

Keith Park Retirement Village Limited - Keith Park Retirement Village

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:

Legal entity:	Keith Park Retirement Village Limited
Premises audited:	Keith Park Retirement Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 5 August 2024 End date: 5 August 2024
Proposed changes to current services (if any):	The service has built a new care centre with serviced apartments included as part of the build. Total number of beds verified at this audit included 120 care centre beds (80 dual purpose beds and 40 beds for

residents with dementia), and 30 serviced apartments for single occupancy identified as rest home beds (a total of 150 beds). Ryman Keith Park plans to open the care centre and serviced apartments on 26 August 2024.

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

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 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

Ryman Keith Park is part of Ryman Healthcare Limited and intends to provide dual purpose beds; rest home, hospital (geriatric and medical), and dementia levels of care for up to 120 residents in the care centre, and up to 30 residents requiring rest home level of care in the serviced apartments (a total of 150 beds for certification).

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Health New Zealand Te Whatu Ora - Te Toka Tumai Auckland. The audit process included a review of relevant policies and procedures, a review of documentation related to the ongoing build and the transition to operations, observations, and interviews with managers.

This partial provisional audit was completed to establish the level of preparedness for Ryman Keith Park applying for certification of a new building. Total number of beds verified at this audit included 120 dual purpose care centre beds (including 80 dual purpose beds and 40 beds for residents with dementia in two 20-bed secure care units); and 30 serviced apartments for single occupancy

identified as being appropriate for residents requiring rest home level of care. Ryman Keith Park plans to open the care centre and serviced apartments on 26 August 2024.

The village manager has been on site for three years and is supported by the northern operations manager and clinical manager, all of whom were available to provide support on the day of audit. There are various groups in the Ryman support office who provide oversight and support to the village manager.

This audit has identified shortfalls to be addressed prior to occupancy around the following: recruitment of staff; competencies; landscaping in outdoor areas for the two special care units; fire evacuation scheme and fire and emergency drills.

Ō tātou motika | Our rights

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. The partial provisional audit verified the facility as being suitable for rest home, geriatric and medical hospital services (80 beds located on two floors) and dementia care on the ground floor (with two special care units (SCUs) of 20 beds) once shortfalls have been addressed prior to occupancy.

The transition plan is a working document with actions signed off when completed. The village manager and northern operations manager each have extensive experience in their respective roles and in working in aged care. The clinical manager has recently been appointed.

There is a staffing and rostering policy with a planned approach to rostering at Ryman Keith Park. 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

An activities programme is implemented at other Ryman sites including those with residents with dementia, and the programme reviewed has been specifically developed based on those programmes for this service.

All meals are to be prepared on site with a large newly built well-equipped kitchen. There are seasonal menus in place which have been reviewed by a dietician, and the lead chef provides oversight of food services. All kitchen equipment is in place. There are spacious dining and lounge areas in the care centre including one in each dementia unit, and individual lounge/dining areas in each serviced apartment. A current food control plan is in place.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will administer medications with RNs and senior caregivers already employed having completed medication competencies. Secure storage for medications is in place. An electronic medication system will be used as per Ryman Healthcare facilities expectations and policy to record administration of medication.

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

The ground floor of the facility includes two dementia/special care units (20 beds in each), with 40 dual purpose and communal rooms on the second and third floors. Thirty serviced apartments were also certified as being appropriate for residents requiring rest home care on levels two and three. All bedrooms are single with ensembles in most rooms. There is sufficient space to allow the movement of residents around the facility using mobility aids. Chemicals are able to be stored safely throughout the facility. All rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible noting that the outdoor areas for the special care units 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 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. The infection prevention and control coordinator (clinical manager) is responsible for surveillance of infections.

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 with the managers interviewed confirming application 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 service managers described the intended use of the least restrictive practices, with implementation of de-escalation and alternative interventions used.

Both special care units are only able to be accessed through a secure door with outdoor areas secured by a perimeter fence.

