an outbreak. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates and there are supplies of extra equipment available and accessible. Staff have completed handwashing and personal protective equipment competencies.</p> <p>The service has educational resources available in te reo Māori and practices acknowledge the spirit of Te Tiriti. The cultural advisors and Māori staff members provide guidance in culturally safe infection prevention practice. Staff members interviewed were knowledgeable around culturally safe practices in relation to their role.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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 infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly and annually. The service is planning to incorporate ethnicity data in surveillance reporting. Infection control surveillance is discussed at infection control, management, and full facility meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives regular notifications and alerts from the Te Whatu Ora-Waitematā for any community concerns.</p> <p>There had been Covid-19 exposure outbreaks reported in March, July and November 2022 and a gastro outbreak, also in November 2022. All were appropriately managed with Te Whatu Ora - Waitematā and Public Health appropriately notified. Outbreak logs were completed,</p>

		<p>and the service incorporated ethnicity data into the Protection Team, Community and Public Health Outbreak case list at the time of the outbreaks. Residents and families were kept informed and updated on Covid-19 policies and procedures through emails, regular phone calls and the newsletter.</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>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The restraint coordinator (hospital unit coordinator) provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the process for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The NP interviewed confirmed involvement with the restraint approval process if there are restraints. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. On the day of the audit there were no residents who had restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with the caregivers. Review of restraint use is completed and discussed at all staff meetings if there are residents with restraint. Training for all staff occurs at orientation and annually through the education plan.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.