

# Bob Scott Retirement Village Limited - Bob Scott

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## 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:** Bob Scott Retirement Village Limited

**Premises audited:** Bob Scott

**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: 5 December 2024      End date: 6 December 2024

**Proposed changes to current services (if any):** One large room has been verified as suitable for a couple; this will bring the total bed numbers to 117 in the care centre.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 111



# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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  |
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| Yellow    | 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 |
| Red       | 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

Bob Scott Retirement Village is part of the Ryman Group. It provides dementia, hospital (geriatric and medical), and rest home levels of care for up to 147 residents in the care centre, including up to 30 residents in the serviced apartments. On the day of the audit, there were 111 residents.

The service has increased the number of beds by one, since the previous 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 is supported by a clinical manager (registered nurse), unit coordinators, resident services manager, and a team of experienced staff. Various groups in the Ryman support office oversee and support village managers, including a regional clinical lead and a general manager operations.

Quality systems and processes are being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to resident admission processes, activities, implementation of the quality and risk programme and civil defence processes.

## Ō tātou motika | Our rights

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| 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. |
|---|--|--|

Bob Scott Retirement Village provides an environment that supports residents’ rights and safe care. Staff demonstrated an understanding of residents’ rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a 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. Bob Scott 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

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Some subsections applicable to this service partially attained and of low risk. |
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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 regularly. Bob Scott 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. Bob Scott Retirement Village provides clinical indicator data for the three services being provided.

There are human resources policies that include recruitment, selection, orientation, and staff training and development. The service has an induction programme that provides new staff with relevant information for safe work practice. An in-service education/training programme covering relevant aspects of care and support, as well as 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 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.

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

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, 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, hospital, and dementia level of care.

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 are 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. There are additional snacks available 24/7. 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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested as required. External areas in the rest home and hospital units are accessible and safe, provide shade and seating, and meet the needs of people using mobility aids. The facility vehicles have current registrations and warrants of fitness.

An approved evacuation scheme and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. Security is maintained.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. 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 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 gastrointestinal outbreaks reported since the last audit were managed effectively.

There are 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.

The restraint coordinator 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                           | 22                  | 0  | 4                                    | 1  | 0                                      | 0  |
| Criteria          | 0                           | 163                 | 0  | 4                                    | 1  | 0                                      | 0  |

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence  |
|--|-------------------|---|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p>         | <p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Bob Scott Retirement Village. Ryman Healthcare has employed a Taha Māori navigator, which recognises the importance Ryman places on tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The organisational Māori health plan identifies that the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their family/whānau to direct their care in the way they choose. Service provision is based on implementing the principles of Te Whare Tapa Whā, which will enable the wellbeing of the resident and their family/whānau. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.</p> <p>Links have been established with a Māori engagement manager from local iwi who visits the facility weekly and undertakes te reo classes with staff and residents. Bob Scott Retirement Village also links with current residents, their family/whānau and staff. The Māori staff and</p> |

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|  |           | <p>residents' family/whānau provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health NZ - Te Whatu Ora for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The service currently has residents and staff who identify as Māori. The onboarding process for all staff includes documentation of ethnicity, iwi, and tribal affiliations. All staff are encouraged to participate in the education programme and gain qualifications for their role.</p> <p>Interviews with four managers (general operations manager, village manager, clinical manager, and resident services manager), and twenty-eight staff (six registered nurses (RNs), two-unit coordinators (UCs), ten caregivers, three activities coordinators, one sous chef, one regional head chef, one facilities manager, one administrator and two laundry staff, one housekeeper) 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 different cultural world views and perceptions.</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</p> | <p>FA</p> | <p>Ryman Healthcare has specific care plans for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through its own staff, which include community activities, cultural celebrations, leaders, and church groups that are relevant to residents' preferences and needs.</p> <p>At the time of the audit, there were residents and staff who identified as Pasifika. All residents state their ethnicity on admission, which is recorded in their individual files. The unit coordinators and registered nurses advised that family/whānau members of Pacific residents are</p>  |