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>Ryman Keith Park Retirement Village is a Ryman Healthcare facility located in Hobsonville, Auckland. This 120-bed care centre is located on three levels. All 80 beds are dual purpose (rest home and hospital - geriatric and medical). There are two dementia (special care) units (SCU), with both having 20 beds (a total of 40 SCU beds). There are also 30 serviced apartment beds verified at this audit as being suitable for rest home level of care, making a total of 150 beds certified. The service plans to open on 26 August 2024.</p> <p>Ryman Healthcare Limited is based in Christchurch. There is an established reporting system for villages managers, regional managers, and the senior executive team. The senior executive team report directly to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Ngāi Tahu.</p> <p>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 manager to the regional manager on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (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</p>

	<p>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. The terms of reference of the clinical governance committee, includes review and monitoring audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The governance body have terms of reference and the 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. The resident/whānau annual satisfaction surveys, feedback forms and meetings provide tāngata whaikaha the opportunity to provide feedback around how Ryman Keith Park 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 village develops its own operational objectives. The Ryman business plan is based around Ryman values, including 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 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 Ryman Keith Park has been in the role for three years and has extensive management experience. They were supported by the national operations manager who has been in the role for a year with prior experience at Ryman in varying roles for 13 years. A</p>
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		<p>clinical manager has been appointed and they have experience in a management role in other Ryman facilities. The management team is supported by Ryman Christchurch (head office).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<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.</p> <p>The village manager works Monday to Friday. The clinical manager works Tuesday to Saturday and the three unit coordinators (all appointed) work five days a week each as lead for the dual purpose beds, the dementia (special care) units, and for the serviced apartments. 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 including opening one of the 20 bed special care units first, opening the first 20 dual purpose beds on level two, and the serviced apartments as they are required. The initial roster for the 20 dual purpose beds 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 added; and one caregiver overnight. A registered nurse is rostered onto 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 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>There are currently 37 staff employed including the village manager, clinical manager, three unit coordinators (hospital/rest home, dementia unit, serviced apartments) and six RNs. Recruitment of staff including appointment of caregivers is underway with 12 already appointed. The</p>

	<p>managers are intending to offer serviced apartments to those requiring rest home care if and as required. Sufficient staff have been employed to open the first 40 beds.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs already employed from other Ryman facilities have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and the van driver (all already employed) each have a current first aid certificate.</p> <p>The Ryman training programme provides education and support for staff to maximise resident independence when receiving services, and whānau participation in the service. The intensive training plan sighted for the facility will commence on the 19 August 2024 with all staff completing the training by the 23 August 2024. There are a significant number of staff transferring from other Ryman facilities to Ryman Keith Park, who have already completed their Ryman training and competencies.</p> <p>All caregivers will be encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Twelve caregivers have been employed to date. There are six caregivers allocated to the dementia unit and they have a NZQA certificate dementia care.</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 along three other registered nurses already employed. 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. All training has yet to be completed by staff employed and those yet to be recruited.</p> <p>Ryman Healthcare provide a staff satisfaction survey annually, with questions around approachable management, training opportunities, positive work environment and teamwork. This has been completed for staff</p>
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		<p>employed at other Ryman facilities, some of whom have transferred to Ryman Keith Park. The results showed that staff were very satisfied with support, culture of the organisation and training provided. The results have been shared with the staff and with the overall Ryman management team.</p> <p>Ryman systems are already established to encourage collecting and sharing of high-quality Māori health information. This includes documentation of ethnicity of staff and residents.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Four staff files (one clinical manager, one activity and lifestyle coordinator and two RNs) reviewed included an application form, reference checks, signed employment contract, job description, police check, induction paperwork relevant to the role of the staff member. A register of RN practising certificates is maintained within the facility and on the relevant staff files. Practising certificates for other health practitioners are also retained to provide evidence of their registration. Practising certificates were sighted during the audit. 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>
Subsection 3.3: Individualised activities	FA	Two activity and lifestyle coordinators have been employed. The activities programme for this Ryman facility with residents requiring rest home,

