

Bob Scott Retirement Village Limited - Bob Scott

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:	Bob Scott Retirement Village Limited
Premises audited:	Bob Scott
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: 10 January 2023 End date: 11 January 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Ryman Bob Scott is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital, and dementia level care for up to 146 residents, including 30 serviced apartments certified for rest home level of care. At the time of the audit there were 116 residents in total, including three in the serviced apartments.

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

The village manager has been in the role for two months and is supported by a clinical manager and resident services manager. The management team are supported by a regional operations manager, operations quality manager and support staff at head office. The residents and relatives interviewed spoke positively about the care and support provided.

There were no areas for improvement identified at the previous certification audit.

This surveillance audit identified that there are corrective actions required relating to documentation of meeting minutes, hot water monitoring, equipment checks and fire drill evacuations.

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.

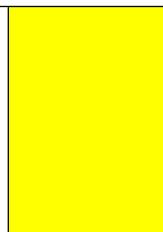


Subsections applicable to this service fully attained.

Ryman Bob Scott provides an environment that supports resident rights and cultural safe care. 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.



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

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. Ryman Bob Scott has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation’s management team. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy 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.

Registered nurses are responsible for care planning. Resident files reviewed evidenced resident and whānau input into decision making. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings subject to Covid-19 restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

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.

Residents' food preferences, dietary and cultural requirements are identified at admission. There are additional snacks available 24/7. 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.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current building warrant of fitness. The dementia unit is secure with a secure enclosed outdoor area. There is an approved fire evacuation scheme. There are security arrangements in place.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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There as an organisational pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed and forwarded to head office for analysis and benchmarking. A six-monthly comparative summary is completed. The service has had five outbreaks in 2022. Covid-19 lockdown periods were well managed, and precautions remain in place as per current guidelines.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There are policies documented around restraint. At the time of the audit, the facility was restraint free. The restraint coordinator is the hospital unit coordinator. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

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	18	0	3	0	0	0
Criteria	0	51	0	3	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	The village manager and the regional operations manager confirmed that the service supports a Māori workforce with a proportion of staff identifying as Māori (or having whānau connections) at the time of the audit. Ryman evidences their commitment to ensure equal employment opportunities for Māori in their business plan.

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and consultation as the Pacific health plan is developed and implemented. The service can access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</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 (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with eight relatives (three hospital, three rest home and two dementia) and nine residents (three rest home and six hospital).</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>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with seventeen care staff (seven registered nurses (RN), eight caregivers and two activity coordinators) confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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. The staff interviewed reported they enjoy working in a positive environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning and policies. At the time of the audit, there were residents who identified as Māori and Pasifika.</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 ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care.</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. 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</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The village manager maintains a record of all complaints, both verbal and written on an electronic complaint register. There have been four complaints received in 2022. Three have been closed. One remains open as it was received in December 2022 and an investigation is continuing. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>guidelines set by the Health and Disability Commissioner (HDC). One HDC complaint from December 2020 remains open. The facility is awaiting a reply from HDC. Discussions with relatives and residents confirmed they are provided with information on the complaints process.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meetings which are held monthly. Interviews with the regional operations manager, village manager and clinical manager confirmed their understanding of the complaints process. The village manager reported 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 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>Ryman Bob Scott Retirement Village provides care for up to 116 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in serviced apartments. On the day of audit there were 116 residents in total, including three rest home level of care residents in the serviced apartments.</p> <p>All rooms in the rest home and hospital units are dual-purpose. There were 33 rest home residents, including three respite residents. There were 41 hospital level residents, including two residents in a double room, one respite resident and one ACC resident. The special care units (dementia) are divided into two 20 bed units. There was a total of 39 dementia residents on the day of the audit. Apart from the ACC and the respite residents, all other residents were on the age-related residential care contract (ARRC).</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 Ngā Tahu.</p>

		<p>The organisation has employed a Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor who have 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. Ryman works in consultation with resident and whānau input into reviewing care plans and assessment content to meet resident’s cultural values and needs. 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 village manager has been in the role for two months and has undergone orientation supported by the regional operations manager. The village manager has management experience. The village manager is supported by a clinical manager who has management experience as an international director of nursing in aged care and has been in the role for seven months. They are supported by a resident services manager, the regional operations manager, and a stable team of unit coordinators, RNs, experienced caregivers, and non-clinical staff. The regional operations manager reports some turnover of staff that aligns with a national health workforce shortage; however, staff have been replaced.</p> <p>The village manager has been booked to attend training on cyber security, Covid-19 management, and management development sessions through Ryman. The clinical manager has completed a comprehensive orientation to the role.</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</p>	<p>PA Low</p>	<p>Ryman Bob Scott is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2023 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator</p>