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| <p>health outcomes.</p>  |           | <p>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 of all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed how they support any staff that identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. A Pacific staff member interviewed confirmed management are supportive and are able to use their skills within the team to connect with residents.</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>Ryman Healthcare policies and procedures are being implemented to 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 available to residents and their families/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>The staff interviewed confirmed their understanding of the Code and its application to their specific role and responsibilities. Staff receive training on 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>Five family/whānau (two rest home and three dementia) and seven residents (five rest home and two hospital) interviewed stated they felt their rights were upheld and treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. The family/whānau interviewed stated that the managers and clinical staff are available and supportive. Interactions observed between staff and residents were respectful. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and to be as independent as they can be.</p> <p>The service recognises Māori mana motuhake by developing a Māori</p> |

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|   |           | <p>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 and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>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>FA</p> | <p>Staff receive training on the Code at orientation and through the Ryman e-learning portal. 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 the interview. There is a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, and providing services for Pacific Elders and other ethnic groups.</p> <p>Ryman Healthcare delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2024 included (but is not limited to) sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse and 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. 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 cover the concepts of personal privacy and dignity.</p> <p>The care planning process is resident-focused with resident and</p> |

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|  |           | <p>family/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 maps. This information forms the foundation of the resident's care plan. Cultural assessments were evident in the files reviewed. Electronic care plans identified residents' preferred names. Cultural assessment information weaves through care planning. The service responds to tāngata whaikaha needs and enables their 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> | <p>FA</p> | <p>The professional boundaries policy is implemented. Ryman Healthcare has a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health and 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. Staff are trained to recognise clinical bias and institutional racism. 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 registered nurses and caregivers confirmed their understanding of professional boundaries. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed are able to describe signs of abuse they may witness and are aware on how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing, which is documented in their files (sighted). Residents have a property list documented and signed for on entry to the service. Residents and family/whānau received written information on the management of residents' possessions and accountability within the resident's signed service level agreement. The service implements a process to manage</p> |

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|  |           | <p>residents' comfort funds.</p> <p>Te Whare Tapa Whā is recognised and implemented 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 annually as per the training plan to identify abuse and neglect. All residents interviewed 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>   |
| <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> | <p>FA</p> | <p>Information regarding the services included is provided to residents and family/whānau in an information pack. Quarterly resident meetings and family/whānau meetings identify feedback from residents and family/whānau and subsequent follow up by the service. Policies and procedures relating to accidents/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 the next of kin has been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified that family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and interpreter contact details are available. Interpreter services are used where indicated. During the audit, there were no residents that could not communicate in English. Staff interviewed confirmed the use of staff as interpreters, use of 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 Te Omanga Hospice and Health New Zealand specialist services including dietitian, speech and language therapist,</p> |

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|  |           | <p>and wound nurse specialist. The delivery of care includes a multidisciplinary team review. The unit coordinators and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and an opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend any meetings.</p>   |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>There are policies around informed consent. Twelve resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for 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>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/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 enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available 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>   | <p>FA</p> | <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 the guidelines of the Health and Disability Commissioner (HDC) and reflects the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Ten complaints were documented in 2023, and fifteen complaints have been documented in 2024 year to date. The complaints reviewed</p>  |

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|  |           | <p>evidenced acknowledgement of the lodged complaint and an investigation and ongoing communication with the complainants. The service documents the themes of their complaints and compares them with other Ryman facilities; this has resulted in an organisation-wide meal action plan. There are still two HDC complaints reported in the previous audit that remain open; December 2020 and one from October 2022. All required information was submitted to HDC, and the service awaits outcome. A further external complaint was received from HDC and Health New Zealand in September 2023 related to care provision. This was closed off by HDC following submission and evaluation of all documentation and corrective action plans put in place including admission processes to prevent incidents of similar nature occurring (link 3.1.1). Staff interviewed reported that complaints and corrective actions 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 contact details on the notice boards. 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 and working in partnership with the family/whanau in the process.</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>Bob Scott Retirement Village provides care for up to 114 beds at hospital, rest home and dementia level care in the care centre and up to 30 beds at rest home level care in the serviced apartments. One large room in the dementia unit has been verified as suitable for a couple.</p> <p>The dementia unit is divided into two units; both with 20 beds. There are 35 beds in the rest home and 40 rooms in the hospital. All the rooms in the rest home and hospital units are dual purpose. There are three double rooms (one on each floor) suitable for couples with two that were occupied by couples at the time of the audit (potential 117 residents if all double rooms are fully occupied).</p>   |

