

Jean Sandel Retirement Village Limited - Jean Sandel Retirement Village

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Jean Sandel Retirement Village Limited
Premises audited:	Jean Sandel Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 24 October 2024 End date: 25 October 2024
Proposed changes to current services (if any):	One lounge on level one was previously certified as being able to accommodate any referral for emergency respite care. This lounge is now a whānau room. The overall numbers decreased from 112 to 111 in the care centre.

Total beds occupied across all premises included in the audit on the first day of the audit: 107

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

Jean Sandel Retirement Village provides dementia, rest home and hospital care for up to 131 residents, including the 20 serviced apartments certified for rest home level of care. On the day of the audit, there were 107 residents at the care centre.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the general practitioner.

The service is managed by the village manager, clinical manager, resident services manager, and unit coordinators. They are supported by the regional operations manager and the Ryman Board. The residents and family/whānau interviewed spoke positively about the care and support provided. Resident and family/whānau surveys show high level of satisfaction with the services provided.

The service had no shortfalls to address from the previous audit.

There were no shortfalls identified at this surveillance audit.

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.
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Jean Sandel Retirement Village provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident’s rights and obligations. A Māori health plan is documented for the service.

The service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence. 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 and well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

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.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. The service has an effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality and risk

performance is reported across various meetings and to the Ryman senior leadership team. Jean Sandel Retirement Village collates clinical indicator data and benchmarking occurs within the organisation and at a national level.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented. Staff have performance appraisals completed as scheduled.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

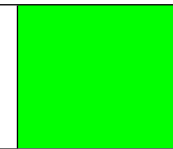
There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner or nurse practitioner were responsible for all medication reviews. Staff involved in medication administration are assessed as competent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

Residents' nutritional and cultural requirements are met. A current food control plan is in place.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

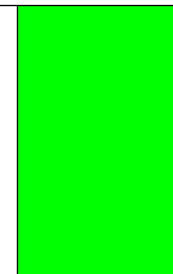


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The infection control programme is supported by the governance body. All policies, procedures, the pandemic plan, and the infection control programme are in place. Education is routinely provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed with analysis and benchmarking. There have been five outbreaks recorded and reported on since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment; this is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>Jean Sandel Retirement Village has a Māori health policy, a Māori health plan, and a Māori engagement framework, which collectively outlines how the facility responds to the cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>On the day of audit, there were residents who identified as Māori. A review of the cultural aspect of the care plan showed that the care was provided equitably and based on Te Tiriti o Waitangi principles, with recognition of mana motuhake.</p> <p>Staff (five registered nurses [RNs] including three unit-coordinators, nine caregivers, maintenance lead and one senior lead cook) and three managers (village manager, resident services manager, and the clinical manager) interviewed confirmed that the staff have completed cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within their roles.</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>	FA	<p>The service has a current Pacific People’s policy which includes the Pacific health plan. These documents guide staff on how Pacific people who engage with the service are supported. During the audit, there were staff who identified as Pasifika and no Pacific residents at the facility. Staff when</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>		<p>interviewed, demonstrated an understanding of Pacific culture, its relevance to their policies, and were knowledgeable about how to access community support for Pacific individuals.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is an opportunity for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with eleven family/whānau (two from dementia, three from the hospital, and six rest home) and six residents (two hospital and four rest home) revealed that they received information at admission, which included the Code.</p> <p>Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Both residents and family/whānau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Jean Sandel Retirement Village has implemented a comprehensive training programme for all staff, focusing on sensitivity, ethics, and the importance of maintaining professional boundaries. This training is updated regularly to address emerging issues and reinforce the facility's zero-tolerance policy towards any form of abuse or discrimination. The effectiveness of this training is evident in the consistently positive feedback from resident and family/whānau satisfaction surveys, which highlight the respectful, compassionate care provided by the staff.</p> <p>Bimonthly resident meetings provide a platform for voicing concerns and suggestions directly to management. Resident meetings have been</p>

		<p>instrumental in promoting a culture of openness and mutual respect, further ensuring that the rights and dignity of all residents are upheld. These measures, alongside the policies and procedures already in place, demonstrate the facility's ongoing commitment to creating a safe, inclusive environment that respects the dignity and rights of all individuals in its care.</p> <p>Systems are established to oversee the personal finances of residents. Residents have the option to buy items from the facility's shop or have additional services and external purchases made on their behalf. The administrative staff maintains records of these transactions. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file.</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</p>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Jean Sandel Retirement Village has an up-to-date complaint register. Concerns and complaints are discussed at relevant meetings.</p>

