

Ryman Healthcare Limited - Ngaio Marsh Retirement Village

Introduction

This report records the results of a Certification 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:	Ryman Healthcare Limited
Premises audited:	Ngaio Marsh Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 October 2024 End date: 4 October 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	121

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ngaio Marsh Retirement Village is part of the Ryman group and provides rest home and hospital level care for up to 121 residents in the care centre and rest home care up to 30 residents in the serviced apartments. On the days of the audit there were 110 residents receiving care in the care centre and 11 residents at rest home level in the serviced apartments. There have been ongoing improvements to the environment that have occurred since the last audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager (registered nurse) is supported by a clinical manager (registered nurse), unit coordinators, resident services manager, and a team of experienced staff. There are various groups in the Ryman support office who provide oversight and support to village managers, including a regional clinical support manager, and regional operations manager (present on the day of the audit).

There are quality systems and processes being implemented and a number of quality initiatives have been identified. Feedback from residents and family/whānau was positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit has identified Ngaio Marsh Retirement Village meets the Ngā Paerewa Health and Disability Services Standard 2021.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Ngaio Marsh Retirement Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan is in place. The service works collaboratively to embrace, support, and encourage te ao Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Ngaio Marsh Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives.

which are reviewed on a regular basis. Ngaio Marsh Retirement Village has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Ngaio Marsh Retirement Village provides clinical indicator data for the services being provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, the enrolled nurse (serviced apartment unit coordinator) and medication competent caregivers are responsible for administration of medicines.

The Engage programme meets the individual needs, preferences, and abilities of the residents, with separate activities calendar for the rest home and hospital. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual

recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility is divided into two floors, each with an individual lounge and dining area. A number of environmental and service upgrades have been actioned. All bedrooms are single with an ensuite. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19.

The building holds a current warrant of fitness. A preventative maintenance plan is in place. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There are emergency supplies for at least three

days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Ryman Health has combined the infection prevention and control programme with antimicrobial stewardship to develop a new programme of infection prevention and antimicrobial stewardship (IPAS). Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid-19 outbreaks and scabies outbreaks reported since the last audit were managed effectively.

Documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely in locked chemical rooms. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator role is a registered nurse. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Ngaio Marsh Retirement Village. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti o Waitangi partnership with mana whenua.</p> <p>The service currently has residents who identify as Māori. There are staff employed who identify as Māori, for whom the onboarding process evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The Ryman Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Te Tiriti o Waitangi principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of</p>

		<p>the resident and their whānau are enabled. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with four managers (regional manager, village manager, clinical manager, and resident services manager), and twenty-nine staff (eight registered nurses (RNs) and one enrolled nurse, four-unit coordinators (UCs), eight caregivers, three activities coordinators, one lead chef, one lead maintenance, one administrator, one cleaner, and one laundry staff) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents include recognition of eastern versus western cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ryman New Zealand has health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>At the time of the audit there were no residents that identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The UCs and RNs advised that family/whānau members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and use</p>

		their skills within the team to connect with residents.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Four family/whānau (two rest home, two hospital) and twelve residents (six rest home and three hospital and three serviced apartments) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity</p>	FA	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the Ryman e-learning portal.</p>

<p>and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua and providing services for Pacific Elders and other ethnic groups.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2023 and in the current year includes (but is not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & neglect; advocacy; spirituality; cultural safety, and tikanga Māori). Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care.</p> <p>The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences, and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. The myRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their</p>
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		<p>participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney (EPOA) for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed</p>

		confirmed that the staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family members is of a high standard.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information regarding the service is provided to residents and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>The service has implemented strategies to enhance communications including the utilisation of talking cards to promote resident focussed communication and having the residents primary nurse recorded on their noticeboard to assist the resident and family/whānau to know who the right person is to speak with, which has assisted in increasing resident satisfaction from 4.15 out of 5 in 2023 to 4.41 out of 5 in 2024.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. There were no residents who were unable to communicate in English at the facility. Staff interviewed confirmed the use of staff as interpreter's, family/whānau, picture charts and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated</p>

		with regarding services involved. The UC and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>Advance directives are in place. In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs or welfare guardianship were in resident files where required and had been activated where necessary.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is documented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>There was a complaint received through HDC in 2022. All requested information has been provided and the service is awaiting a result. Two external complaints (one in 2023 and one in 2024) have been made, both were reviewed and had been responded to appropriately by the village manager. There were no shortfalls identified in this audit in</p>

