

# James Wattie Retirement Village Limited - James Wattie Retirement Village

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## Introduction

This report records the results of a Partial Provisional 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:

<b>Legal entity:</b>	James Wattie Retirement Village Limited		
<b>Premises audited:</b>	James Wattie Retirement Village		
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care		
<b>Dates of audit:</b>	Start date: 8 May 2024	End date: 8 May 2024	
<b>Proposed changes to current services (if any):</b>	The service has built a new care centre across three floors with serviced apartments included as part of the build. Total number of beds verified at this audit included 89-care centre beds (including 69 dual purpose beds across two floors and a 20-bed special care dementia unit), and 70 serviced apartments (verified as suitable to		

provide rest home level care). Noting the service will only take up to 30 residents in the serviced apartments at any given time. James Wattie Retirement Village plans to open the care centre and serviced apartments on 5 June 2024.

The service has also been verified as suitable to provide Hospital – medical level care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

## General overview of the audit

James Wattie Retirement Village is a purpose-built care facility and is part of the Ryman group. This partial provisional audit was completed to establish the level of preparedness for James Wattie applying for certification of a new building.

This new facility is located across three levels. The ground floor includes a 20-bed dementia unit, nine serviced apartments, communal areas, service areas, and reception. There is a 35-bed dual-purpose unit on level one and 33 serviced apartments. On level two, there is a 34-bed dual-purpose unit and 28 serviced apartments. The 70 serviced apartments across the three levels were verified as suitable to provide rest home level care. Noting, the service will only have a total of 30 rest home residents across the apartments at any given time. Total number of beds is 159. James Wattie Retirement Village plans to open the care centre and serviced apartments on 4 June 2024.

The service has also been verified as suitable to provide Hospital – medical level care.

The facility manager and clinical manager are experienced in management and have completed specific Ryman inductions for their role. They are supported by a Ryman regional manager, and northern operations manager.

The audit identified the design of the two dual-purpose units (one 35 beds and one 34 beds), serviced apartments and the 20-bed dementia unit, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, hospital (medical and geriatric) and dementia level care. Ryman Healthcare is experienced in opening new facilities in stages and there are clear procedures and responsibilities for the safe and smooth transition of residents into the facility.

This audit has identified improvements required around preparing for opening the new units, induction training, fire evacuation scheme approval and landscaping.

## **Ō tātou motika | Our rights**

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## **Hunga mahi me te hanganga | Workforce and structure**

The village manager and the clinical manager will be responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives.

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document with actions signed off when completed. The village manager, clinical manager, resident services manager, the regional operations manager, and northern operations manager each have extensive experience in their respective roles and in working in aged care.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection, and appointment of staff.

There is a staffing and rostering policy with a planned approach to rostering at James Wattie Retirement Village. Staff currently employed are in the process of completing an orientation to the site and training as per the training plan.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is a documented activities programme that will be implemented at James Wattie Retirement Village. A diversional therapist has been employed and further activity staff are being interviewed for. The activity team will be supported by the organisational activity lead.

All meals are to be prepared on site. There is a lead chef who will provide oversight of food services. All kitchen equipment is in place. There are spacious dining areas in all areas of the facility. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A registered food control plan is in place.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will be required to administer medications. Secure storage for medications is in place. An electronic medication system will be used as per Ryman facility expectations and policy to record administration of medication.

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

The building is complete with equipment and furnishings currently being installed. External landscaping is still in the process of being completed. All building and plant have been built to comply with legislation.

There are handrails in ensuites and communal bathrooms. The provider has purchased all necessary furniture and equipment. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal bathrooms.

Communal areas in all areas are well designed and spacious and allow for a number of activities. All care centre resident rooms are single with ensuites. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are in the process of being landscaped. Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator (clinical manager) will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control.

