

Possum Bourne Retirement Village Limited - Possum Bourne Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Possum Bourne Retirement Village Limited
Premises audited:	Possum Bourne Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 17 July 2023 End date: 18 July 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:	114

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Possum Bourne belongs to Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital, and dementia levels of care for up to 122 residents in the care centre, and rest home level of care for up to 30 residents in the serviced apartments. On the day of the audit, there were 114 residents. The service is managed by an experienced village manager and clinical manager/registered nurse. Both are supported by the regional operations manager and the Board. The residents and relatives interviewed spoke positively about the care and support provided.

This surveillance audit was conducted against a sub section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Te Whatu Ora Health New Zealand- Counties Manukau. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with staff, management, and the general practitioner.

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

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The service is focused on providing equitable services and has implemented a Māori focused recovery framework. The organisation strives to recruit and retain a workforce that will reflect the population of the residents. Te reo Māori and tikanga are actively promoted, with the principles of Te Tiriti well embedded across the organisation. Māori people will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. There were no residents identifying as Māori.

The needs of tāngata whaikaha are catered for and enable participation in te ao Māori. The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

The complaints process meets the requirements of consumer rights legislation.

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.

The organisation's governing body is responsible for the service provided at this facility. A village manager and clinical manager, supported by the regional operations manager, are responsible for the day-to-day operations. The strategic plan includes a mission

statement and outlines current objectives. Possum Bourne objectives are supported by quality and risk management processes that take a risk-based approach. Systems are in place for monitoring the services provided, including regular monthly reporting to the Board. Services are planned, coordinated, and appropriate to the needs of the residents. Goals are documented for the service with evidence of regular reviews.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored.

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.
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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 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.

An activities programme is implemented that meets the needs of the residents. There are activities for residents who may want to relate to 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.
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The building has a current building warrant of fitness 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.
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A pandemic plan is in place. There are sufficient infection prevention resources, including personal protective equipment available, and readily accessible to support this plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There have been infections outbreaks since the previous audit. All were managed according to 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.
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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	22	0	0	0	0	0
Criteria	0	59	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There are policies in place around equitable employment processes. The village manager (VM) and clinical manager (CM) interviewed confirmed that the facility will continue to employ staff representative of the residents and the community, and Māori applying for job vacancies would be employed if appropriate for the applied role. There are Māori staff employed for various roles at all levels. Ryman Healthcare has a documented recruitment policy in place. The service has a current Māori health plan that reflects Māori health requirements.</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>	FA	<p>The service provider has a current Pacific People’s policy which includes the Pacific health plan, that guides on how Pacific people who engage with the service are supported. The service had no residents who identify as Pasifika. There are currently staff employed that identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other’s culture.</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>The management team interviewed said that service delivery is culturally safe and will support a Pacific worldview. There are linkages with Pacific groups through staff and Te Whatu Ora Health New Zealand- Counties Manukau.</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 service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan. The CM reported that the service will embed a Māori model of health into the care planning process and mana motuhake is respected. The CM further reported that staff will respect residents' rights to self-determination, ensuring they felt culturally safe and not afraid to speak up if they feel their world view has not been fully considered.</p> <p>Staff members were interviewed in their different roles (six caregivers, three activities staff, the lead chef, maintenance manager, housekeeper, physiotherapist, four registered nurses (RNs), and one receptionist, and management (resident services manager (RSM), clinical manager, village manager, and regional operations manager (ROM) understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents following their wishes in relation to their roles.</p> <p>Six family members (three hospital, and two rest home, and one dementia) and 10 residents (five hospital, and five rest home) interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</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</p>	<p>FA</p>	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health policy sighted. Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken.</p>