		<p>relation to any of these complaints.</p> <p>Ten internal complaints have been made since the last audit in 2023, and five made in 2024 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints had documented evidence of complaint resolution. No trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ryman Ngaio Marsh Retirement Village provides care for up to 113 residents at hospital, and rest home level care and a further 30 certified rest home level care serviced apartments. There are 51 hospital beds (which includes 37 dual purpose beds) with and 62 rest home beds. On the day of audit there were 121 residents in total; 71 hospital residents including two younger residents on a younger person with a disability (YPD) contract, three residents were on palliative care contracts, two residents were on respite care contracts and seven residents were on Accident Compensation Contracts (ACC). There were 50 rest home residents including 10 residents in the serviced apartments. The remaining rest home and hospital residents were on the age related residential care (ARRC) contract.</p> <p>Ryman Healthcare NZ 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 Ngai Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and</p>

		<p>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 (KPIs).</p> <p>The Board oversees all operations from construction to village operations. 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. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. The clinical council is held by Ryman Christchurch which 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 review and monitor data including (but not limited to) audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages.</p> <p>The governance body has terms of reference documented. The Taha Māori Kaitiaki (cultural navigator), along with a Māori cultural advisor ensures policy and procedure within the company and the governance body represents Te Tiriti o Waitangi 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 have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident's cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Ngaio Marsh 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. Ngaio Marsh</p>
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		<p>Retirement Village objectives for 2024 include (but are not limited to): promoting health and safety sustainability, improving resident and family/whānau experience, maintaining staff satisfaction with highly engaged staff, improved resident health and wellbeing through clinical excellence including antimicrobial usage, recognising resident individuality and cultural background. Organisational goals relate to overall satisfaction of the service.</p> <p>The 2024 objectives are reviewed quarterly, with progression towards completion and ongoing work 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. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country. The Ryman organisation and Ngaio Marsh Retirement Village continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager (registered nurse) at Ngaio Marsh Retirement Village has extensive leadership experience in the health sector and has been in the village manager for ten plus years. They are supported by a resident services manager (non-clinical) and a clinical manager (RN) who has been with Ryman for over three years and has been in the role since October 2023. The management team is supported by a regional clinical support manager, regional operations manager, and Ryman Christchurch (head office).</p> <p>The village manager attends management development sessions through Ryman. The management team are supported to advance in the Ryman Leadership programme (LEAP - Lead Energise and Perform) and leadership development online course (eight hours).</p>
Subsection 2.2: Quality and risk	FA	Ngaio Marsh Retirement Village is implementing a quality and risk

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2024 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives.</p> <p>A cultural navigator/Kaitiaki role commenced in July 2022. This person ensures that organisational practices from the Board, down to village operations improve health equity for Māori.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2024 resident and family/whānau satisfaction surveys were completed in August 2024 and demonstrate a net promoter score (NPS) was 28, this is up 13 points on the 2023 year and is a reflection of the areas that the management and staff have been working in.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are</p>
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		<p>communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented a health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. All incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten section 31 notifications completed to notify HealthCERT of pressure injuries. Two notifications have been made to Te Tāhū Hauora Health Quality and Safety Commission. There have been four Covid-19 outbreaks and one norovirus outbreak in 2024 year to date, all of which were well managed.</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</p>	FA	<p>The 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. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and unit coordinators (UCs) ensure there is seven days per week clinical</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>management on site. The clinical manager and the UCs share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers.</p> <p>A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. The attendance register is maintained 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. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 94 caregivers in total, 62 of whom have achieved NZQA level two, three and four certificates.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments, including (but not limited to) infection control, wound management, medication, and insulin competencies. At the time of the audit there were 16 permanent RNs, one enrolled nurse, plus a clinical manager, and four unit-coordinators employed at Ngaio Marsh Retirement Village. Six RNs have completed interRAI training (including clinical manager and UCs).</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed report a</p>
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		positive work environment. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award.
<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. Ten staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form, and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of practising certificates for all health professionals is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</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. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling programme.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based documents are</p>