There are documented processes for the management of waste and hazardous substances in place with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place and ongoing monitoring systems in place to evaluate the effectiveness of these services.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator role is delegated to the clinical manager. The service has a policy of maintaining a restraint-free environment with principles included as part of the education and training plan. The policy includes assessment, monitoring evaluation and approval processes. There is an organisation restraint approval committee and a site-specific restraint committee which will commence on opening.

## 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	11	0	3	0	0	0
Criteria	0	85	0	5	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 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>James Wattie Retirement Village is a Ryman Healthcare facility located in Havelock North. This facility is located across three levels. The ground floor includes a 20-bed dementia unit, nine serviced apartments, communal areas, service areas, and reception. There is a 35-bed dual-purpose unit on level one and 33 serviced apartments. On level two, there is a 34-bed dual-purpose unit and 28 serviced apartments. The 70 serviced apartments across the three levels were verified as suitable to provide rest home level care. Noting, the service will have only have a total of 30 rest home residents across the apartments at any given time. The total number of certified beds will be 159 and the total number of residents the service may have is 119. The service plans to open on 4 June 2024.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators</p>



		<p>(KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch and is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The governance body have terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor ensure policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman consult with resident and whānau through care plan and assessment reviews. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through regular scheduled meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how James Wattie Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their own operational objectives. The Ryman business plan is based around Ryman values, including (but not limited to) excellence, team, and communication. These align with the village objectives. The objectives are planned to be reviewed six-monthly, with progression towards completion and ongoing work to be completed and documented at each review. Ryman key business goals are embedded through all processes from the Board, down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations. The organisation has completed reviewing all policies to ensure they align</p>
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		<p>with the Ngā Paerewa Standard. A transition plan is in place to ensure a seamless handover from the builders to the management team to operational management and occupancy of the service.</p> <p>The village manager (non-clinical) at James Wattie Retirement Village has business and leadership experience and has recently completed the village manager induction at a Ryman sister village. The village manager is supported by a resident services manager (non-clinical) and clinical manager. The clinical manager is experienced in that role and has come from another Ryman facility. The management team are supported by a Ryman regional manager and northern operations manager.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents (numbers and acuity). Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager is rostered Tuesday to Saturday. Two unit coordinators have been employed to date. One is rostered across the dual-purpose units Tuesday to Saturday and the other rostered across the special care unit (dementia) Sunday to Thursday. The unit coordinator for the serviced apartments is yet to be employed. Registered nurses will cover each unit coordinator role when they are on days off. The clinical manager and the unit coordinators will share on call after hours for all clinical matters. The maintenance lead will be available for maintenance and property related calls.</p> <p>The rosters have been planned for incremental occupancy of the care centre. The initial roster for up to 20 residents in the first dual purpose unit opening includes the unit coordinator; two caregivers on a morning shift initially with this increasing to three if there are more than 10 residents; one caregiver on afternoon shift until there are seven residents when a second caregiver will be added; and one caregiver overnight. A registered nurse is rostered each shift.</p> <p>The initial roster for the 20-bed SCU includes the unit coordinator; one caregiver on the morning and afternoon shifts with an additional caregiver added to each shift when there are eight residents; and one caregiver overnight who will be supported by staff in the care centre. The serviced</p>

