

Kiri Te Kanawa Retirement Village Limited - Kiri Te Kanawa 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:	Kiri Te Kanawa Retirement Village Limited
Premises audited:	Kiri Te Kanawa 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: 14 December 2023 End date: 15 December 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:	97



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 fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Ryman Kiri Te Kanawa provides rest home, hospital, and dementia-level care for up to 127 residents, including the care centre and the serviced apartments. On the day of the audit, there were 97 residents in the care centre and six residents in the serviced apartments.

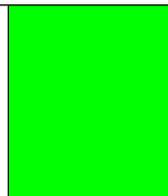
The service is managed by the village manager, clinical manager, resident services manager, and unit coordinators. They are supported by the regional operations manager and the Ryman Board. The residents and relatives interviewed spoke positively about the care and support provided.

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-Tairāwhiti. 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 nurse practitioner.

This audit identified an improvement required around staff performance appraisals.

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.



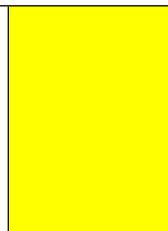
Subsections applicable to this service fully attained.

Ryman Kiri Te Kanawa has a Māori and Pacific people's health policy and other relevant documents to fulfil their obligations and responsibilities under Te Tiriti o Waitangi.

The service supports a Māori workforce, with a proportion of staff identifying as Māori (or having whānau connections) throughout their organisational chart at the time of the audit. Individualised care is delivered with a specific emphasis on acknowledging and respecting the beliefs, values, and cultural backgrounds of each person. Certain staff members are proficient in te reo Māori and intentionally engage in conversations with Māori residents who speak this language. The complaint register is up to date. The complaints process works equitably for Māori and support is available. There is an understanding that face-to-face meetings with whānau are preferred in resolving any issues for Māori. Informed consent processes are implemented.

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.



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

There are key business goals and site-specific operations objectives which are reviewed on a regular basis. Ryman Kiri Te Kanawa has a well-established quality and risk management system that is directed by Ryman's head office. Quality indicators are monitored through clinical indicators, staff incident reporting, audit results, complaints, residents and staff input through feedback

and meetings, and consumer satisfaction surveys. Quality and risk performance is reported across the various facility meetings and benchmarked against Ryman facilities.

Staff coverage is maintained for all shifts. Staff employed are provided with orientation and ongoing support through training. Staff can access external training.

The service complies with all statutory and regulatory reporting obligations.

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Subsections applicable to this service fully attained.
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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.

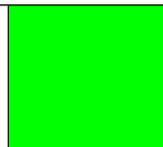
There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner and nurse practitioner are responsible for all medication reviews. Staff involved in medication administration are assessed as competent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

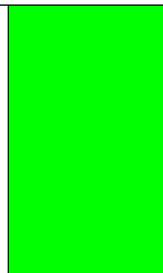


Subsections applicable to this service fully attained.

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 fully attained.

The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. Staff completed mandatory infection control and prevention training. Infection prevention audits were completed.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks 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 fully attained.

