

# Ryman Napier Limited - Princess Alexandra 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>	Ryman Napier Limited
<b>Premises audited:</b>	Princess Alexandra 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: 24 August 2023 End date: 25 August 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>	102

# 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

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

## General overview of the audit

Princess Alexandra Retirement Village is part of the Ryman Healthcare Group of retirement villages and aged care facilities. The service visited provides rest home, hospital, and dementia levels of care for up to 108 residents in the care centre, and rest home level of care for up to 30 residents in serviced apartments. On the day of audit, there were 102 residents.

An experienced village manager provides operational leadership supported by a resident services manager. Regional support is provided by the regional manager (operations). All three positions are non-clinical. A clinical manager and three clinical coordinators (registered nurses) provide clinical leadership. A regional clinical manager provides oversight and support to the clinical team. There were quality systems and processes implemented. An induction and in-service education programme were in place to provide staff with the appropriate knowledge and skills to deliver care. The residents and family/whānau interviewed spoke positively about the care and support provided.

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

This audit identified the service is meeting the Ngā Paerewa 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.

Princess Alexandra Retirement Village staff receive training in Te Tiriti o Waitangi and cultural safety which was reflected and observed in service delivery. There was a Māori health plan policy implemented to support culturally appropriate practice. Cultural assessments were undertaken on admission and during the review process. Care was provided in a way that focused on the individual and considered values, beliefs, culture, religion, sexual orientation, racism, and relationship status. Residents' quality of life is core to the organisations values and demonstrated in the quality of services provided.

Policies were implemented to support residents' rights, communication, complaints management and protection from abuse. Information related to the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was available to residents and family/whānau. Staff confirmed the implementation of policies that supported individual rights, advocacy and informed consent. The service had a culture of open disclosure and complaint processes were implemented. The residents care plans accommodated the choices of residents and/or their family/whānau. Resident's connections to the community were identified, encouraged and maintained.

## 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 mission statement and vision were documented and displayed in the facility visited. The service had a current quality and risk management and business plan. Experienced and suitably qualified managers oversee operations and clinical

service delivery. Support is provided through a range of organisational teams including business, operations, clinical and leadership. Reporting lines were in place and information flow from organisational meetings and programmes was completed as required, with feedback and/or information available to service delivery staff. There were quality and risk management systems implemented and meetings held that included reporting on various clinical indicators, quality and risk issues, and review of identified trends. Risk escalation processes were in place and undertaken as required.

There were human resource policies and procedures available to guide practice in relation to recruitment, orientation, and management of staff. The service included a systematic approach to identifying and facilitating ongoing training and supporting safe service delivery. Individual performance reviews were completed. Systems were in place to ensure the secure management of resident and staff data.

## 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 service's registered nurses were 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 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 was implemented that met residents' needs. There were activities for residents who desired connection to te ao Māori. Staff members work in ways to support the identified cultural activity needs of residents.

Residents' food preferences and dietary requirements were identified on admission and all meals were cooked on site. Cultural, traditional, and religious dietary preferences/practices were 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 was a planned and reactive maintenance programme in place. Security arrangements are in place.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection data was collected, collated and benchmarked nationally against other Ryman Village services.

Pandemic plans were in place. There had been three outbreaks since the last audit period. All requirements for outbreak management were completed and documented for each event.

## 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 was the registered nurse. There were three residents using bedrail restraints on the day of audit. There was 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>The organisations Māori health plan identified the organisations obligations to upholding Te Tiriti o Waitangi and goals to improve outcomes for Māori. There was Māori representation on the Board and at other levels in the organisation. Māori advisory roles were in place and available to guide the strategic direction of the organisation. Population data informs decision making, including the recruitment and retention of Māori staff. The pou awhina role has been established to connect with whānau and residents who identify as Māori, offer connections to local iwi/ Māori providers, and assist in any way to accommodate Māori residents/whānau. The pou awhina interviewed also helps staff to enhance care for Māori residents through culturally appropriate advice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>The organisation had developed a Pacific peoples’ plan with the aim to improve services and outcomes for Pacific residents. Staff</p>