		<p>apartments will be staffed by the unit coordinator in the morning; one duty lead in the afternoon; and staff from the dual-purpose areas overnight. The serviced apartment call system is linked to their pagers.</p> <p>The serviced apartments roster includes a unit coordinator or registered nurse across 0730 – 1600. A caregiver is rostered 1500- 2300. The dual-purpose unit staff oversees the serviced apartments at night initially.</p> <p>The village manager, clinical manager, two-unit coordinators, seven registered nurses and seven caregivers have been employed to date. There are sufficient registered nurses and caregivers employed to cover the initial opening. Interviews continue for further staff to cover the roster as resident numbers increase.</p> <p>There is a documented training programme which exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including in-services; competency questionnaires; online learning; and external professional development. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers will be expected to have a current first aid certificate.</p> <p>All caregivers will be encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. All seven caregivers currently employed are either level 3 or level 4 qualified.</p> <p>Registered nurses will be supported to maintain their professional competency through attendance at regular journal club meetings; implemented competencies for RNs, and caregivers related to specialised procedures or treatments including infection control, wound management medication and insulin competencies. The clinical manager has completed interRAI training. Staff will be expected to complete online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi.</p> <p>The annual staff survey includes questions related to staff satisfaction around approachable management, training opportunities, positive work environment and teamwork. This survey will be implemented on opening.</p> <p>Ryman systems are already established to encourage collecting and sharing of high-quality Māori health information. This includes</p>
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		documentation of ethnicity of staff and residents.
<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>	PA Low	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. There are policies and systems in place to review staff performance.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Staff who have recently been employed have either completed or are starting their orientation. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Māori staff files included iwi affiliation.</p> <p>There are policies to guide debriefing and follow-up action after an incident/accident has taken place. Managers interviewed stated that wellbeing support is provided to staff and is a focus of the health and safety team. They also stated that staff wellbeing is acknowledged through regular social events with examples given from other facilities. Employee assistance programmes are made available where indicated.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one FTE diversional therapist (DT) currently employed and further activity staff currently being interviewed for. Caregivers and an activities coordinator will provide activities for any residents in the SCU (20 bed), and they will be support by the diversional therapist. Activities are rostered across seven days.</p> <p>There is also an organisational trained DT who will support the team.</p> <p>There is a documented activities programmes for each area. The programme as needed is updated to accommodate needs of specific residents.</p> <p>The SCU programme allows for flexibility according to residents' mood and attention span. The SCU activities calendar has activities adapted to encourage sensory stimulation and residents will be able to participate in a</p>

		<p>range of activities that are appropriate to their cognitive and physical capabilities.</p> <p>There is a whiteboard in the lounge areas and a daily activity programme will be documented. Residents will have the choice of a variety of activities in which to participate as per programmes documented including triple A exercises; individual walks; chats; hand massage/pampering board games; quizzes; music; reminiscing; sensory activities; craft and van trips, and one-on-one visits if needed. A new van is available at the village for weekly outings.</p> <p>The managers stated that staff will support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. There are culturally appropriate activities including Māori language week identified as part of the documented programmes. There are also various denominational church services to be held in the care facility with entertainers visiting regularly. The programme notes that special events such as birthdays, Matariki, Easter, Father's Day, Anzac Day, King's birthday, Christmas, and cultural theme days would be celebrated.</p> <p>Policies describe residents having an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. The policy states that resident files would include the activity plan (incorporated into the myRyman care plan) based on the assessment, with at least six-monthly review occurring at the same time as the review of the long-term care plan. Resident and relative meetings and satisfaction surveys are scheduled on the audit and meeting calendar.</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</p>	FA	<p>There are policies and procedures in place for safe medicine management. There are three medication rooms (two dual-purpose units, and SCU). There are processes in place to check air temperatures with air conditioning operational in each room. Each medication room is secure, spacious includes locked cupboards to store special medication and a safe. There is a locked cupboard behind the service apartment coordinators desk to store medication for rest home residents in the serviced apartments. Caregivers who have completed medication competencies, and RNs will be responsible</p>

practice guidelines.		<p>for medication administration. Medication competencies will be completed as part of the induction week for new staff (link 2.4.4). Regular medications and 'as required' medications are delivered in blister packs. The RNs will check the packs against the electronic medication chart and a record of medication reconciliation will be maintained as described by policy. A process for returning expired medications to the pharmacy in a safe and timely manner is described and documented in policy (with a contract with the pharmacy detailing this sighted). Processes are in place to support any resident who self-medicates.</p> <p>The manager stated that the service will provide appropriate support, advice, and treatment for all residents. Registered nurses and doctors will be available to discuss treatment options to ensure timely access to medications.</p> <p>The service has a contract with a local GP service, who will visit 2-3 days a week initially and this will increase as resident numbers increase. The GP services also provides after hour service.</p> <p>The manager stated that standing orders will not be used and that all medications would be charted either regular doses or as required (prn); and over the counter medications and supplements would be prescribed on the electronic medication system as occurs in other Ryman facilities.</p> <p>Managers interviewed described processes for working in partnership with Māori residents and whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The service has employed (to date) a qualified lead Chef to oversee food services and a kitchen assistant. Further kitchen staff are in the process of being employed. There is a fully functional kitchen, and all food will be cooked on site. The rosters reviewed indicates that the chef manager will be supported by a weekend cook and kitchen assistants. The food service team will be supported by a Ryman regional lead chef. The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level and will be implemented at James Wattie. The food service will implement Saffron (an advanced digital menu ordering system) into the service. The system gathers likes and dislikes, special dietary requirements</p>