<p>system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>There have been four complaints made in 2023 and one in 2024 year to date. There were no trends identified. Review of the complaint register showed that all complaints were managed in accordance with the Health and Disability Commissioner (HDC) guidelines. All concerns were addressed promptly, and resolution was documented. Where corrective actions were identified to improve the service; these were implemented and reported on.</p> <p>There has been one coroner's investigation dated September 2023. All required documentation and reports have been submitted to the coronial office. The investigation remains open, with no outcome yet received from the coroner.</p> <p>Residents, and family/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the bimonthly resident meetings and six-monthly family/whānau meetings. Interviews with the management team confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with whānau are preferred in resolving any issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</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>	<p>FA</p>	<p>Jean Sandel Retirement Village is owned and operated by Ryman Healthcare Group. The service is certified to provide dementia, rest home and hospital level of care (medical and geriatric) for up to 131 residents in total, with 111 residents in the care centre and 20 serviced apartments certified as suitable to provide rest home level care. There are 39 rest home beds on level one, 22 dementia beds and 50 dual purpose beds, both on level two. There are no shared or double rooms.</p> <p>One lounge on level one was previously certified as being able to accommodate any referral for emergency respite care; this is now a whānau room and therefore the overall numbers decreased to 111 in the care centre.</p> <p>There was a total of 107 residents on the day of the audit. This included 22 dementia level care residents, 39 hospital level care including two on respite and one on Accident Compensation Corporation (ACC) funding, and 46 rest home level care. All of the remaining residents were on the age-related residential care (ARRC) contract.</p>

		<p>Jean Sandel Retirement Village is managed by a village manager (non-clinical) who has been in the role for four years. They are supported by a resident services manager (two years in the role) and a clinical manager, who has been in the role since January 2024, but with Ryman for over eight years.</p> <p>The Board oversees all aspects of the organisation's operations, from construction to village management. Under the Board, the Clinical Governance Committee is focused on supporting and enhancing the quality of Ryman's clinical performance and care, and exploring new service provisions "Good enough for mom or dad. We do it safely or not at all." These are key business goals for Ryman Healthcare and are embedded in everything they do, from the Board level to the village. Policy, procedure, and training resources ensure that these are embedded in all practices and day to day operations. Jean Sandel Retirement Village has business objectives that aligns with the Ryman strategic direction. The village objectives are reviewed and reported on quarterly.</p> <p>There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. The Clinical Governance Committee (CGC) is a subcommittee of the Board. It monitors the villages' performance and assists the Board in discharging its responsibilities. The CGC is responsible for regularly reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. The CGC members are Ryman Board members and Senior Ryman Leadership team members. The Board monitors performance of the company, with reports written quarterly.</p> <p>The Māori health plan has been developed in partnership with local iwi and community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti partnership, address barriers to equitable service delivery, and improve outcomes to achieve equity for Māori. The Ryman quality auditor who has a Taha Māori focus, liaises with other teams within the business to assist achieving the cultural focussed goals.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me</p>	<p>FA</p>	<p>Jean Sandel Retirement Village is implementing the organisational quality and risk management programme. The quality and risk management</p>