<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>	<p>hospital and dementia care was reviewed. The managers stated that the programme was already prepared especially for this facility but would be 'tweaked' to accommodate needs of specific residents.</p> <p>The SCU and rest home/hospital activities coordinators are rostered to provide activities over seven days per week. The SCU has two units, and an activities coordinator will be recruited for the second unit prior to occupancy (link 2.3.1). The SCU programme allows for flexibility according to residents' mood and attention span. The managers stated that residents in the secure dementia areas would have 24-hour activity plans which would include strategies for distraction and de-escalation. The SCU activities calendar has activities adapted to encourage sensory stimulation and residents will be able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.</p> <p>There is a board 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 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 facilitate 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. 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>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit have a secure treatment room already in place with locked cupboards to store special medication. Caregivers who have completed medication competencies, and RNs will be responsible for medication administration. The six RNs have completed medication competencies with numbers of med-competent staff rostered onto each shift in readiness for opening the 20 care beds (dual purpose) and the 20-bed SCU.</p> <p>Medications will be delivered as residents enter the facility. Regular medications and 'as required' medications are to be 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 managers interviewed. A process for returning expired medications to the pharmacy in a safe and timely manner is described and documented in policy. This was written in the pharmacy contract (sighted). Processes are in place to support any resident who self-administers medications. The managers 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>There are five medication rooms (two in the dual purpose wings (across two floors), one in each of the SCUs, and one in the serviced apartments). There are process in place to check air temperatures with air conditioning operational in each room.</p> <p>The managers stated that standing orders will not be in use; that all medications would be charted either regular doses or as required (pro re nata); and over the counter medications and supplements would be prescribed on the electronic medication system as occurs in other Ryman facilities. Wi-Fi is already in place and staff are registering for the electronic medication system.</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>
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<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>	<p>FA</p>	<p>A qualified chef manager is employed to oversee food services with sufficient kitchen staff in place. 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 second chef and a cook assistant during the week and kitchen hands. Staff will require training in food safety and chemical safety (link 2.3.2).</p> <p>The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level and will be implemented at Ryman Keith Park. The kitchen will receive resident dietary forms and notification of any dietary changes for residents once the facility is occupied. The managers interviewed stated that dislikes and special dietary requirements will be accommodated 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 for all of Ryman was updated March 2024. 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 and managers interviewed stated that chemical use and dishwasher efficiency would be monitored daily.</p> <p>The facility will implement an advanced digital menu ordering system into the service. 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>
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<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>	<p>PA Low</p>	<p>The building has received a Certificate of Public Use expiry 2 August 2025.</p> <p>Two maintenance staff have been employed including the lead maintenance person who works full time and is on call as required. Two gardeners have also been employed. The annual preventative maintenance schedule is online. This comes from Ryman Healthcare head office and tasks will be signed off monthly. A process to record reactive maintenance requests is in place and these will be documented on an iPad at each nurse's station and reception. The lead maintenance person will sign off all requests when completed.</p> <p>Call bells were sighted in each bedroom, 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 noting that all equipment has been purchased especially for this site. Hot water temperatures have been checked and monthly checks will continue. The last of the equipment was arriving during the audit and the care centre and serviced apartments viewed had equipment in place relevant to the needs of residents, staff and services.</p> <p>The ground floor of the building includes two special care units (dementia level). Both have 20 beds with each having access to its own dining area/lounge, and outdoor area. Entry to the special care units is by keypad door code or swipe. The unit is divided into two with the nurse's station in the middle. The dining rooms have small kitchenettes where residents may obtain snacks and drinks. There is also a quiet room in each of the 20-bed SCUs. Resident rooms will have different coloured doors (the skins are yet to be put in place). There is ample room for residents to walk freely and safely. The two units are separated by a door. Each unit has its own outdoor area with a circular path. The outdoor areas have yet to be completely landscaped and have outdoor furniture and shading put in place.</p> <p>The rest home and hospital areas are located on level 2 and level 3. Each floor has 40 dual purpose beds with lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. There is a kitchenette in each dining room where residents can help themselves to drinks. There is a library and a quiet room on each floor. There are balconies off the lounges with 1.5 metre fencing in place.</p> <p>All dual purpose rooms and SCUs are single rooms with some having</p>
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		<p>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. Toilets have privacy systems in place. 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 (identified as dual purpose beds). Serviced apartments for residents requiring rest home level of care are close to the nurses' station and near lifts.</p> <p>Fixtures, fittings, and flooring are appropriate. The external area and balconies for the residents using the dual purpose rooms have seating, shade and raised garden beds or pots.</p> <p>There is thermostatically controlled electrical heating. Residents can control the temperature in their rooms. The facility is non-smoking. Each resident room has at least one external window. 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 environment was suitable and maintained at a comfortable temperature on the day of audit.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>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 approved by the Fire and Emergency New Zealand (FENZ) service is not yet in place. Fire and emergency drills have not been completed by staff.</p> <p>There are civil defence supplies partially on site with supplies that would include enough water (15,000 litres), a generator, and emergency lighting (for two hours). Emergency food is not yet on site but has been ordered for supply prior to opening. Emergency management is included in the staff orientation and external contractor orientation, and this is also ongoing as</p>