		<p>including food allergies, cultural preferences, residents requiring texture modified diets and other foods, or pureed/soft meals. All food goes directly to dining rooms in temperature-controlled scan boxes with these already in place during the audit. The food will be served directly from these with residents being able to choose to have their meals in their rooms. Food going to rooms will be placed on trays with covers to keep the food warm. There are facilities in the kitchenettes in each area to store nutritious snacks which will be available 24/7.</p> <p>The food control plan has been verified. Processes are in place to record daily temperature checks for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods are yet to be stored. Cleaning schedules are documented. There are safe storage areas for chemicals. Chemical use and dishwasher efficiency will be monitored daily.</p> <p>The staff education plan includes kitchen food service and safe food handling, nutritional needs and special diets, and Saffron training.</p> <p>Residents will have the opportunity to feedback around satisfaction with food services through the planned resident/family/whānau meetings, satisfaction surveys and through discussions with the chef.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>The building is complete. A certificate of public use has been received post the onsite audit (expires 30 June 24). A lead maintenance person has been employed and works full time and is on-call as required. Other maintenance staff are yet to be appointed. The annual preventative maintenance schedule is online. This comes from head office and tasks scheduled to be signed off monthly. A process to record reactive maintenance requests is in place and these will be documented on an i-pad at each nurse's station and reception. The lead maintenance person will sign off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Call bells were sighted in each resident room, communal areas and in toilet/shower areas. These were operational on the day of audit. The call bell checks are in place with new equipment in place throughout the facility. A plan for ongoing electrical testing and tagging and calibration of medical equipment is in place. Hot water temperatures have been checked and</p>