is accurate, sufficient, secure, accessible, and confidential.		<p>kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely, and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service.</p> <p>The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The clinical manager is available to answer any questions regarding the admission process and a waiting list is managed. The manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The service has a process to collate ethnicity data from all residents. Data is analysed for the purposes of identifying entry and decline rates for Māori. The service has links with the local iwi and a Māori representative from the local Marae.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports</p>	FA	<p>Eleven resident files were reviewed: four rest home residents (including one resident in the serviced apartments) and seven hospital level residents (including one resident on an ACC contract, one resident on a younger person with a disability (YPD) contract, one resident on respite</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>care and one resident on an end-of-life contract). The RNs and the enrolled nurse are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and the myRyman long-term care plans; and this is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected, and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, and myRyman electronic care plans (development and reviews) have been completed within the required timeframes. The residents on end of life, YPD, respite and ACC contracts (not required to have interRAI assessments completed) had appropriate nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>For the resident files reviewed, the outcomes from interRAI assessments and risk assessments are reflected into care plans. The electronic myRyman long-term care plan is holistic, strengths focused, includes all aspects of care, and aligns with the organisational model of care. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the multidisciplinary case conference meeting. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. There are three GPs from the same practice who visits one day each per week for eight to ten hours per week and provides after hours on-call services. The GP (interviewed) commented positively on the communication and staff interactions at Ngaio Marsh Retirement Village. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older</p>
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		<p>people (MHSOP) and wound care specialist nurse is available as required through Health New Zealand. The physiotherapist is contracted to attend to residents nine hours per week, and the service has two physiotherapy assistants who are each employed for fifteen hours per week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift, RNs document at least daily for hospital level and at least weekly and as necessary for rest home level care residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p> <p>A sample of wounds reviewed across the service (including chronic wounds, ulcers, pressure injuries, skin tears and lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. There was one resolving unstageable pressure injury and two stage one pressure injuries at the time of the audit. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The wound care champion (RN) ensures consistency is maintained in product use, assessment, and management of all wounds. The service uses the wound care nurse specialist input into chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
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<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>The activities Engage programme is overseen by head office in Christchurch and includes the theme of the months and related ideas to be implemented into the monthly programme. There are three activities coordinators who are assigned to either the dual rest home and hospital area, hospital, or serviced apartments. Activities are provided in each area from 9:30am to 4:30pm Monday to Friday. An activities assistant is employed four afternoons a week.</p> <p>The activities coordinator completes an electronic life experience and social and cultural assessment within three weeks of admission for new residents. The activities plan is integrated within the overall care plan. All the information around activities to engage residents is documented throughout the care plans in various sections of myRyman by the activities coordinator and RN. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan. Residents can provide feedback through resident and family/whānau meetings and satisfaction surveys. Residents interviewed were happy with the variety of activities on offer.</p> <p>A separate monthly planner is developed for each area. Residents receive a copy of the monthly programme which has the daily activities</p>

		<p>displayed and includes individual and group activities. The planner is also uploaded to a Ngaio Marsh website which family/whānau can access. The activities staff endeavour to include previous hobbies and interests to the planner. The Engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group, including individual walks; triple A exercise programme; movies; armchair travel; memory lane; musical moments; happy hour; news and views; board games; baking and cooking; singalongs; craft; and quizzes. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a conversation. There are two vans available at the village for weekly outings.</p> <p>There is a monthly church service and communion is provided on an individual basis. Entertainers visit regularly. Special events such as birthdays, Matariki, Easter, Father's Day, Anzac Day, King's birthday, Christmas, and cultural theme days are celebrated.</p> <p>The residents in the serviced apartments have been involved in a sustainability programme to decrease the use of towels in their area. The results of this were evident in the meeting minutes (sighted) and residents were able and willing to discuss this at interview. In April 2024 management and the contractor reviewed the amount of towels being washed in the service apartment area. It was identified there were five loads of towels being washed each day. This was identified as excessive, given the number and ability of the residents living in the area. A meeting was held with staff and interested residents regarding the amount potential for reducing the number of towels washed each day. The residents were very receptive to reducing the number of towels used which would mean less chemical and less wear and tear on the towels. The numbers of towels went from five loads to three within the first month and has remained there.</p> <p>Waitangi Day, Matariki and Māori language week are celebrated. The service ensures staff 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. School kapa haka groups can visit, and the facility actively supports residents to maintain links with the community. The service has recently connected with a representative</p>
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		<p>from a local Marae and have documented a plan for 2024 increasing meaningful resident engagement in Māori culture.</p> <p>Ngaio Marsh has established links with the community, including (but not limited to) local schools and preschools, kapa haka groups and pet therapy. On the day of audit, a weekly intergenerational music event involving the residents and children from a local music school was viewed. A quality initiative was identified where the service introduced improved social interaction and engagement between residents and young children by introducing new ways of communication including sign language in songs, interaction through songs with signs, how to interact with kindness, sensitivity, and playfulness. The residents and children completed activities together with both parties enjoying the interaction. The sessions started in December 2023 with 13 residents regularly attending. Over subsequent months this steadily increased to an attendance of 30 residents in August 2024. The session was in progress on the days of audit and was observed to be enjoyed by all participants. One resident was interviewed and stated it was the highlight of their week. Family/whānau survey results from August 2024 show an improvement in satisfaction with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers who have completed medication competencies, and RNs are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were six residents who were self-administering medications on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, and the GP are available to discuss</p>