<p>experiences.</p>		<p>Staff reported that national events are celebrated, including Matariki and Māori language week. The CM reported that all staff are required to respect residents' values, beliefs, and language in the care planning process. At the time of the audit, there were no residents identifying as Māori.</p> <p>The service responds to the residents' needs, including those with a disability, and supports and encourages 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>The management team and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, and are protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocate services. Residents and family/whānau reported they felt safe, and their needs were considered. Te Whare Tapa Whā is used when required to ensure a strengths-based and holistic model, ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora- Counties Manukau if required. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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 service has a complaints' register in place. There were four complaints in 2022, and three complaints lodged in 2023 year to date. The complaints were in relation to delays in answering the call bells, food, personal cares, and all have since been investigated, corrective actions developed, and closed out. The complaint process timeframes were adhered to, and service improvement measures implemented. There has been one complaint received from external agencies and the service has complied with requests for information within required timeframes and the complaint has since been closed. Improvements were made, including in-service education on assessments; the use of the introduction, background, assessment, and recommendation (ISBAR) tool; and reflections on the complaint were completed.</p> <p>Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified from previous complaints lodged. Discussions with residents confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process.</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>FA</p>	<p>Possum Bourne is owned and operated by Ryman Healthcare Group providing rest home, hospital, and dementia levels of care for up to 122 residents in the care centre. The facility is also certified to provide rest home level of care in 30 serviced apartments. The</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>facility is comprised of four levels with care beds located on three of the four floors. The second level has two 20-bed secure dementia care units; the third level has 41 rest home beds (certified as dual-purpose), which includes one double room for a couple if needed; and the fourth level has 41 hospital beds (certified as dual-purpose), which includes one double room for a couple if needed. Both double rooms had single occupancy at the time of the audit. Serviced apartments are spread across the three floors.</p> <p>On the day of the audit, there were 114 residents: 37 at rest home level of care; 38 residents at hospital level of care, including one resident on respite; and 39 residents at dementia level of care (20 residents in one unit and 19 in the other unit, including one resident under long-term support -chronic health conditions). All remaining residents were under the age-related residential care contract (ARCC). There were no residents at rest home level care in the serviced apartments.</p> <p>The organisation is managed by a VM who has extensive experience in management, and is supported by the CM and regional operations manager. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The governance body consists of eight trustees. Each of the trustees contributes their own areas of expertise to the Board, including audit, risk and financial markets, legal, commerce, construction, business management, and extensive backgrounds in governance. Meeting minutes reviewed included full facility meetings, health and safety meetings, residents meetings, and clinical meetings. Weekly manager’s reports were completed in a timely manner.</p> <p>Possum Bourne quality objectives and quality initiatives (2023) are set annually and are regularly reviewed. Objectives are premised on equal access, and affordable health care, thereby enhancing physical and mental wellbeing of residents. The Māori health Plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring. The service has employed Taha Māori Kaitiaki – Cultural Navigator who liaises with other teams within the business to assist in removing barriers for Māori,</p>
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		<p>improving policy and processes to be equitable and inclusive. The Cultural Navigator liaises with the Board and senior executive leadership team to address inequity. This is done in partnership with local iwi and community groups. The VM reported that further help can be sought from Te Whatu Ora- Counties Manukau if required. Policies in place written in partnership with relevant teams, Taha Māori Kaitiaki – Cultural Navigator, whānau representation, and cultural groups.</p> <p>The service has Māori and Pacific health policies, which state the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people, including services for tāngata whaikaha.</p> <p>The governance and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety in the day to day running of the facility. There is a collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Possum Bourne has a documented quality and risk programme that reflects the principles of continuous quality improvement. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is an appointed clinical governance committee that support and enhances the quality of the company's clinical performance, care, and exploring new service provision. The committee assists the Board in discharging its responsibilities relative to clinical reporting and clinical legislative compliance across New Zealand and Australia.</p> <p>Internal audits are completed by the Ryman Clinical and Quality team. Staff, registered nurses, and quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Corrective actions are documented to address service improvements, with evidence of</p>

	<p>progress and sign off when achieved. The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy.</p> <p>Resident/family satisfaction surveys are completed monthly with the aim of covering all residents and families/whānau in a calendar year. Surveys completed in 2022 reflected high levels of satisfaction, with consistently high scores in most categories such as resident care, staff attitude, spacious rooms, and environment. Survey results responses reviewed indicated a lower percentage of activities, laundry, cleaning, and food. The VM reported that the service has addressed areas of concern with the respective departments, that include the kitchen staff, laundry, and housekeeping staff. Evidence of this was sighted in the meeting minutes and corrective action reports were reviewed. Furthermore, the quality meeting minutes reviewed reflected ongoing monitoring of these areas. Interviews with residents and family/whānau were all positive and complimentary of all aspects of the service.</p> <p>There is a meeting schedule that includes regular quality meetings, which includes discussion about clinical indicators (eg, incident trends, infection rates). Full facility meetings are held monthly; caregivers monthly; clinical registered nurses/enrolled nurses monthly; health and safety monthly; and a management report is completed weekly.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The VM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p> <p>There was a hazard register in place and evidence of completed environmental audits. The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed since the previous audit and these relate to three unstageable pressure injuries. The village manager and clinical manager were aware of the Health and Safety at Work Act (2015)</p>
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		<p>and its requirements are implemented. All visitors to the facility are informed and reminded of health and safety and infection prevention during the Covid-19 sign-in procedure. There had been no events that required reporting to WorkSafe NZ in the previous 12 months.</p> <p>A sample of 11 incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>The VM reported that they collect resident's ethnicity data to support improving health equity. Critical analysis of organisational practice is completed through benchmarking, analysis and reports, review of policies, and internal audits.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers with support from the clinical and management team. A significant number of staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The regional operations manager, VM, and CM reported that most of the training is completed online. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling, privacy and confidentiality, challenging behaviour, safe food handling, personal grooming, cultural safety, ageing and promoting independence, falls prevention and management, te reo Māori, tikanga Māori, Te Tiriti o Waitangi, pandemic planning and outbreak management; nutrition;</p>