		<p>monthly checks will continue. All new equipment has been purchased (list sited).</p> <p>There is thermostatically controlled electrical heating. Residents are able to control the temperature in their rooms. Each resident room has at least one external window.</p> <p>The service has a new van for taking residents out. There are three staff currently with advanced driving certs. Ryman requires their drivers to have P license endorsement. The service is currently employing a van driver.</p> <p>Dementia units (SCU)</p> <p>The 20-bed special care unit (dementia level) is on the ground floor. The resident rooms are located down a long corridor with a small quiet lounge on each end. One of the small lounges leads out to the garden area with paths that circulate back to the main communal lounge area. Entry to the special care unit is via two doors, one with a door release button and the other by password door code. There is an open-plan nurse's station at the entrance to the unit that overlooks the communal living/dining area. This design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner Access to a nurse's working/computer office is via this nurse's station. The dining room has a small kitchenette where residents may obtain snacks and drinks and a secure pantry. Resident rooms have different coloured doors. There is ample room for residents to walk freely and safely. There are handrails in ensuites and hand ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia unit also includes the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways and outdoor area. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. There is also plenty of natural light with large windows.</p> <p>The new unit has carpet tiles with vinyl surfaces in bathrooms/toilets and</p>
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		<p>kitchen areas. There is adequate space in the new unit for storage of mobility equipment.</p> <p>The dementia units have a spacious outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area is to include directional paths with raised gardens, seats, and gates. Outdoor areas are in the process of being landscaped.</p> <p>Dual purpose unit (level two and three)</p> <p>The dual-purpose wings are located on level 1 and level 2. On level one, (Te Mata unit) there are 34 dual-purpose rooms and on level two (Heretaunga) there are 35 dual-purpose rooms. Both wings have a large communal lounge, dining area with kitchenette. There are covered balconies on either side of the communal lounges. There are other small lounges at the end of each wings.</p> <p>All dual-purpose rooms are single rooms with ensuites. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms are able to be personalised. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care.</p> <p>Serviced Apartments</p> <p>Serviced apartments are across the ground floor (9 apartments), level one (33 apartments) and level two (28 apartments). There are well-situated lifts. Each apartment has a small lounge, kitchenette, and separate bedroom and ensuite. The apartments are large enough for a couple. There is a nurse's station off the serviced apartment lounge on the 1st floor. There is a specific serviced apartment dining room on level one (for rest home residents) and also on the ground floor for rest home and all village residents.</p> <p>The organisation has sought Māori advice to ensure their aspirations and identity is included in the new building as confirmed in the building plans and in discussions with the management team. The organisation has been working along side the local iwi who blessed the site prior to building.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation scheme is in draft but is yet to be approved by the New Zealand Fire Service. A fire evacuation drill is planned to be completed during the induction week. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>The service also has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence kit for each floor/area. A number of water tanks are available that meets the requirements of the local civil defence guidelines.</p> <p>There is an Emergency management plan that also includes the risk of flooding.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. The system software is able to be monitored. Call bells are operational and have been tested. Call bell response times can be monitored, all caregivers/RNs have a pager.</p> <p>The special care unit is secure; however the external garden area is not yet secure. The doors of the village automatically lock down at 1900 to 0700 with keypad access after-hours or doorbell. There are documented security procedures and CTV cameras at the entrance, medication room and external areas.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually by head office. Infection control audits are conducted at other facilities and these would be implemented at James Wattie. Policies described that infection rates are presented and discussed at infection control, quality, and staff meetings. Infection control data is also sent to head office where it is reported at Board level. The data is also benchmarked with other Ryman facilities. Results of benchmarking are presented back to the facility electronically (PowerBI) and results would be discussed with staff. Staff noticeboards in place to display information. Infection prevention and control is part of the strategic and transition plan.</p> <p>The service has access to the nurse specialist IP&amp;AMS from head office. Ryman also has a Sharepoint which links to IPC specialist and guidelines. The service will monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of the medical and general practitioners as described in policy.</p> <p>There are hand sanitisers strategically placed around the facility. One in each room, and communal areas installed on walls.</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>	FA	<p>The clinical manager (RN) will oversee infection prevention and control and the antimicrobial stewardship programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has a comprehensive pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. Personal protective equipment, with extra stocks are available as for the facility.</p> <p>The infection prevention and control coordinator has completed infection control education. External support will be provided by the GP, laboratory, Bug Control, and the head office nurse specialist IP&amp;AMS. The infection</p>

		<p>prevention and control coordinator has input to purchasing supplies and equipment.</p> <p>The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by head office in consultation with infection control coordinators.</p> <p>There are policies and procedures in place around reusable and single use equipment. The facility has access to handwashing posters in te reo Māori which will be displayed in all appropriate bathrooms. Māori protocols were described, and managers stated that these would be adhered to, while acknowledging the spirit of Te Tiriti o Waitangi. Reusable medical devices will be decontaminated according to manufacturing recommendations and best practice. Managers stated that single use items would not be reused.</p> <p>The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (link 2.4.4). Residents and families would be kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails as stated by managers interviewed.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedures and will monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates will be monitored weekly and monthly and reported to the quality and infection control meetings as well as Ryman head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. This will be managed by the GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is described as being collected for all infections based on signs, symptoms,</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>and definition of infection. Infections will be entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) will be entered onto a monthly infection summary with the data monitored and analysed for trends, monthly and six monthly. Infection control surveillance will be discussed at quality, staff and bimonthly infection control meetings and sent to Ryman head office. TeamRyman at head office compiles the infection data into reports including benchmarking and then this is sent back to the facility electronically on Power BI. Meeting minutes and graphs will be displayed for staff with notice boards available for this to occur. Action plans are required for any infection rates of concern. The service will capture ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits will be completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Ryman head office and the local hospital for any community concerns. These processes are fully established across all Ryman facilities.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are secure areas to store cleaning chemicals with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in dual purpose floors, service apartments and dementia unit). Training and education in waste management and infection control is completed as part of orientation (link 2.4.4) and the mandatory training programme.</p> <p>There is PPE and equipment available, such as aprons, gloves, and masks. Sharp's containers are available and meet the hazardous substances regulations for containers.</p> <p>There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are to be conducted as per the quality programme. There are three cleaners employed to date.</p> <p>There are secure sluice rooms in each area. Sinks and separate hand</p>