		<p>treatment options to ensure timely access to medications.</p> <p>There are two secure medication rooms centrally located and a smaller room in the serviced apartments. The room air and fridge temperatures are checked daily in each area, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twenty electronic and two paper based medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication was documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Staff have received medication training covering medication management/pain management as part of the annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A qualified lead chef oversees food services. There is a fully functional recently refurbished kitchen, and all food is cooked on site. The lead chef is supported by the resident services manager, two chefs and kitchen hands. Staff have been trained in food safety and chemical safety. The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The service caters for residents who require texture modified diets and other foods, with pureed/soft meals provided as required. The facility has implemented an advanced digital menu ordering system, and residents are able to choose their own menu.</p>

		<p>There are three dining rooms. Meals are usually served to residents in the downstairs dining room via a bain-marie and server from the kitchen to the dining room. At the time of the audit the kitchen had completed a major kitchen renovation, and the dining room was undergoing refurbishments. All food is delivered directly to the three dining rooms in temperature-controlled scan boxes. The food is served directly from these. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are nutritious snacks available 24/7 in the satellite kitchens throughout the facility.</p> <p>The food control plan is verified with an expiry date of 9 May 2025. Daily temperature checks are recorded 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 were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings which are attended by the chef manager when required and satisfaction surveys. On interview, residents were happy with recent changes. The latest resident satisfaction survey showed an improvement.</p> <p>The lead chef manager stated that cultural preferences are catered for where residents request. The lead chef manager provides Halal preferences for specific residents. Residents and family/whānau interviewed expressed their satisfaction with the meal service.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. Residents with weight loss are able to be referred to the dietitian. The dietitian can then inform the care staff and kitchen of any extra requirements.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility utilises</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>the Health New Zealand 'transit envelope' scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau and residents are advised of options to access other health and disability services and social support or Kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current building warrant of fitness expiring 1 August 2025. The lead maintenance person works full time and is assisted by a fulltime village support assistant. The lead maintenance is available on call as required. There are three fulltime and one part time gardeners who maintain the village grounds. There are ongoing improvements to the services and environment that have occurred since the last audit including a major courtyard upgrade, kitchen, and dining room refurbishment.</p> <p>The online annual preventative maintenance schedule is in place and includes the calibration of medical equipment and functional testing of electric beds and hoists. All electrical equipment has been tested and tagged annually and last completed in June 2024. Calibration of medical equipment was completed 21 July 2024. Hot water temperatures are monitored and recorded monthly with temperature recordings being within the required temperature limits. Contractors are available 24/7 for essential services. The reactive maintenance requests are documented on an iPad at each nurse's station and reception. Residents can log requests directly into the system at reception or ask staff for assistance to enter information. The lead maintenance person signs off all requests when completed. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The facility is divided into two floors: dual rest home and hospital on the ground floor and hospital care on level two and there are serviced apartments on the ground floor and level two. The hospital unit has a large open-plan dining area and open plan lounge area. Seating is arranged to allow large group and small group activities to occur. There</p>