		<p>harassment; pressure injury prevention; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. Caregivers who work in the dementia unit, have attained the dementia unit standards, and some are in progress. These staff have been employed within the last 18 months. Each of the staff members interviewed reported feeling well-supported and safe in the workplace. The VM reported that the model of care ensured that all residents are treated equitably.</p> <p>The provider has an environment that encourages collecting and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori.</p> <p>The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been provided to staff and in-service education is ongoing.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</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</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Each position has a job description. A total of 10 staff files (two registered</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>nurses, two unit-coordinators, a clinical manager, one caregiver, a senior lead chef, two housekeepers, and activities lifestyle coordinator) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. The management team is identifying and recording staff ethnicity. There is a diverse mix of staff employed at the service.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>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. The service collects ethnicity information at the time of admission from individual residents for analysis, to identify entry and decline rates, including Māori data.</p> <p>The service fosters meaningful partnerships with Māori communities and works alongside them 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>FA</p>	<p>Seven resident files were reviewed: two rest home level; three dementia level, including one under an LTS-CHC contract; and two</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>hospital level.</p> <p>Registered nurses (RN) are responsible for conducting all assessments and developing the care plans. There is evidence of resident and family/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. Care plans are holistic in nature and reflect a person-centred care plan that give tāngata whaikaha and other residents choice and control over their supports.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All resident files (including the LTS-CHC) had an initial interRAI assessments completed. Additionally, all files had a suite of assessments completed in electronic format to form the basis of the long-term care plan and to capture any changes. A specific cultural assessment with cultural goals has been implemented for all residents. For the resident files reviewed, there are outcomes from assessments and risk assessments which are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family are invited to attend the MDT case conference meeting. The long-term care plan is holistic and includes social and cultural activities. The service supports Māori and whānau to identify their own pae ora outcomes through involvement in their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations document progression towards the goals.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each</p>
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	<p>resident at least three-monthly. There is a GP visit four to five times per week. There is a contracted GP service on call for advice after hours. The clinical manager is also available for after-hours calls and advice.</p> <p>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- Counties Manukau include older persons community team; podiatrist; dietitian; and speech and language therapist. The service has contracted a physiotherapist that visits daily Monday to Friday, and an employed physiotherapy assistant.</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. Family were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for residents with current wounds (abrasions, skin tears, one stage I, and one stage II pressure injuries). Input from Te Whatu Ora- Counties Manukau 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</p>
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		<p>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. Neurological observations have been completed within the required protocol frequencies for unwitnessed falls with, or without head injuries.</p> <p>Any short-term acute issues such as infections, weight loss, and wounds are added to the care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. 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 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. The rest home programme is Monday to Friday and the hospital and dementia units are seven days a week.</p> <p>The village has a van available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. The service engages and maintain links with the local community and includes volunteers, entertainers, and visitors. Various church services are held through the month.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia (special care unit) activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The service facilitates opportunities to participate in te ao Māori, through te reo Māori lessons, quizzes, Māori history and music. The service has links through staff members who identify as Māori, 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 pharmacy in a safe and timely manner. There was one self-medicating residents on the day of audit who had the appropriate assessments, reviews, and safe storage available. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, and the general practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>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. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication 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 working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is prepared and cooked on site. The kitchen is on site within the care centre and a lead chef oversees the food service. The menu provide 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 the Māori culture. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24 hours per day.</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/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. Residents and families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Ryman Possum Bourne and comply with legislation relevant to the health and disability services being provided. There is a current building warrant of fitness due to expire 6 September 2023. There is a</p>

<p>around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>documented preventative maintenance plan and 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 December 2023. Hot water temperatures are maintained within suitable ranges and checked monthly.</p> <p>The environment, art and decor is inclusive of peoples' cultures and supports cultural practices. The dementia areas are secure.</p> <p>The service has no current plans to build or extend the care centre; however, for any future developments, the Taha Māori Kaitiaki employed by Ryman would 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>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service dated August 2016 (with further updates April 2019). A fire evacuation drill is repeated six-monthly and was last completed in April 2023. 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. The dementia (Special care unit) is secure at all times.</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 policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	<p>A pandemic plan is in place, and this is reviewed at regular intervals. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in</p>

<p>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>te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and the same applies to white and coloured pillowcases; these were examples of the culturally safe practices observed. The CM reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) 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>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CM reported that the general practitioner is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practiced.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff and management, respectively. There were infection outbreaks of Covid-19 reported in May, July, December 2022, and March, June, and July 2023, since the previous audit. These were managed appropriately, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. 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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint.</p>

		<p>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>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.