<p>achieving Māori health equity. 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>data. Clinical indicator data 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. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Ryman policies and processes determine that collation of data is documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved in meeting minutes. Meeting minutes over the previous three months (viewed), did not fully document the person responsible for the action, the timeframe for the action and if the action is completed. One staff meeting minutes did not have analysis and actions required from quality data documented as discussed at staff meetings.</p> <p>The role of the cultural navigator/Kaitiaki is to ensure policy and procedure within the villages and the company represents Te Tiriti partnership and equality.</p> <p>The 2022 resident satisfaction surveys completed in February 2022 demonstrate high satisfaction levels with care, building/grounds and safe from Covid-19. Corrective actions were implemented around food quality/presentation.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. Twelve accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN.</p> <p>Discussions with the regional operations manager, the village manager and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to</p>
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		<p>notify HealthCERT of two pressure injuries in 2022. There has been five Covid-19 outbreaks consecutively in August, September, October, November, and December in 2022, which were notified appropriately to Public Health authorities.</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. 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. 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>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility covers all floors with an elevator and stairs for access. The village manager works full time from Monday to Friday and is supported by a clinical manager who works full time. The clinical manager and unit coordinators share on call after hours for all clinical matters. The village manager is available for non-clinical calls. There is registered nurse cover 24/7.</p> <p>Separate cleaning and laundry staff are rostered. 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 to attend to residents.</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. Existing staff support systems, including peer support, ChattR online communication app and provision of education, promote health care and staff wellbeing. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 23 caregivers working in the dementia unit, 22 have completed training in dementia standards and one is in the process of completing their dementia standards.</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 15 RNs (including the unit coordinators and clinical manager) employed at Bob Scott. Nine RNs have completed interRAI training. Staff interviewed report a positive work environment. The organisation shares health information for all residents on quality data which includes information for Māori residents. Educational goals identify that mandatory cultural training, including understanding health equity, has been provided to staff.</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>Nine staff files reviewed included a signed employment contract, job description, police check, induction documentation, application form and reference checks.</p> <p>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. Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Māori staff files included iwi affiliation.</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</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. The service identifies and implement supports to benefit Māori and whānau. The service engages with the local marae in</p>

<p>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>order to further develop meaningful partnerships with the local 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 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>Eight resident files were reviewed (two rest home, including one in a serviced apartment; three hospital level, including one on a respite contract and one on accident corporation contract [ACC]; and three from the dementia unit). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic myRyman system (including text messages and emails) and automatically uploaded.</p> <p>Risk assessments are conducted on admission. Outcomes of the assessments formulate the basis of the holistic long-term care plan. 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. Care plans reflect the required health monitoring interventions for individual residents. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed; however, strategies for managing/diversion of behaviours were not always documented. Short-term issues such as infections, weight loss, and wounds are either resolved or added to the long-term care plan. 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</p>