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	16	0	2	0	0	0
Criteria	0	47	0	1	1	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.</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>	<p>FA</p>	<p>Ryman Kiri Te Kanawa 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>The village manager confirmed that the service supports a Māori workforce, with a proportion of staff identifying as Māori (or having whānau connections) throughout their organisational chart at the time of the audit. The iwi affiliations were recorded in staff files as appropriate.</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. Some staff are able to korero in te reo Māori and make a point of doing so with Māori residents who speak this language. Staff (three registered nurses, one enrolled nurse, six caregivers, two domestic services staff and one chef) and management interviews (the village manager, clinical manager, resident's services manager, hospital unit coordinator) confirmed that Māori residents enjoy this connection.</p> <p>Ryman Kiri Te Kanawa runs te reo Māori classes for their residents, partnering with the Eastern Institute of Technology.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ryman Kiri Te Kanawa has a current Pacific People's policy that 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 several staff employed that identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</p> <p>The service has Pacific linkages through their own staff with community activities and church groups.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) posters are displayed in English and te reo Māori throughout of the facility.</p> <p>Nine residents (five rest home and four hospital) and five family members (one dementia level, two hospital and two rest home) interviewed stated that consumer rights were explained as part of the initial admission process. Two monthly residents' meetings allow for the opportunity for residents to express their preferences with respect to areas such as food, activities, and where they prefer to spend their time within the facility. Māori cultural activities are individually tailored as per the resident's care plan, with family/whānau providing support as required. Signage in te reo Māori is in place in various locations throughout the facility.</p> <p>Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</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>	FA	<p>Policies and procedures aim to prevent various forms of misconduct such as institutional racism, discrimination, coercion, harassment, and exploitation. Ryman Kiri Te Kanawa emphasises inclusivity by celebrating cultural diversity through cultural days. Additionally, a staff code of conduct is introduced during new employee inductions and a code of conduct statement is included in the staff employment agreement. Staff and</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>management interviews confirmed that any concerns or issues raised regarding the staff code of conduct are addressed promptly. All staff members are held accountable for fostering a positive, inclusive, and safe working environment. This approach reflects a commitment to creating a workplace culture that values diversity and actively works against any form of abuse, neglect, or discrimination.</p> <p>Education on abuse and neglect was provided to staff annually. Residents and families interviewed reported that their property and finances were respected and that professional boundaries were maintained.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The registered nurses and caregivers demonstrate a good understanding of the principles and application of informed consent and individual preferences. This understanding extends to various aspects of resident care, including medication administration, staff preferences, and the extent of personal care.</p> <p>Upon reviewing documentation in the special care unit (dementia care), it is confirmed that the correct procedures have been adhered to in obtaining informed consent from residents. Additionally, when appropriate, consent is also sought from the activated Enduring Power of Attorney (EPOA) for health and welfare. This approach ensures that residents' choices and autonomy are respected, aligning with the principles of informed consent and individual preference in care practices.</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 were competent and able to consent, and a medical decision was made by the general practitioner (GP) or the nurse practitioner 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>FA</p>	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Ryman Kiri Te Kanawa has an up-to-date complaint register. Concerns and complaints are discussed at relevant</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. 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>meetings. There have been four complaints made in the 2023 year to date. Three complaints have been acknowledged and addressed within the required timeframes and one of those with section 31 notification to Health Cert. The fourth complaint was received on 16 November, and the matter has not been resolved yet.</p> <p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Residents, and families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the two monthly resident meetings and six-monthly family/whānau meetings. Interviews with the village manager and clinical manager confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with whānau are preferred in resolving any issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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>Kiri Te Kanawa is a Ryman Healthcare retirement village located in Gisborne. They are certified to provide rest home, hospital (geriatric and medical) and dementia levels of care in their care centre for up to 97 residents. In addition, there are 30 serviced apartments that are certified to provide rest home level care. In the care centre, there are 81 dual-purpose (rest home/hospital) beds and 16 beds in the secure special care unit for dementia level of care.</p> <p>Occupancy in the care facility during the audit was 37 rest home, 44 hospital and 16 dementia level residents. In addition, there were six rest home level residents in the serviced apartments. As part of the total numbers, there was one hospital-level resident on an ACC contract. The remaining residents were on an aged residential care contract (ARCC).</p> <p>Ryman Kiri Kanawa is managed by a village manager who has an experience in health management and is supported by the clinical manager, resident services manager, and regional operations manager. The management team is supported by the Ryman head office.</p> <p>Ryman Kiri Te Kanawa's operations objectives are premised on several resident experiences, nursing workforce development and retention, strengthening dementia and aging well, and cultural safety and diversity, health and safety. These objectives were last reviewed in August, and the</p>

		<p>December review was a work in progress.</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>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 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 village manager reported that Ryman Kiri Te Kanawa welcomed their second cultural navigator on site and was able to share their experiences and services with them.</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>PA Low</p>	<p>Ryman Kiri Te Kanawa is implementing their quality and risk management programme. 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 the head office, where the data is benchmarked within the organization, and results are shared in staff meetings. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and registered nurse meetings. Discussion with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred were reviewed through the head office in a meaningful way to identify trends and learning that could be used to affect change or influence practice.</p> <p>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. Audit and inspection outcomes were reviewed, and required corrective action was followed up, showing service improvements.</p> <p>Internal audits were completed as scheduled, and outcomes show a high level of compliance with the Ryman policies and procedures. Any areas that</p>