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>discussed the intent and aims of the plan and how the plan would be implemented when supporting any Pacific residents. The plan included staff responsibilities to uphold Pacific residents cultural and spiritual beliefs and practices. There are Pacific staff employed who connect to local Pacific groups. There was evidence where one Pacific resident was supported to receive culturally appropriate personal cares. Residents who identify as Pasifika are encouraged to maintain their links in the community. The manager was aware of local Pacific groups and how to connect with them. Each Pacific resident plan requires input into community connections to meet those person's individual needs.</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>Staff discussed mana motuhake and the steps taken by the organisation to address Māori resident's self-determination. Policies, plans and practices observed included ways in which all residents, including Māori residents' right to self-determination was upheld and they could practice their own cultural values and beliefs. The Māori health plan identified how the organisation would respond to Māori cultural needs and beliefs in relation to residential care. Care staff interviewed (two caregivers, four registered nurses (RN) and one activities coordinator) confirmed they were familiar with the Māori plan and how to implement it.</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>Records reviewed confirmed staff receive training in tikanga and cultural responsiveness. Cultural appropriate activities such as celebrating Matariki were practiced. The four residents (two rest home and two hospital) and family/whānau (two rest home, one hospital and one dementia) interviewed reported positively about the 2023 Matariki celebrations. Signage in te reo Māori is in place in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice.</p> <p>Interviews with staff (four RNs, two caregivers, one resident support coordinator, one chef, one activities coordinator, two laundry assistants, one cleaner and one maintenance) confirmed their understanding of the cultural needs of Māori residents, including the</p>

		<p>importance of involving family/whānau in the delivery of care.</p> <p>Residents' files reviewed evidenced resident and family/whānau involvement, exploration of the resident values, with plans outlining how goals were to be achieved and what support was required. There were staff fluent in te reo Māori available to support Māori residents. Staff discussed how the new pou awhina role had positively impacted on outcomes for Māori residents. Staff confirmed participation in te ao Māori for tāngata whaikaha was facilitated where indicated.</p> <p>The organisation provides opportunities for all staff to learn te reo Māori online and vicariously through day-to-day activities.</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. The staff interviewed reported they enjoy working in a positive environment. A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning and policies.</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</p>	FA	<p>The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. The RNs discussed the importance of whānau support and involvement in decision making, care and treatment of the resident, provided that the resident had given consent for the whānau to be involved. Special support and facilitation for whānau to lead palliative care and care of their loved one following death was known to staff. They described the methods undertaken to achieve this with an associated appropriate consent focus. There was documented evidence of discussion with the activated enduring power of attorney (EPOA). Discussions with staff members confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing</p>