		<p>washing facilities are in place. Equipment including sanitisers area to be installed (equipment list sited).</p> <p>The laundry is divided into clean and dirty areas and is situated on the ground floor in the service areas. The laundry is spacious and includes three commercial washing machines and three commercial dryers. Laundry will come in on covered trolleys. Clean linen is to be distributed back to each area on assigned 'clean' linen trolleys. There are two laundry staff employed to cover 7 days a week. Personal laundry will be placed in named baskets. There are large linen storage areas on each floor.</p> <p>Cleaning and laundry services will be monitored through the internal auditing system (schedule sighted). The infection coordinator and the maintenance person will be responsible for the oversight of the facility testing and monitoring programme for the built environment. They will report to management and the quality meeting.</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>	FA	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>There are process described in policy stating that the use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme (link 2.4.4).</p> <p>Reports on restraint usage within the group are reported to the board and clinical governance committees, along with strategies in place to reduce the use of restraint. Ryman policy is 'Restraint is used as a last resort.' Villages liaise with the clinical quality team around restraints in use to ensure this is appropriate, any other appropriate strategies have been tried and all</p>

		required documentation is in place. The policy aligns with current best-practice.
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	All new staff are required to complete an induction and orientation. The organisation has an induction/orientation programme, which includes packages specifically tailored to the position such as unit coordinator, registered nurses, caregivers, activities staff, and housekeeping staff.  Prior to opening, all new staff will complete an induction week from 27 May – 31 May 24. Competencies such as medication will also be completed at this time. First aid certificates are also scheduled to be completed during orientation for those that do not have a current first aid certificate. All newly employed caregivers are required to complete competencies as part of the Careerforce orientation for caregivers.	Advised that the newly employed staff commencing will all receive induction/training at the facility from 27 May – 31 May 24 which includes completing competencies.	Ensure staff orientation and competencies are completed.  Prior to occupancy days



<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The SCU (dementia) has its own outdoor area with a circular path. The outdoor area is in the process of being landscaped and have outdoor furniture and shading put in place.	The outdoor area has yet to be landscaped with shade and seating put in place.	<p>Ensure landscaping in outdoor areas is completed</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	PA Low	A fire evacuation scheme is in draft but has not yet been approved by the New Zealand Fire Service.	The draft fire evacuation scheme is yet to be approved by the New Zealand Fire Service.	<p>Ensure that a fire evacuation scheme is in place that has been approved by the New Zealand Fire Service.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Low	Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).	Fire drills are scheduled for staff during the induction weeks prior to opening	<p>Ensure fire drills are completed by staff prior to opening</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.8</p> <p>Service providers will explain emergency and security arrangements to all people using the services.</p>	PA Low	The special care unit is secure; however the external garden area is not yet secure. The doors of the village automatically lock down at 1900 to 0700 with keypad access after-hours or doorbell. There are documented security procedures and CTV cameras at the entrance, medication room and external areas.	The special care unit garden area is not yet secure	<p>Ensure the special care unit garden area is secure</p> <p>Prior to occupancy days</p>



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

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

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

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

No data to display
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End of the report.