

Bert Sutcliffe Retirement Village Limited - Bert Sutcliffe 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bert Sutcliffe Retirement Village Limited
Premises audited:	Bert Sutcliffe 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: 26 October 2023 End date: 27 October 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:	118



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

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

Key to the indicators

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

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

General overview of the audit

Ryman Bert Sutcliffe 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 150 residents. On the day of the audit, there were 118 residents in the care centre and four in the serviced apartments. The service is managed by an experienced village manager, clinical manager, resident services manager, and unit coordinators. They 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- Waitemata. 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 required subset of the Ngā Paerewa Standard.

Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

The service works collaboratively to support and encourage a Māori world view of health in service delivery. Policies are in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when required.

Policies and procedures are available to guide staff in the care of Pacific peoples and to improve the outcomes of those that identify as Pasifika.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). There is a current policy on abuse and neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

Complaints are reported, investigated, and responded to in a timely manner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

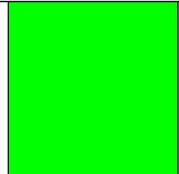
Subsections applicable to this service are fully attained.

The quality and risk management systems are focused on quality service provision and care. The strategic plan includes a mission statement and outlines current village objectives. Ryman Bert Sutcliffe objectives are supported by quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The Board meets quarterly and Board members each have areas of expertise to contribute. The Board is totally invested in ensuring the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora- Waitematā.

Staff coverage is maintained for all shifts. Acuity of residents is taken into consideration when planning and ensuring adequate cover. Staff employed are provided with orientation, job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight 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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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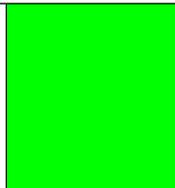
Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Cultural needs are able to be met. Nutritional snacks are available for residents 24 hours. A current food control plan is in place.

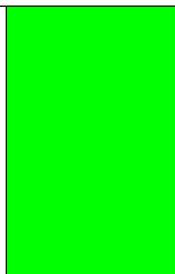
Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The service ensures the safety of the residents and of staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical manager coordinates the programme.

Orientation and ongoing education of staff are maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19, gastroenteritis, and scabies in 2022 and 2023 were managed according to Ministry of Health guidelines.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	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.

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. 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>Ryman Bert Sutcliffe has a Māori and Pacific people’s health policy, a Māori health plan, and a Māori engagement framework, which collectively outline how the facility responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>All residents who identify as Māori are provided with equitable services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care is provided in a way that focuses on the individual and considers beliefs, values, and culture. The Board and management teams have completed training on Te Tiriti o Waitangi and health equity. Representatives on the Board identify as Māori.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and</p>	FA	<p>Burt Sutcliffe has a current Pacific People’s policy which includes the Pacific health plan, which 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>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at Ryman Bert Sutcliffe understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes.</p> <p>Family/whānau and residents 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. Code of Rights posters are displayed in English and te reo Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The regional operations manager (ROM), and village manager (VM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation service plans were signed by residents who</p>

<p>will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</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>A fair, transparent, and equitable system is in place to receive and resolve complaints that lead to improvements. The service has a complaints' register in place. There were 10 complaints in 2022, and two complaints lodged in 2023 year to date. The complaint process timeframes were adhered to, and service improvement measures were implemented. 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. There have been no complaints received from external agencies.</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. The village manager reported that there were no external complaints reported.</p> <p>In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural navigator if</p>

		needed.
<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>	FA	<p>Ryman Bert Sutcliffe is owned and operated by Ryman Healthcare Group providing rest home, hospital, and dementia levels of care for up to 150 residents, including 30 serviced apartments certified to provide rest home level care. The facility is comprised of four levels with the care centre located on three of the four floors. The second level has two 19-bed secure dementia care units on each side; the third level has 41 rest home beds; and the fourth level has 41 hospital beds (all rest home and hospital beds are certified as dual-purpose).</p> <p>On the day of the audit, there were 118 residents: 40 at rest home level of care; 40 residents at hospital level of care, including one resident under an accident compensation corporation (ACC) contract; and 38 residents at dementia level of care, including one resident on respite and two under young persons with disability (YPD). All remaining residents were under the age-related residential care contract (ARCC). There were four residents at rest home level care in the serviced apartments.</p> <p>The organisation is managed by a village manager (VM) who has extensive clinical experience in nursing 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 clinical governance sub-committee meetings, operations clinical council meetings, full facility meetings, health and safety meetings, residents' meetings, and clinical meetings. Weekly manager's reports were completed in a timely manner. The regional operations manager reported that the governance body is committed to the quality and risk management system.</p> <p>Ryman Bert Sutcliffe 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</p>

		<p>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, 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- Waitemata if required. Policies in place were 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. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Ryman Bert Sutcliffe 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</p>