<p>to exercise independence, choice, and control.</p>		<p>residents' rooms. Training related to the Code of Rights, informed consent and EPOAs is part of the mandatory education programme.</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 organisation had a policy and process to manage complaints that is in line with Right 10 of the Code. Complaint information was available throughout the facility in various forms.</p> <p>The village manager is responsible for managing complaints. Complaints records were reviewed confirmed that where a complaint had been made; this was managed according to policy requirements. Support was also provided by the regional manager, including assistance to meet timelines for investigation and response.</p> <p>There had been two Health and Disability Commission (HDC) complaints received since the last audit. Documentation for both was reviewed and met requirements for the organisation's response. A complaints register was in place that included the name of the complainant; date the complaint is received; the date the complaint was responded to; the date of resolution; and with the date the complaint was closed completing the form. Evidence relating to the investigation of the complaint was held in the electronic complaints folder. Interviews and review of hard copy complaint documentation evidenced that complaints are managed, and issues are resolved in a timely manner.</p> <p>Support for Māori residents was available if required related to the complaints process. Staff reported a range of potential supports including involvement of extended family/ whānau and the pou awhina.</p> <p>Interviews with the staff and residents and review of documentation confirmed that residents can raise any concerns and provide feedback on the service. Resident and family/whānau stated they had been able to raise issues directly with the village manager, resident's services manager, clinical coordinator or clinical manager and had felt comfortable throughout the 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>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>Princess Alexandra Retirement Village is a Ryman Healthcare facility situated in Napier. The service is able to provide rest home, hospital and dementia levels of care for up to 108 residents in the care centre. There are 60 dual purpose beds in the care centre. There are also 30 serviced apartments that have been certified to provide rest home level of care.</p> <p>There were 102 residents in the care centre and two rest home level residents in the serviced apartments at the time of the audit. The care centre residents included 24 rest home residents, including one resident on respite; 54 hospital residents; and 24 residents in the dementia unit. The remaining residents were under the age-related residential care agreement.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional operation managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Ngāi Tahu.</p> <p>The organisation has employed a Taha Māori Kaitiaki – Cultural Navigator, along with a Taha Māori Educator 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 Taha Māori Kaitiaki – Cultural Navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman works in consultation with resident and whānau input into reviewing care plans and assessment content to meet resident's cultural values and needs. The Ryman organisation is focused on improving delivery of services that improve outcomes and achieve equity for tāngata whaikaha. This includes ensuring meaningful representation at management level.</p> <p>There are recently employed full-time staff recruited into the village manager (non-clinical) role, resident support coordinator (non-clinical) and clinical manager role. All have experience in the age care setting. They are supported and have had mentoring from both the regional operations manager and the regional clinical manager, who reported on their significant onsite presence at the facility to ensure service</p>
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		continuity. The clinical manager is additionally supported by the hospital coordinator.
<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>Staff at Princess Alexandra are implementing the organisational quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Village objectives/goals for 2023 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed at head office, where the data is benchmarked within the organisation and results are shared in staff meetings. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality/management) 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. Ryman policies and processes determine that collation of data is documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved in meeting minutes. The role of the Taha Māori Kaitiaki – Cultural Navigator is to ensure policy and procedure within the villages and the company represents Te Tiriti partnership and equality.</p> <p>The residents and relatives' satisfaction surveys are completed annually. Results are collated and analysed and corrective actions are implemented for areas of low satisfaction. Latest results evidenced corrective actions around food choices. These were evidenced through quality initiative activities following the results analysis and ongoing work to improve food services.</p> <p>A health and safety system is in place with identified health and safety goals. The resident services manager interviewed maintains oversight of the health and safety and contractor management on site. Hazard</p>

		<p>identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all key areas.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by an RN.</p> <p>Discussions with the regional operations manager, the village manager and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. The village manager completes these notifications when required. There have been section 31 reports completed appropriately since the previous audit. Notifications for outbreaks have been made as required since the last audit. Notifications resultant of the February 2023 cyclone, were made as required.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The organisation has guidelines in place that provide the rationale for staff rostering and skill mix. This includes a roster allocation to ensure staffing levels are maintained at a safe level. Interviews with residents and staff, alongside rosters reviewed confirmed that staffing was at an optimal level and all shifts were covered by registered nurses where required. Sufficient caregivers, laundry and cleaning staff were available and rostered on seven days a week. The village manager and clinical manager both work 40 hours per week and are available for on-call clinical support.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. Existing staff support systems, including peer support, ChattR online communication app and provision of education, promote health care and staff wellbeing. All senior caregivers and RNs have current medication competencies.</p>

