

# William Sanders Retirement Village Limited - William Sanders Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	William Sanders Retirement Village Limited
<b>Premises audited:</b>	William Sanders Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 March 2023 End date: 28 March 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	106



# Executive summary of the audit

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## 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 haumarua | 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 William Sanders is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital, and dementia level of care for up to 142 residents, including 30 serviced apartments certified for rest home level of care. At the time of the audit there were 106 residents in total.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

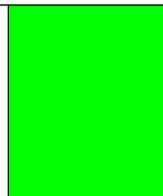
The village manager has been in the role for over four years and is supported by a clinical manager and resident services manager. The management team are supported by a regional operations manager, operations quality manager and support staff at head office. The resident and relatives interviewed spoke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

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

This audit identified areas requiring improvement around documentation of care plan interventions and documentation of neurological observations.

## 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.

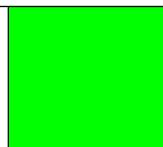


Subsections applicable to this service fully attained.

Ryman William Sanders provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. 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 fully attained.

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 William Sanders 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. Ryman William Sanders provides clinical indicator data for the three services being provided. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau 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.

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

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, nurse practitioner, and other visiting allied health professionals.

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

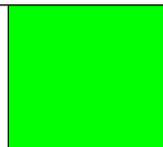
An activities programme is implemented that meets the needs of the residents. There are activities for residents who may want to be connected with te ao Māori, and staff members work in ways that can facilitate that connection.

Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. Cultural, traditional, and religious appreciating related to food and food practices are respected.

Transfer, exits, and discharges occur in a coordinated manner.

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

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

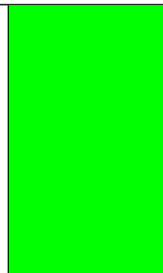


Subsections applicable to this service fully attained.

The building has a current code of compliance and an approved fire evacuation scheme. 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. Visitors and staff are clearly identifiable. There is a printed up-to-date resident list for evacuation purposes.

## 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.

There is 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 Covid-19 outbreaks in 2022 and 2023. Covid-19 lockdown was 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.

The restraint coordinator is the clinical manager (registered nurse). The facility was restraint free at the time of audit. There is leadership commitment to work towards providing a restraint-free environment. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	1	0	0	0
Criteria	0	57	0	2	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 village manager confirmed that the organisation 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>
<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</p>	FA	<p>Ryman liaised with Pacific advisors to provide guidance and consultation on the Pacific health plan which has been developed and implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

<p>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>	FA	<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 (four hospital, two rest home and two dementia) and six residents (three rest home and three 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>	FA	<p>Signage in te reo Māori is in place in various locations throughout the care centre. Te reo Māori is reinforced by those staff who are able to speak/understand this language. The staff noticeboards contain information on Māori tikanga practice. Interviews with seventeen care staff (five registered nurses (RN), nine caregivers (CG) and three 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.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>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.</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 no residents who identified as Māori or Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>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. RNs interviewed were knowledgeable around tikanga practices in relation to consent processes.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is 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 no complaints received from external agencies. There have been four internal complaints received in 2022 and none in 2023 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All complaints are documented as resolved and closed. No trends have been identified. 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 foyer and in units. Families/whānau have a</p>

		<p>variety of avenues they can choose from to make a complaint or express a concern, including the resident and family meetings which are held monthly. Interviews with the village 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 William Sanders Retirement Village provides care for up to 112 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in the serviced apartments. All rooms in the rest home and hospital units are dual-purpose.</p> <p>On the day of audit there were 106 residents in total, including four rest home level of care residents in the serviced apartments. There were 33 rest home residents in the care centre and four in the serviced apartments, including three residents on respite care in the care home and one in the serviced apartments. There were 37 hospital level residents, including one resident on an ACC contract. The dementia unit provides care for up to 36 residents across two units; there were 32 residents on the day of the audit. There was one resident in the dementia unit who was under an ACC contract.</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</p>