		<p>are two smaller family rooms. One family room has tea making facilities and a resident phone. There is a seating area above the main reception area with views of the atrium where hospital level residents can enjoy entertainment and musicals held in the atrium. The dual-purpose (rest home/hospital) unit has a separate dining room, large lounge and a smaller family room with tea making facilities and a resident phone. There are many seating alcoves throughout the facility. All serviced apartments also have their own spacious lounge and kitchenette as well as communal dining areas. There is a serviced apartment dining room and separate lounge area. Communal areas on the ground floor are available to all residents including the hairdressers, shop, beauty therapy room and library. Fixtures, fittings, and flooring are appropriate. The external areas are well maintained and have seating and shade.</p> <p>All rooms are single with full ensuite. 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 were personalised. Caregivers interviewed reported that rooms have sufficient space to allow cares to take place. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. There are lifts between floors which can accommodate ambulance stretchers.</p> <p>General living areas and resident rooms are appropriately heated and ventilated. There are diesel wall heaters which are thermostatically controlled and can be individually adjusted. Internal resident rooms have doors that open onto the atrium which allows for natural light through the glass roof. All external rooms have an opening window. There is an air exchange system in place. There is plenty of natural sunlight and ventilation. The upstairs hospital lounge has opening doors onto a small balcony for ventilation. Residents and family/whanau interviewed reported the environment was suitable and maintained at a comfortable temperature. The facility is non-smoking. Environmental improvements including replacement of the kitchen floor and curtains in care areas and new furniture have been completed. There are no immediate plans for redevelopment or refurbishment; however, governance and management are aware of the requirement to liaise with Māori representatives in order to ensure their aspirations and identity are</p>
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		included.
<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>	FA	<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 plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly, and one was last held 29 April 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are civil defence supplies located at each nursing hub, and these are checked monthly. Supplies include enough water to meet Canterbury area requirements and food for at least three days. In the event of a power outage, there is an on-site diesel generator. Emergency management is included in staff orientation and external contractor orientation; this is also ongoing as part of the education plan. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>There are call bells in the residents' rooms and ensuites and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents are able to choose to wear call bell pendants. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, with security firm visits twice each night and staff completing security checks at night. The main external doors are on timers and close automatically at predetermined times. Service doors have keypad locks.</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>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral to the organisation's business and quality plan by ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention lead at the head office, Public Health,</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>		<p>and the geriatric nurse specialist at Health New Zealand. Infection control and AMS resources are accessible.</p> <p>The infection prevention and control committee meetings are held every two months. Infection rates are presented and discussed at infection prevention and control and staff meetings. The infection prevention and control lead at the head office has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention and control lead, the senior management team, and the GP. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</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 infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control programme and antimicrobial stewardship programme (AMS) were reviewed annually by the infection prevention and control programme lead at the head office. The infection control coordinator explained that Ryman Health has combined the infection prevention and control with anti-microbial stewardship to develop a new programme of infection prevention and antimicrobial stewardship (IPAS). The annual review was completed and documented in July 2024.</p> <p>The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman head office, in consultation with infection prevention and control lead. Policies are available to staff. The facility infection prevention and control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The infection prevention and control coordinator has completed relevant external education in March 2024. The service has access to a national infection prevention and control lead at head office. If there were to be</p>

		<p>major refurbishments or building plans, this would be coordinated by Ryman head office and would have infection control input.</p> <p>The infection prevention and control coordinator described the outbreak management plan in place to manage outbreaks. Staff were observed to adhere to infection prevention and control practices during the days of the audit. The infection prevention and control coordinator monitors the effectiveness of education and infection prevention and control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of infection prevention and control consumables and personal protective equipment (PPE). Sufficient infection prevention and control resources including PPE were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention and control information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed</p>
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		around the facility. Handbasins all have flowing soap and paper towels.
<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 IPAS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The IPAS programme was approved by the clinical governance team at Ryman head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The clinical teamwork in collaboration with the GP, and the pharmacist to monitor the use of antibiotics. Antibiotic usage is monitored two monthly. Staff and residents and family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the infection prevention and control coordinator reported that any adverse effects will be reported to the GP. The IPAS programme is evaluated annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. A national surveillance programme and guidance is available when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) are entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection surveillance is discussed at two monthly infection control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes were available for staff. Action plans were completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who</p>

		<p>develop or experience a HAI.</p> <p>There have been four Covid – 19 outbreaks and one norovirus outbreak reported year to date. Interview with staff and the infection prevention and control coordinator confirmed that meetings were held to discuss what went well and what improvements will be implemented on the next occasion. The infection prevention and control coordinator reported that the individual infections were recorded on the infection logs (sighted). Staff data was collated and there was overall review of the length of the outbreak and staff and residents affected. All were appropriately notified with follow up meetings to consider lessons learned from the outbreak.</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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice and sanitiser room in each area with separate handwashing facilities. Eye protection wear and other personal protective equipment (PPE) were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>All laundry is completed on site. Laundry staff work rostered shifts each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control coordinator oversees the implementation of the cleaning and laundry audits.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, 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. At the time of the audit, the facility was restraint free.</p> <p>The hospital UC (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. 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 antipsychotic 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.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.