	<p>required improvements were followed up, and the audit was repeated, ensuring that the quality loop was closed.</p> <p>Residents and relatives' surveys were last undertaken in February and August 2023, respectively, and included a number of questions relating to care, communication, laundry, food, activities, housekeeping services, building grounds, and Covid-19. Results were analysed, and a summary report was shared with staff, residents and relatives/whānau. Following this report, corrective actions were developed, and the implementation of these will be evaluated next year. Staff surveys were undertaken annually, and results were compared with the previous year, and corrective actions developed collectively with staff in areas that they want to improve.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date electronic hazard register were sighted. Ryman is an ACC accredited employer and maintains tertiary status. Advised that an external audit was undertaken for the new accreditation term.</p> <p>Ryman Kiri Te Kanawa was affected by the Gisborne Tairāwhiti floods in June 2023 along with the entire region. Since then, several training courses and audits have been undertaken to ensure that staff maintain a level of preparedness in maintaining a high standard of care and ensuring a rapid and organized response in emergency situations. Staff interviewed were confident in responding to emergencies and are well-prepared and prioritize the safety and well-being of their residents. This proactive approach ensures that the facility is ready to handle unexpected situations with efficiency and effectiveness. This reflects a commitment to safety, preparedness, and standards of care for individual residents who rely on the facility.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten 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 handovers. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse.</p> <p>Discussions with the village manager, and the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>There have been two Section 31 notifications completed to notify</p>
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		<p>HealthCERT since the last audit, including one death of a resident in December 2022 and a Stage 3 pressure injury notification in August 2023. Three residents in the special care unit have been assessed for hospital-level care, yet the service has not requested hospital-level care dispensation from Health Cert.</p> <p>Kiri Te Kanawa Retirement Village has been chosen as Ryman Healthcare's Village of the Year for 2023. This was based on the implementation of the emergency management plan and positive consumer survey results and quality indicators.</p> <p>The service 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. 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. 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.</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>	FA	<p>The service has a total of 158 staff in various roles. Staffing rosters were sighted, and there is sufficient staff on duty to meet the resident's needs. The clinical manager is an experienced RN who works full time from Sunday to Thursday. There are three unit-coordinators who are registered nurses and assigned to the hospital, rest home, and an enrolled nurse to the serviced apartments. The rest home unit coordinator oversees the special care unit.</p> <p>There were six rest home level residents in the serviced apartments at the time of the audit. A separate roster included seven days a week registered nurse / enrolled nurse cover along with caregivers up to 9 pm. Rest home staff supports these six residents overnight. Staff, residents, and family /whanau interviewed stated that there has been adequate staff at the service.</p> <p>Three residents in the special care unit were assessed for hospital-level care. Due to the unavailability of hospital beds in the region, these residents continue to stay in the special care unit, waiting for suitable beds to become</p>

		<p>available. Upon observation of two of these residents and interviews with staff, it was confirmed that the residents are able to mobilize with one person's assistance, and the staff can deliver safe and appropriate care (link 2.2.6.)</p> <p>There are designated activities, food services, cleaning, and laundry staff. Interviews with staff, family/whānau and residents confirmed there are sufficient staff to meet the needs of residents. A significant number of staff maintain current first aid certificates so there is always a first aider on site. Continuing education is planned on an annual basis, including mandatory training. Attendance records of education provided to staff was sighted. 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; consumer rights, responding to distress behaviour, safe food handling; informed consent and disclosure; cultural safety; aging 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 minimization; first aid; and fire evacuation.</p> <p>Ryman Kiri Te Kanawa supports all staff to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Staff completed related competencies and were assessed as per policy requirements.</p> <p>There are 10 caregivers and two activities and lifestyle coordinators who work in the special care unit; six caregivers have attained the dementia unit standards, and four caregivers and two activities and lifestyle coordinators have enrolled in unit standards. These staff have been with the service for less than 18 months. Special care unit activities were overseen by the rest home unit coordinator.</p> <p>There are 21 registered nurses and one enrolled nurse. Eight registered nurses maintain competencies to conduct interRAI assessments. A review of training records and nine staff records sampled demonstrated completion of the required training and competency assessments. Two of the registered nurses are undertaking postgraduate studies.</p>
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<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>PA Low</p>	<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 practicing certificates (APCs) is maintained for registered nurses, enrolled nurses, and other registered health professionals.</p> <p>All staff records reviewed evidenced completed induction and orientation. A total of nine staff files (two registered nurses, two caregivers, one unit coordinator, a clinical manager, a resident services manager, a chef, an enrolled nurse) were reviewed. Staff files included: reference checks; police checks, competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions. An improvement is required around performance appraisals.</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>A total of seven 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 three rest home (including one serviced apartment), two hospital (including one resident funded by ACC), and two dementia level residents. InterRAI assessments were completed within 21 days of admission. Nutritional requirements forms were updated following interRAI assessments. The service uses assessment tools that include 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/NP involvement is encouraged in the plan of care.</p> <p>The GP or NP completed the residents' medical admission within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The NP interviewed confirmed that communication was conducted in a transparent manner, medical input was sought in a timely, logical manner, and medical orders were followed appropriately. 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 regularly, and a contracted physiotherapist who completes assessments of</p>