	<p>conference meeting.</p> <p>Medical services are provided by a general practitioner (GP) from a local medical centre. The GP visits three times a week and is available to see residents of concern at other times. The GP is available 24 hours a day. 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 from the RNs. The GP liaises with families and has been actively involved in multidisciplinary meetings and advance care planning with staff, residents (as appropriate) and families. 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. Two contracted physiotherapists and an employed physiotherapy aid who ensures exercise programmes and walks are completed for individual residents under the care of the physiotherapist. There are podiatry services. When a resident's condition alters, the RN initiates a review with the GP.</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 each shift. There was evidence the RN had 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. 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>On the days of audit there were 25 wounds, including four stage II pressure injuries across the service. Assessments and wound management plans, including wound measurements, were reviewed. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound</p>
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		<p>assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed; however, two pressure injuries were documented on the same management plan. 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>The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including: observations; bowel chart; blood pressure; weight; food and fluid chart; turning charts; intentional rounding; blood sugar levels; toileting regime; and behaviour charts. The behaviour chart entries did not always describe the triggers or de-escalation techniques. Monitoring charts had been completed as scheduled. Neurological observations are included as part of the post fall assessments; however, not all evidenced completion according to policy required timeframes. Residents interviewed reported their needs and expectations were being met.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Themed days such as Matariki, Māori language week, Waitangi, and ANZAC Day are celebrated with appropriate resources available. 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. Community visitors include entertainers, church services and pet therapy visits. A local Māori entertainer accompanied by local kaumātua visit regularly. The local primary school and high school kapa haka groups have performed for the residents. 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.</p> <p>Residents and families interviewed spoke positively of the activity programme, with feedback and suggestions for activities made via resident meetings and surveys.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management 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 regular and 'as required' medication 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 was one rest home resident and one hospital resident self-administering medications. Both have a current assessment in place that has been reviewed three-monthly by the GP. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Sixteen 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 RN and management described working in partnership with all 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</p>
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		management as part of their annual scheduled training programme.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respects, and supports cultural beliefs, values, and protocols around food. Kitchen staff and caregivers interviewed understood basic Māori practices in line with tapu and noa. The kitchen staff interviewed stated they accommodate all residents' requests and food preferences. Nutritious snacks are available 24 hours a day.</p> <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>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers were coordinated in collaboration with family/whānau and other service providers to ensure continuity of care. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home to hospital level of care.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	PA Low	<p>There is a current building warrant of fitness that expires 15 March 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan; however, this plan does not evidence completion of routine tasks, including: hot water</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>checks; emergency kit checks; kitchen; wheelchairs; shower chairs; and trolleys since July 2022. On interview, maintenance staff confirmed they had not actioned these as required. Call bell checks are completed by an external contractor.</p> <p>Testing and tagging of electrical equipment was completed in February 2022. Checking and calibration of medical equipment, hoists and scales was completed in February 2022.</p> <p>The secure dementia unit is located on the second floor and accessible by keypad entry and exit.</p> <p>The service has no current plans to build or extend. However, should this occur in the future, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>PA Low</p>	<p>The facility has an approved fire evacuation plan. Fire evacuation drills are scheduled six-monthly; however, the last fire evacuation drill occurred in May 2022. The building is secure after hours and staff complete security checks at night. All external doors are alarmed, and an external security company performs patrols overnight. The basement parking and front door automatically closed at night and key areas are monitored through CCTV.</p> <p>Currently under Covid-19 restrictions, all visitors and contractors are required to sign in and wear masks 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	<p>FA</p>	<p>A pandemic response plan was developed at head office and included site specific procedures. An associated Covid-19 Go Kit flowchart was developed and added to the SharePoint page. The Go Kit clearly explains the first 30 minutes following the identification of a positive case. Virtual Covid-19 drills have been conducted on a regular basis, ensuring all staff are aware of protocols to follow in the event of an outbreak. Personal protective equipment (PPE) is ordered, and stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in a dedicated storage area.</p>

<p>scope of our services.</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>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic 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 clinical meetings, weekly management meetings, quality/risk meetings and staff meetings. Staff are informed through the variety of meetings held at the facility and also electronically. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been five Covid-19 outbreaks since the previous audit. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator and the clinical manager interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families were updated regularly.</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>FA</p>	<p>Restraint policy, including acute and emergency restraint policy, confirm that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>services are mana enhancing. At the time of the audit the facility was restraint free. The restraint coordinator/RN was unavailable on the days of audit. The clinical manager confirmed the service is committed to providing services to residents without use of restraint.</p> <p>A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks are included as part of the mandatory training plan and orientation programme. There is a Ryman restraint free decision-making tool and support with resources available for staff.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>	PA Low	There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed. Ryman policies and processes determine that collation of data is documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved in meeting minutes.	Meeting minutes over the previous three months (viewed), did not fully document the person responsible for the action, the timeframe for the action and if the action is completed. One staff meeting minutes did not have analysis and actions required from quality data documented as discussed at staff meetings.	<p>Ensure all meeting minutes document the person responsible for corrective actions, the timeframe for the actions and if the actions are closed. All quality analysis corrective actions are to be documented in staff meetings.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for</p>	PA Low	The service employs contractors to undertake routine checks, including bell system checks and maintenance of heat	<p>i). Hot water checks have not been completed since July 2022.</p> <p>ii) Wheelchairs, walkers, and</p>	<p>i). Ensure hot water checks are completed as per policy.</p>

<p>purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>pumps and emergency systems. In addition, the maintenance team has a preventative monthly schedule which includes testing of water at the tap, wheelchair, walker and mobility equipment and a list of other requirements. The maintenance team has not fully completed required checks since July 2022.</p>	<p>mobility equipment checks are not evidenced as occurring as scheduled on the preventative maintenance schedule since July 2022.</p>	<p>ii) Ensure routine maintenance checks of mobility equipment are implemented as scheduled.</p> <p>90 days</p>
<p>Criterion 4.2.3 Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>New staff are trained regarding fire safety at orientation and annually as documented in the training plan. Fire evacuation drills are scheduled six-monthly; however, this has not occurred as scheduled. The service advised this has been rescheduled for the week following audit.</p>	<p>Fire drills have not occurred six-monthly.</p>	<p>Ensure fire evacuation drills are held six-monthly.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.