		<p>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. The staff working in the dementia unit have either completed the required dementia training or are in the process of completing this.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular (two-monthly) journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication, and insulin competencies. There are sufficient RNs who are interRAI trained. Staff interviewed report a positive work environment. The organisation shares health information for all residents through quality data, which includes ethnicity information of residents. Educational goals identify that mandatory cultural training, including understanding health equity, has been provided to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management practices follow the organisation's policies and processes, adhering to the principles of good employment practice and the Employment Relations Act 2000. Review of eight staff records confirmed the organisation's policies were consistently implemented and records were maintained. The recruitment process included police vetting, reference checks and a signed agreement with a job description for each role. Current practising certificates were sighted for all staff and contractors who require these to practice, including all general practitioners.</p> <p>There was a documented and implemented orientation programme. There was recorded evidence of staff receiving an orientation specific to their roles during induction. Staff confirmed completing orientation and stated it was appropriate to their role. Staff information and files are held securely. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</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>Files reviewed and interviews confirmed residents' entry into the service was facilitated in a competent, equitable, timely, and respectful manner. The service collects ethnicity information from enquiries and admitted residents and can provide analysis relating to entry and decline rates, including Māori data.</p> <p>The service continues to develop meaningful partnerships with Māori communities in order to access Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau. Māori specific roles are available for support and advice.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files were reviewed: two rest home (one respite), two dementia and three hospital level of care.</p> <p>Registered nurses (RN) were responsible for conducting all assessments and developing the care plans. There was evidence of resident and whānau involvement in the interRAI assessments and review of long-term care plans documented in the clinical files and in the progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information were identified and strategies to manage these are documented in the resident's care plan. The service supports Māori residents and whānau to identify their own pae ora outcomes in their care or support plan. The Māori health plan includes provision of equitable outcomes for Māori health. This is documented in progress notes and all communication was linked to the electronic myRyman system (including text messages and emails) and automatically uploaded.</p> <p>Risk assessments were conducted on admission. InterRAI assessments reviewed, and reassessments completed within expected timeframes. Outcomes of the assessments formulated the basis of the holistic long-term care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with residents and family/whānau or significant others</p>

		<p>form the basis of the long-term care plans. Long-term care plans were developed within three weeks of admission and reflected the required health monitoring interventions for individual residents. Cultural assessments were completed for all residents, and values, beliefs, and spiritual needs were documented in the care plan. Residents in the dementia unit all had behaviour assessments and a behaviour plan, with associated risks and support needs. Short-term issues such as infections, weight loss, and wounds were either resolved or added to the long-term care plan. Written evaluations reviewed identified if the resident goals had been met. Long-term care plans were updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau were invited to attend the MDT case conference meeting.</p> <p>The two residents on respite level care had appropriate risk assessments completed and a care plan documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP visited four times per week and provided an on-call service. The GP was interviewed and was complimentary of the service provided. Specialist referrals were 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 Matau a Maui Hawkes Bay, included older persons community team, podiatrist, dietitian, and speech and language therapist. The service has a contracted physiotherapist that visits three times a week.</p> <p>Caregivers interviewed described a verbal and written handover at the beginning of each duty that maintains continuity of service delivery. This was observed on the day of audit and found to be comprehensive. Progress notes were maintained daily 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</p>
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		<p>changes to health status. There was 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, two stage II pressure injury) and one stage IV pressure injury (Section 31 completed, referred wound care specialist). Input from a specialist wound service was documented. Pressure injury prevention strategies were implemented.</p> <p>Caregivers interviewed stated there were adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Access to a continence specialist was available.</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. Neurological observations had been 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. Opportunities to minimise future risks were 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>	FA	<p>The service facilitates opportunities to participate in te reo, including Māori language week, the Ryman cultural theme calendar, Māori fashion parade, 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. Te Tiriti: Service providers shall support and advocate for Māori to</p>	FA	<p>There were policies and procedures in place for safe medicine management. Medications in each unit was stored safely in a locked treatment room and met legislative requirements. Medication competencies were completed by caregivers and RNs responsible for</p>