<p>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>systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed at the head office, where the data is benchmarked within the organisation, and results are shared in staff meetings. The meeting schedule is being implemented. A range of meetings are held regularly, including full facility meetings, health and safety, infection control, and registered nurse meetings. Discussion with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred, were reviewed through the head office to identify trends and learnings that could be used to effect change or influence practice.</p> <p>There are monthly Team Ryman (quality/management) meetings and weekly managers 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 were completed as scheduled, and outcomes show a high level of compliance with the Ryman policies and procedures. Any areas that required improvements had corrective actions developed, were followed up, and the audit was repeated, ensuring that the quality loop was closed.</p> <p>Jean Sandel Retirement Village has village specific objectives for 2024 that include creating and enhancing resident and relative experience; reduce turnover and improve induction; health and safety; and reduction in clinical indicators, such as falls, wound management, medication errors, and to remain restraint free. Progress towards achieving these goals is monitored regularly. The objectives for 2023 were reviewed in January 2024, with evaluation of outcomes documented and discussed with staff.</p> <p>Residents and family/whānau' surveys were undertaken annually. Results were analysed, and a summary report was shared with staff, residents and family/whānau. Corrective actions were developed and follow-up implementations were completed. The continuous improvement project related to urinary tract infections (awarded at the previous audit) is ongoing, with consistently low rates of the infections and staff being proactive with risk minimisation strategies, including toileting and hydration.</p> <p>There is a comprehensive health and safety system in place with identified health and safety goals. The health and safety committee meets regularly according to schedule, with a wide range of topics covered as agenda topics, including work related risks, opportunities for improvements, and</p>
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		<p>topics related to staff, residents, and visitors' wellbeing. The hazard and risk registers detail the risk and how each risk is mitigated and controlled. These are reviewed annually (last reviewed May 2024) and were up to date with risks currently in the service. All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handovers.</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed to notify HealthCERT of a pressure injury in January 2024 and for the appointment of new clinical manager (January 2024) since the last audit. There have been four events notified to the Health Quality and Safety Commission (HQSC) since July 2024. Notification related to the five outbreaks was sent appropriately as sighted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>Rosters implement the staffing rationale described in policy. Jean Sandel Retirement Village employs a total of 120 staff in various roles. There are no current staff vacancies. Staffing rosters were sighted, and there are staff on duty to meet the resident's clinical and cultural needs. Staff reported that short notice absences are filled with the cover pool/casual staff. The clinical manager is an experienced registered nurse with a current practising certificate, who works full time but was on a return-to-work programme at the time of the audit. They are supported by four unit-coordinators (dementia, rest home, hospital and serviced apartments) who stagger across a seven day a week schedule/roster. The unit coordinators share on call after hours for all clinical matters, with escalation to the clinical manager as required. 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 the staffing levels are satisfactory, and that the management team provide good support. Staff, residents and family/whānau are informed of any changes to staff; new staff are introduced to residents</p>

		<p>and family/whānau. There is 24/7 RN cover.</p> <p>All staff complete roles specific training that includes e-learning, case studies, reflective practice, and face to face training with speakers and webinars. There is an annual education and training schedule completed for 2023 and being implemented for 2024. There is an extensive training programme within the service, characterised by comprehensive records and a high rate of participation. This reflects a significant dedication to fostering staff development and enhancing competencies. The training programme included clinical training on different subjects, and training around the Code; infection control; restraint elimination; staff wellbeing; bullying and harassment; medication management; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; cultural diversity, challenging behaviour and responding to distressed residents; infection prevention and control; and outbreak management.</p> <p>A range of annual competencies are completed in relation to moving and handling, restraint, hand hygiene, correct use of personal protective equipment (PPE), and medication competencies.</p> <p>Jean Sandel Retirement Village supports all staff to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 73 caregivers, and 26 have achieved NZQA level 3 or above. Of the 45 staff who work in the dementia unit, 21 completed the required unit standards and 24 caregivers are in progress to achieve the standards within the required timeframe.</p> <p>There are 19 registered nurses (including the four unit coordinators and clinical manager); eight of whom are interRAI trained. All registered nurses have completed the required competencies, including wound competencies and syringe driver training. Registered nurses are supported with external training and education sessions on demand.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori</p>	<p>FA</p>	<p>Seven staff files reviewed (three caregivers, one registered nurse, one laundry person, one kitchen assistant, and one clinical manager) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. The Ryman Core orientation/induction programme includes key components of the service and provides new staff with relevant information for safe work practice. It is tailored specifically to</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>each position and monitored from the e-learning platform. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioners, nurse practitioner, physiotherapists, pharmacists, dietitian and podiatrist. The staff files reviewed evidenced annual appraisals are completed as scheduled.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven files were sampled and identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The files reviewed included two rest home, three hospital (including one respite, and one accident corporation commission (ACC), and two in the dementia unit.</p> <p>InterRAI assessments were completed within 21 days of admission in the files where this is required. The resident on respite had appropriate risk assessments and an initial care plan completed within 24 hours of admission. Care plans are based on data collected during the initial nursing assessments, and information from pre-entry assessments. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Interventions were resident focussed and provide detail to guide staff in the management of each resident's care, as observed on the day of audit. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Resident, family/whānau, and the general practitioner or nurse practitioner involvement is encouraged in the development of the plan of care. Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurses. Evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>The general practitioners and nurse practitioner visit weekly and are available as required and on call for the residents. The general practitioners and nurse practitioner have completed the residents' medical admissions within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The general</p>