	<p>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 three current facility acquired pressure injuries (two stage 2 and one stage 1). There is wound care nurse specialist input into chronic wound management where required.</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. 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 residents who identified as Māori at the time of the audit, who confirmed on interview that their cultural needs were</p>
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		<p>being met. 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 and NP have completed three-monthly medication reviews.</p> <p>A total of 14 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 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>Medications were observed to be administered 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</p>

		orders in use.
<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 9 May 2024. The chef interviewed 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 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>There is a documented process in the management of the early discharge/unexpected exit plan and transfer from services. Discharges are overseen by the clinical team who manage the process until exit. All this is conducted in consultation with the resident, family/ whānau, and other external agencies. Risks are identified and managed as required.</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.</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</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Ryman Kiri Te Kanawa and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The current building warrant of fitness expires 1 July 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and</p>

<p>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>monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. There is a dedicated infection control nurse available to advise staff on the management of infection control issues and the completion of audits. Staff confirmed there was good communication between the staff and the infection control nurse.</p> <p>A review of staff training records evidenced that overall staff mandatory infection control and prevention training was up to date. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of COVID-19 is ongoing. This included reminders about handwashing and advice about remaining in their room if they are unwell. Staff who spoke with us demonstrated a good understanding of infection control and prevention measures.</p> <p>During the tour of the facility, auditors observed good compliance with infection prevention and control practices in relation to hand hygiene, equipment cleaning, and appropriate use of PPE.</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</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. Surveillance of infections being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Monthly infection data is collected for all infections based on signs, symptoms, and definitions of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms)</p>

<p>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>is reported on a monthly infection summary and action plans are implemented. This data is monitored and analysed for trends, monthly and annually. The infection control data includes ethnicity.</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. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes.</p> <p>There were four infection outbreaks of COVID-19 and one gastro outbreak in 2023 showed that they were managed in accordance with their policies and procedures and appropriate notifications were 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 practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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 interviewed restraint coordinator (hospital unit coordinator) confirmed 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. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA</p> <p>Moderate</p>	<p>The Village Manager was aware of their responsibilities around essential notifications, and the following are examples of notifications that have been completed since the previous audit. There were four COVID-19 outbreaks and a gastro outbreak in 2023. These were notified appropriately to Regional Public Health Authorities. There have been two Section 31 notifications completed to notify HealthCERT including one death of a resident in December 2022 and a Stage 3 pressure injury notification in August 2023. A notification was submitted to Te Whatu Ora- Health NZ Tairāwhiti- Primary and Community Portfolio Manager notifying hospital-level care dispensation for three residents in the special care unit. However, the necessary request for hospital-level</p>	<p>A request for hospital-level care dispensations for three residents in the special care unit was not initiated. The request was made to Te Whatu Ora-Health NZ Tairāwhiti- Primary and Community Portfolio Manager in November 2023 and supported by them as a temporary measure. Hospital-level care sign-off for these three residents was completed in September, October, and November 2023.</p>	<p>Ensure that hospital-level care dispensation is obtained from Health Cert for three residents, or they are transferred to hospital-level care.</p> <p>60 days</p>

		care dispensation to Health Cert was not completed.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>The performance appraisals were linked to job descriptions and staff's personal goals. Out of the nine files examined, four did not contain annual performance appraisals. Additionally, two of the files lacked records for the 2021 and 2022 appraisals. Therefore, there is no documentation of individual goals from the preceding year.</p> <p>It appeared that the service had maintained two separate records for staff files, and these records were not consolidated. On the day of the audit, staff were unable to locate a number of performance appraisals for the last 2 years.</p>	Four out of nine files reviewed did not have annual performance appraisals completed in 2022.	<p>Ensure that performance appraisals are completed annually.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.