		<p>part of the education plan (link 2.3.2).</p> <p>There are call bells in the residents' rooms and ensuites, and communal areas. The call system is operationalised.</p> <p>The building is secure after hours and staff already complete security checks at night. The special care units are secure at all times with keypads and swipe cards (fobs).</p>
<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 managers stated that these would be implemented at Ryman Keith Park. 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 are already in place to display information. Infection prevention and control is part of the strategic and transition plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from head office and they may also contact Health New Zealand infection control specialists. The service monitors 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.</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>	FA	<p>The clinical manager (RN) oversees 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</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. 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>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. There is personal protective equipment (PPE) on site.</p> <p>The infection prevention and control coordinator has completed infection control education (confirmation of completion sighted). External support will be provided by the GP, laboratory, Bug Control, and the head office and local Health NZ infection prevention and control nurse specialists. The infection prevention and control coordinator has input to purchasing supplies and equipment as confirmed by the managers interviewed. The managers stated both they and the head office infection prevention and control specialist have had input the new building with this confirmed in the plans reviewed.</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 2.3.2). 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>FA</p>	<p>The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical</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>		<p>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 Healthcare head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>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, 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 infection control meetings and sent to Ryman head office. Infection control reports including benchmarking will be 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.</p> <p>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.</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</p>	<p>FA</p>	<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. Sharps' containers are available and meet the hazardous substances regulations for containers.</p>

<p>prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>There are sluice rooms on each floor, one on each wing. Sinks and separate hand washing facilities are in place. Equipment has been installed.</p> <p>A housekeeper will supervise the cleaning service with six housekeepers employed.</p> <p>The laundry is divided into clean and dirty areas. Laundry will come in on 'dirty' trolley but is distributed back on 'clean' trolleys. Personal laundry will be placed in named baskets. There are large linen storage areas however linen cupboards on each floor are yet to be stocked.</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>	<p>FA</p>	<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. The managers interviewed stated that the facility would be restraint free.</p> <p>There are processes 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 Healthcare 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 2.3.2).</p> <p>There are two secure units. Both are only accessible through locked doors with locks already installed. There is a perimeter fence already in place that secures the outdoor areas of both SCUs.</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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	Sufficient staff have been employed to open the first 40 beds however recruitment is continuing for staff who can provide care for 120 residents along with any resident using a serviced apartment that requires rest home level of care.	There are insufficient staff numbers to provide care for the increasing resident numbers and/or resident acuity.	<p>Recruit additional staff as needed to ensure safe service delivery for residents of all service levels to meet their individual needs.</p> <p>180 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	Competency training is incomplete for newly employed staff, who have not transferred from other Ryman facilities. The transition plan includes timeframes for completion of training prior to the opening of the facility.	The service has not yet been able to ensure all health care staff have completed competencies.	<p>Ensure all healthcare staff have completed competencies.</p> <p>90 days</p>
Criterion 4.1.2	PA Low	Each unit has its own outdoor area with a	The outdoor areas for the	Complete landscaping in

<p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>		<p>circular path. The outdoor areas for both SCUs have yet to be landscaped and have outdoor furniture and shading put in place. Landscaping with shade and seating has been completed for the dual purpose areas of the care centre.</p>	<p>two SCUs have yet to be landscaped with shade and seating to be put in place.</p>	<p>outdoor areas for the two SCUs with shade and seating put in place.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire evacuation scheme has not been approved by the FENZ.</p>	<p>A fire evacuation scheme is not yet in place that has been approved by FENZ.</p>	<p>Ensure that a fire evacuation scheme is in place that has been approved by FENZ.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.2 Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	<p>PA Low</p>	<p>Fire and emergency drills are planned for staff to engage in the week before opening. These have not been held yet.</p>	<p>Fire and emergency drills have not yet been held for staff.</p>	<p>Ensure that fire and emergency drills have been completed.</p> <p>Prior to occupancy 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.