		<p>and assessment content to meet resident 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 Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their own operations objectives. The Ryman business plan is based around Ryman characteristics, including (but not limited to) excellence, team, and communication. These characteristics are built into the village objectives. Ryman William Sanders objectives for 2023 are documented and reviewed as planned in April and August, with progression towards completion and ongoing work to be completed documented at each review.</p> <p>The village manager has been in the role for over four years. The village manager is supported by a clinical manager who has been in the role for two years and has previous clinical management experience, and a resident services manager. They are supported by a regional operations manager who has experience in the aged care sector and management. The management team are supported by a team of unit coordinators, RNs, experienced caregivers, and non-clinical staff. The village manager reports a high turnover of staff. Recruitment is ongoing.</p> <p>The village manager has attended training on Covid-19 management, and management development sessions through Ryman. The clinical manager has completed comprehensive clinical updates appropriate 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 achieving Māori health equity.</p>	<p>FA</p>	<p>Ryman William Sanders 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</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>clinical indicator 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.</p> <p>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. 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. 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. Staff have cultural training that aligns with the Māori Health plan to ensure delivery of high-quality health care for Māori.</p> <p>The 2022 resident satisfaction surveys completed in February 2022 demonstrate satisfaction levels with care, building/grounds and safe from Covid-19. Corrective actions were implemented around answering of phones, cleaning, and communication.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. The residents service manager is the health and safety representative. There is a health and safety committee. Health and safety is discussed at all staff meetings. There is a hazard register that is reviewed three-monthly.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of one pressure injury that is now healing and one</p>
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		resident who absconded. There has been five Covid-19 outbreaks which were notified appropriately to Public Health authorities.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>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 care home covers four 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. 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 22 caregivers working in the dementia unit, 10 have completed training in dementia standards and 12 newer caregivers are in the process of completing their dementia standards (all have been at the service for less than 18 months). On interview, the resident services manager stated that caregivers who have not completed their dementia standards are always on the roster with caregivers who have</p>

		<p>completed their dementia standards. Rosters confirmed this.</p> <p>Registered nurses are supported to maintain their professional competency. 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 14 RNs employed at Ryman Sanders. Six RNs have completed interRAI training. Staff interviewed report a positive work environment. The organisation shares health information for all residents through 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>	FA	<p>Eight staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks.</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. 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 person-centred and whānau-centred approach to their care. We</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Exclusions from the service are included in the admission agreement.</p> <p>Declining entry would be if there were no beds available, the potential resident did not meet the admission criteria, or the service is managing bed numbers in order to maintain safe staffing ratios. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information from enquiries and admitted residents and can</p>

<p>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>provide analysis relating to entry and decline rates, including Māori data.</p> <p>The service continues to develop relationships with and develop meaningful partnerships with Māori communities in order to access Māori health practitioners, traditional Māori healers, 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>PA Low</p>	<p>Seven resident files were reviewed; three rest home level, including one on respite care, and one resident in a serviced apartment; two dementia level, including one under ACC funding; and two hospital level.</p> <p>Registered nurses (RN) are responsible for conducting all assessments and develop the care plans. There is evidence of resident and whānau involvement in the interRAI assessments and review of long-term care plans; this was documented in a form to acknowledge their input and in the progress notes. 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. InterRAI assessments and reassessments have been completed within expected timeframes for all long-term residents (including the residents on ACC contracts). 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. Long-term care plans have been developed within three weeks of admission and reflect the required health monitoring interventions for individual residents; however, not all interventions were documented to meet all needs of the 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,</p>