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|  | <p>On the day of the audit there were a total of 111 residents: 26 rest home level care residents including two in the serviced apartments, 41 dementia level care residents and 44 hospital level care residents including two on Accident Compensation Corporation (ACC) funding. All other residents were under the aged residential care contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the regional managers weekly. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee focusing on the clinical aspects of operations and including members from the Board. Board members are given orientation to their roles and the company operations. All Board members are already skilled and trained in their role as Board members. The clinical council is held by Ryman Christchurch, which comprises leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages.</p> <p>The governance body has terms of reference and a Māori cultural advisor, who ensures policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman has commenced consultation with residents and whānau input into reviewing care plans and assessment content to meet residents' cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service</p> |
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|  | <p>are captured in the annual satisfaction surveys, through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Bob Scott 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 operational objectives. The Ryman business plan is based on Ryman values, including (but not limited to) excellence, teamwork, and communication. These align with the village's objectives. Bob Scott Retirement Village's objectives for 2024 include (but are not limited to) compliance with health and safety requirements, kitchen operations that meet required needs, resident and relative experience and improving resident health and wellbeing through clinical excellence. Organisational goals relate to the 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 Healthcare's key business goals are embedded throughout all processes, from the Board down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day-to-day operations. The organisation has reviewed all policies to ensure they align with the Ngā Paerewa Standard.</p> <p>Service performance is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, and resident and staff input through feedback and meetings. All of this is discussed/reviewed from the Board level down to the 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. Ryman Healthcare and Bob Scott Retirement Village continue strengthening relationships with local Māori and Pacific health providers.</p> <p>The village manager at Bob Scott Retirement Village has been in the role for two years with previous business and management experience. The village manager is supported by a resident services manager who has been in the role for two years and a clinical manager, who was previously a unit coordinator at Bob Scott retirement village and</p> |
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|  |               | <p>appointed to the role in April 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 and clinical manager have completed training in excess of eight hours over the last year related to management of an aged care facility including their orientation, Treaty of Waitangi and cultural safety related training. The management team has been supported in advancing in the Ryman Leadership programme and leadership development online course (eight hours).</p>   |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>PA Low</p> | <p>The Ryman quality and risk management programme uses a risk-based approach to improve service delivery; however, this approach has not always been implemented. 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 implementing quality initiatives.</p> <p>The clinical manager documents a monthly clinical indicator analysis and report. This report is presented and discussed at a range of meetings. Meetings include full facility meetings, health and safety, infection control, and registered nurse meetings. The registered nurse meeting minutes document discussion of clinical aspects of individual resident needs, with monthly follow up to ensure actions have taken place. 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 data collation 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 (includes ethnicity) 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</p> |