		<p>practitioner interviewed confirmed that communication was conducted in a transparent manner, medical input was sought in a timely, logical manner, and medical orders were followed appropriately. Residents' files sampled identified service integration with other members of the health team. The contracted podiatrist visits the service every six to eight weeks. The physiotherapist attends one day a week and completes mobility assessments for residents.</p> <p>Any incident involving a resident reflected a clinical assessment and a timely follow up by registered nurses. Family/whānau were notified following incidents. Opportunities to minimise future risks were identified by the unit coordinators, in consultation with the registered nurses and care staff. The registered nurses reported that sufficient and appropriate information is shared between the staff at each handover.</p> <p>Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Wound management plans were implemented with regular evaluation of these, including photographs. The wound care nurse specialists were consulted when required. An adequate supply of wound care products was available. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. At the time of audit, there was one stage II pressure injury. The other wounds included skin tears and bruises.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or enduring power of attorney (EPOA) and family/whānau responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Enduring power of attorneys, family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; intentional rounding; weights; turn charts; bowel charts; neurological observations forms; and blood glucose monitoring.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. A safe system for medicine management is in use. Registered health professionals operating within their role and scope of practice are responsible for the prescribing, dispensing, administration, review, and reconciliation of all medicines. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The general practitioner and nurse practitioner have completed three-monthly medication reviews, as sighted in medication records reviewed.</p> <p>A total of fourteen medication charts were reviewed. Allergies were indicated, and the photographs on the electronic medication management system were current. Indications for use were documented for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Eye drops were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges was being conducted daily and deviations from normal were reported and attended to promptly.</p> <p>Medications were observed to be administered safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms and cupboards in all three medication rooms. There were no residents who were self-administering their medications. However, staff confirmed there is policy and procedure to guide staff, should a resident wish to do so. The medications were stored safely. There were no standing orders in use.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The four-week seasonal menu is reviewed by a registered dietitian. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan to 9 May 2025. The residents and family/whānau gave mixed reviews regarding the standard of the meals served. Nutritious snacks were available 24/7.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>A documented process in the management of the early discharge/unexpected discharge plan and transfer from services. Discharges are overseen by the clinical team who manage the process until exit. This is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>Evidence of residents who had been referred to other specialist services, such as wound care nurse specialists, were sighted in the files reviewed. Residents and family/whānau are involved in all transfers or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Jean Sandel Retirement Village and comply with legislation relevant to the Health and Disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The current building warrant of fitness expires 24 January 2025. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. The maintenance lead provides after-hours support for maintenance issues as</p>

<p>people's sense of belonging, independence, interaction, and function.</p>		<p>required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The infection control programme is reviewed annually by the Infection Prevention and Antimicrobial Stewardship (IPAS) governance committee.</p> <p>The clinical manager is the infection control officer. Along with the expertise from the Ryman head office, the clinical manager advise staff on the management of infection control issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention related training was up to date, with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. The training includes reminders about hand hygiene and advice around ensuring residents remain in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</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</p>	<p>FA</p>	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds are meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity. Any infections of concern are reported to the IPAS governance committee. The facility continues to have low rates of urinary tract infections, with various initiatives being implemented.</p> <p>The facility experienced five Covid-19 related outbreaks (April 2023, February 2024, May 2024, July 2024 and September 2024) since previous audit. A document review evidence case logs, appropriate reporting and debrief meetings. Residents and family/whānau are updated regularly during outbreaks. Staff have received training in relation to infection prevention, including donning and doffing of personal protective equipment and hand hygiene.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The regional restraint group is responsible for the Ryman restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>If a resident who identifies as Māori requires restraint, cultural advice would be sought with whānau input to explore spiritual and cultural values prior to the decision to use restraint being made. The restraint coordinator is a registered nurse and confirmed that the service is committed to a restraint-free environment. The service has effective strategies in place to eliminate the use of restraint, these include training and the planning of care.</p> <p>At the time of the audit, no restraint was in use or had been for an extended period. If restraint were to be considered, this would be as a last resort when all alternatives had been explored. Staff complete restraint minimisation training as part of their orientation and annual mandatory education schedule.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.