	<p>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. 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 conference meeting</p> <p>The resident on respite had appropriate risk assessments completed and a care plan documented.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission and the GP/NP reviews each resident at least three-monthly. There is a GP/NP visit four times per week. The GP is on call for advice after hours. The clinical manager is also available for after-hours calls and advice. The GP was interviewed and complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans. Specialist services at Te Whatu Ora- Te Toka Tumai Auckland include older persons community team, podiatrist, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits daily Monday to Friday.</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 and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with the GP/NP. Family was notified of all changes to health, including infections, accident/incidents, GP/NP visits, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans</p>
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		<p>with body map, photos and wound measurements were reviewed. Wound records were reviewed for residents with current wounds (abrasions, skin tears, one stage II, and three stage I pressure injuries). Input from Te Whatu Ora-Te Toka Tumai Auckland wound nurse specialist is accessible when required. Pressure injury prevention strategies are implemented.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; and toileting regime. However, neurological observations have not been documented as completed within the required protocol frequencies for unwitnessed falls with, or without head injuries. Each event involving a resident reflected a clinical assessment and follow up by a RN. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</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>The service employs a team of eight activity and lifestyle coordinators that implement the Engage activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents in the secure dementia areas had 24-hour activity plans, which included strategies for distraction and de-escalation.</p> <p>The service facilitates opportunities to participate in te ao Māori through te reo Māori lessons, quizzes, Māori history and music. The service continues to develop links to enable staff to support community initiatives that meet the health needs and aspirations of Māori and whānau.</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. Medications in each unit are stored safely in a locked treatment room. Medication competencies are completed by senior caregivers, and RNs responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. There were no self-medicating residents on the day of audit; however, assessments, a review process, storage, and procedures relating to self-medication are available when required. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, nurse practitioner and the general practitioners are available to discuss treatment options to ensure timely access to medications. There are three medication rooms (hospital, rest home, dementia unit) and one medication cupboard for the service apartments. Medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP or NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required (PRN). Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>The registered nurses interviewed could describe the process for</p>
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		working in partnership with the previous and any potential Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Staff have received medication training around medication management and pain 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	The food is prepared and cooked on site. The kitchen is on site within the care centre and a chef oversees the food service. Kitchen staff are trained in safe food handling. The menu provides for choice and residents can choose from the menu what they would like to eat; likes and dislikes are catered for. The lead chef interviewed stated they implement menu options for any potential Māori residents, giving the example of a number of dishes specific to Māori culture, and the kitchen’s use of a Māori herb (horopito) as seasoning. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.
<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	Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.
<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</p>	FA	The buildings, plant, and equipment are fit for purpose at Ryman William Sanders, and comply with legislation relevant to the health and disability services being provided. There is a current building

<p>around the environment freely and safely.  Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.  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>compliance certificate, with the building warrant of fitness due to be issued at the end of year when the complex is fully completed. There is a documented preventative maintenance plan, that includes checking and calibration of medical equipment, and testing and tagging of other electrical equipment. Checking and calibration of medical equipment, hoists and scales is next due at the end of September 2023. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no current plans to build or extend the care centre; however, for the site as a whole, the Taha Māori Kaitiaki employed by Ryman liaised 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.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  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 dated September 2020. A fire evacuation drill is repeated six-monthly and was last completed in October 2022 in accordance with the facility's building certificate of compliance requirements. There is a current fire register which lists the assistance required for each resident in an event of an evacuation.</p> <p>The building is secure after hours. There are CCTV cameras at entrances and in corridors. Staff complete security checks at night and this is recorded in the handover book. There is a security company that complete external security checks three times per night. The dementia unit (special care unit) is secure.</p> <p>Staff are identifiable and wear name badges. All visitors and contractors are required to sign in, complete health declarations, and wear face masks in the care areas.</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>A pandemic response plan was developed at head office and included site specific procedures. An associated Covid Go Kit flowchart was developed and added to the SharePoint page. The Go</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>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>The organisation involves 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.  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 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 incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infections and information on care and prevention.</p> <p>There have been five Covid -19 outbreaks since the previous audit in March 2022, July 2022, September 2022, December 2022, and January 2023. The outbreaks were documented with evidence of comprehensive management. The infection control coordinator (who is the clinical manager) on interview, described the daily update and debrief meeting that occurred, including an evaluation on what went</p>

		<p>well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau 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>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>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications if appropriate, and that strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment, managing distressed behaviour, and associated risks, are included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional</p>	PA Low	<p>There are processes for resident assessment and care planning in place; however, two residents did not have interventions or sufficient detail in their care plans regarding catheter and stoma care. The service implemented a corrective action plan, including staff education around care planning, and added the required detail into the care plans at the time of audit.</p>	<p>Two residents (one rest home and one hospital) did not have interventions or sufficient detail in their care plans regarding catheter and stoma care.</p>	<p>Ensure interventions are documented in care plans in sufficient detail to allow staff to safely care for residents.</p> <p>90 days</p>

<p>healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>There is a policy for neurological observation frequency; however, two residents with unwitnessed falls reviewed did not have these completed according to policy. The service implemented a corrective action plan, including staff education regarding falls management and neurological observations during the audit. The clinical manager on interview was unable to locate the neurological observations on the electronic system or hard copy for these falls.</p>	<p>Two residents with unwitnessed falls reviewed did not have documented neurological observations fully completed as per Ryman policy.</p>	<p>Ensure all neurological observations following unwitnessed falls, or head injuries are carried out as per policy requirements.</p> <p>90 days</p>

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

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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
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End of the report.