<p>access appropriate medication and blood products. 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>medication administration. Regular medications and 'as required' medications were delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation was maintained. Any discrepancies were fed back to the supplying pharmacy. Expired medications were returned to the pharmacy in a safe and timely manner. There were no self-medicating residents on the day of audit. There are assessments, a review process, storage, and procedures relating to self-medication were available if required. Residents who were on regular or 'as required' medications had clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provided appropriate support, advice, and treatment for all residents. Registered nurses and the GP were available to discuss treatment options to ensure timely access to medications. There were two medication rooms (hospital and rest home) and one medication cupboard for the service apartments. Medication fridge and room air temperatures were checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and provided 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 had reviewed the medication charts three-monthly and discussion and consultation with residents had taken place during these reviews if additions or changes were 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 were not in use. All medications were charted either regular doses or as required (PRN). Over the counter medications and supplements were prescribed on the electronic medication system.</p> <p>The registered nurses interviewed could describe the process of working in partnership with the previous and any potential Māori residents to ensure the appropriate support was in place, advice was timely, easily accessed, and treatment prioritised to achieve better health outcomes. Staff had received medication training around medication management and pain management as part of their</p>
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		annual scheduled training programme.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food was prepared and cooked on site. The menu provides food choices and residents can choose from the menu what they would like to eat. Preferences were acknowledged and catered for. The lead chef interviewed stated they implement menu options for any potential Māori residents, giving the example of several dishes specific to Māori culture. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. There were nutritional snacks available in all units 24/7.</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 were undertaken in a timely and safe manner. The residents and their families/whānau were involved for all exits or discharges reviewed to and from the service. Discharge notes were uploaded to the system and discharge instructions were incorporated into the care plan. Families/whānau were 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 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</p>	FA	<p>The buildings, plant, and equipment were fit for purpose and comply with legislation relevant to the health and disability services being provided. There was a current building warrant of fitness which expires 1st August 2024. There was 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 documentation evidenced this was completed in May 2023. Hot water temperatures were maintained within suitable ranges and checked monthly. The environment, art and decor were inclusive of peoples’</p>

<p>belonging, independence, interaction, and function.</p>		<p>cultures and supports cultural practices.</p> <p>The service had no current plans to build or extend the care centre. The Taha Māori Kaitiaki employed by Ryman, liaised with local Māori providers to ensure aspirations and Māori identity were included in the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A current fire evacuation plan was in place, approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly and was last completed on 18th April 2023. There was a current fire register which lists the assistance required for each resident in an event of an evacuation. The buildings security was maintained after hours. There were CCTV cameras at entrances and in corridors. Staff complete security checks at night and this was recorded in the handover book. The dementia unit (special care unit) was secure. Staff were identifiable and wore name badges. All visitors and contractors were required to sign in, complete health declarations, and wear face masks in the care areas. With support from Ryman head office, the disaster management plan was initiated during the flooding event in February 2023. Due to the geographical location, there was no need to evacuate. There was a backup generator to support services during localised power outages.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A pandemic response plan was developed at head office and included site specific procedures. An associated Covid-19 Go Kit flowchart was developed and added to the SharePoint page. The Go Kit for infections clearly explains the first 30 minutes following the identification of a positive case and 24-hour management. All staff have been trained 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 and ensures te reo Māori is incorporated into infection control information for Māori</p>

		<p>residents. Posters on hand hygiene in te reo Māori were evident in communal areas. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The new pou awahina role is supportive of the infection control programme and assists (where necessary) with information in Māori and communication to Māori residents/whānau and staff in the event of an outbreak.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<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 infection control coordinator presents a monthly report to the clinical manager. Infection control surveillance is discussed at clinical meetings, weekly management meetings, quality/risk meetings and staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured around infections. All communication is made and documented in a culturally safe manner.</p> <p>There have been three Covid-19 outbreaks since the last audit. Reviews undertaken evidenced learnings were implemented and improvements made between the first and second Covid-19 outbreaks. This had resulted in a reduced outbreak period for the second event. All notifications had been made.</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</p>	FA	<p>The organisational 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. When restraint is considered, the restraint coordinator works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility had three residents using bedrails as a restraint.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>The three residents (hospital level care) reviewed documentation included assessment, consent and evaluation of restraint and family involvement. The restraint was included in the long-term care plan, hourly monitoring and turning chart was completed.</p> <p>The registered nurse (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is 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

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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
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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.