	<p>improvements, with evidence of 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 the National Adverse Event Reporting Policy.</p> <p>Resident/family satisfaction surveys are completed annually. Surveys completed in 2023 reflected high levels of satisfaction, with consistently high scores in most categories, such as resident care, staff attitude, spacious rooms, and environment. The VM reported that the service has addressed areas of concern with the respective departments, which include the kitchen staff, care, and nursing 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 facility is focused on achieving Māori health equity, identifies external and internal risks and opportunities, including potential inequities, and has developed a plan to respond to them.</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 unstageable pressure injuries, an unwitnessed fall resulting in hot water burns, and the appointment of a clinical manager. The village manager and clinical manager were aware of the Health and Safety at Work Act (2015) 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 has been one event that required reporting to WorkSafe NZ.</p> <p>A sample of 10 incidents/accidents recorded in the electronic record</p>
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		<p>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>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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 and VM 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; chemical safety and waste management; challenging behaviour; safe food handling; informed consent and disclosure; 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; 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 has either completed or commenced a New Zealand Qualification Authority (NZQA) 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</p>

		<p>model of care ensured that all residents are treated equitably.</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 workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors (GPs, pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of 10 staff files (two registered nurses, one unit coordinator, a clinical manager, a resident services manager, two caregivers, a senior lead chef, one housekeeper, and an 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>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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>	FA	<p>A total of eight files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The files reviewed included two rest home including one serviced apartment, three hospital and three dementia, including one YPD and one respite. InterRAI assessments were completed within 21 days of admission. Nutritional requirements forms were updated following interRAI assessments. The service uses assessment tools that include</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. Resident, family/whānau, and GP involvement is encouraged in the plan of care.</p> <p>The GP completed the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Mental health services are readily available as required. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. There is a contracted podiatrist who visits the service six-weekly, and a contracted physiotherapist who completes assessments of residents and manual handling training for staff. Notations were clearly written, informative and relevant.</p> <p>The RN's reported that sufficient and appropriate information is shared between the staff at each handover, which was observed during the audit. The handover is both digital and verbal. Interventions were resident focussed and provide detail to guide staff in the management of each resident's care.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by registered nurses. Family was notified following incidents. Opportunities to minimise future risks were identified by the unit coordinators in consultation with the registered nurses and care staff.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Wound management plans were implemented with regular evaluation completed (including photos) and wound care nurse specialists were consulted when required. There are two current facility acquired pressure injuries (one stage II and one unstageable). The unstageable has been reported on a S31 and there is a referral to a wound care nurse specialist.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or EPOA and family responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</p>
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		<p>EPOA's, family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; bowel charts; neurological observations forms; blood glucose; and restraint monitoring charts.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were no residents who identify as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments were completed by the nursing team who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</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>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management was in use. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews.</p> <p>A total of sixteen medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external</p>

		<p>appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication rooms temperatures was being conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>One registered nurse and one medication competent caregiver on two different levels were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards. There was one resident self-administering medications. All self-medicating documentation was in place, including consent. The medications were stored safely. There were no standing orders in use.</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>A chef manager oversees food services. There is a four-week menu which is approved by the Ryman dietitian. The food control plan expires on 21 May 2024. The chef manager stated that they are able to manage all nutritional and dietary requirements, including those required by different cultures. Nutritious snacks are available 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</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. The village manager reported that discharges are normally into other similar facilities. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family, and other external agencies. Risks are identified and managed as required.</p>

<p>transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>Evidence of residents who had been referred to other specialist services, such as podiatrists, wound care nurse specialists, and physiotherapists and hospice were sighted in the files reviewed. Residents and family/whānau are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a building warrant of fitness which expires 11 June 2024. The 'facilities' (maintenance) manager works full time and is available on call after hours. There are two support maintenance people, one in the village and one in the care centre, and three gardeners. The annual preventative maintenance schedule is online. This comes from head office and tasks are signed off monthly. The reactive maintenance requests are also online. The facilities manager signs off all requests when completed. The call bell checks were completed in March 2023, electrical testing and tagging in August 2023, and calibration of medical equipment in April 2023. Hot water temperatures are checked monthly and if there are any problems, there is a contracted plumber. There is also a contracted electrician if required. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>Residents and relatives interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility is non-smoking.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection control programme implemented that was developed with input from external infection control services. The current programme was approved by the quality team and is linked to the quality improvement programme. The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education has</p>

<p>and scope of our services.</p>		<p>been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities and externally with similar organisations.</p> <p>There were infection outbreaks of Covid-19, gastroenteritis, and scabies reported in 2022 and 2023, respectively. These were managed in accordance with the pandemic plan with appropriate notification completed.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Ryman restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>interviewed village manager (restraint coordinator not available) stated that the service is committed to a restraint-free environment in all its wings. They have strong strategies in place to eliminate the use of restraint.</p> <p>There are currently no restraints in use. When restraint is used, this is a last resort when all alternatives have been explored. The clinical coordinator is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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 audit.

No data to display

End of the report.