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|  | <p>and at a national level to. The data reviewed demonstrates evidence that Bob Scott Retirement Village has had low incidence of skin tears, bruises and resident behaviours compared to the organisational average.</p> <p>Staff have received a wide range of culturally diverse training, including cultural awareness, with resources made available on the intranet, to ensure a high-quality service for Māori and other residents of diverse ethnicities. The resident and relative satisfaction surveys were completed, and improvements from the previous year were documented in care, communication, buildings and grounds. Corrective actions have been implemented and signed off as indicated for areas of lower satisfaction.</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 practices and adhering to relevant standards. A document control system is in place. New policies or changes to the policy are communicated to staff.</p> <p>A health and safety system with identified health and safety goals is in place. The managements team interviewed stated a health and safety team oversees the site's health and safety and contractor management. Hazard identification forms and an up-to-date electronic hazard and risk register were sighted (last reviewed September 2024). 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. A debrief process would be documented on the accident/incident form in a staff accident or incident. Ryman Healthcare has implemented an electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure the timely completion of investigation and reporting. This system also includes meeting minutes. The internal audit system reviewed includes the completion of health and safety, maintenance, and environmental audits.</p> <p>All residents' incidents and accidents are recorded in the electronic resident management system, where data is collated. The incident forms were reviewed, and evidenced immediate action, as well as any</p> |
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|  |           | <p>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 an RN. Risks are identified and responded to.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been nineteen Section 31 and Severity Assessment Code (SAC) notifications completed since last audit which include eight related to pressure injuries, one for change in clinical manager, five related to resident health and safety risk and five in relation to fall related injuries. There have been Covid-19, and gastrointestinal outbreaks since the previous audit; all of which were well managed and reported.</p>   |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale and there are sufficient number of caregivers on duty to provide care in the care centre and service apartments. The acuity of residents and the layout of the building is taken into consideration when rosters are developed. The village manager works Monday to Friday. The clinical manager and unit coordinators ensure there are seven days per week of clinical management on site. The clinical manager and the unit coordinators share on-call after hours for all clinical matters. The facilities manager is available for maintenance and property-related calls.</p> <p>Staff on the floor on the days of the audit were visible and attended to call bells in a timely manner. Residents interviewed stated they receive care in a timely manner and are informed when there are any changes to staff. Staff interviewed stated that overall, the staffing levels are satisfactory, and the management team provides good support. The serviced apartment call system is linked to their pagers.</p> <p>There are dedicated activity, housekeeping, laundry and kitchen staff. The service employs a physiotherapy assistant who works Monday to</p> |

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|  | <p>Friday, fluid assistant staff who provide a seven-day cover. Staff absences are covered by own staff or casual staff. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies.</p> <p>All caregivers are encouraged to complete the New Zealand Qualification Authority (NZQA) formal qualifications in Health and Wellbeing. There are 68 caregivers in total 56 of whom have achieved NZQA level three (or equivalent- including a diploma in health services) and above. Of the 23 caregivers working in the dementia unit, 16 have completed the required dementia unit standards and seven are in progress and have been employed less than 18months.</p> <p>Registered nurses are supported in maintaining their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for registered nurses, 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 25 registered nurses, plus a clinical manager (CM) and four-unit coordinators (UCs) employed at Bob Scott Retirement Village. Thirteen have completed interRAI training (including CM and UCs). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, an online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed reported a positive work environment. Ryman Healthcare has several initiatives implemented around staff wellness, including the monthly kindness</p> |
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|  |    | 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. Fourteen staff files reviewed included a signed employment contract, job description, police check, induction documentation 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.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) general practitioner, dietician, podiatrist, pharmacists and physiotherapist.</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 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. Employee assistance programmes are made available through the occupational counselling (OCP) 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 is accurate, sufficient, secure, accessible, and confidential.</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 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>   |

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|  |               | <p>Electronic systems are backed up. There is a business continuity plan documented in the event of IT disruption. 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> | <p>PA Low</p> | <p>There is an implemented admission policy and procedure to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required under the aged residential care contract. The twelve admission agreements reviewed meet the requirements of the age related residential care (ARRC) contract and were signed and dated. Exclusions from the service are included in the admission agreement. Residents in the secure dementia unit all have needs assessment service coordination (NASC) approval for the service level.</p> <p>The service reviewed the entry to services process in the secure dementia unit following a complaint, and a flow chart documenting the agreed process was developed. A review of two resident files who were new to the service did not evidence that the agreed process as outlined in the flow chart was documented as followed.</p> <p>The village manager and clinical manager are available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori through a process within the power BI</p> |

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|  |    | system. The service has developed working partnerships with local Māori to improve health outcomes for future Māori residents.   |
| <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> | FA | <p>Twelve resident files were reviewed; four rest home, including one in the serviced apartments; four hospital level, including one on an ACC contract; and four from the secure dementia unit. Registered nurses 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 long-term care plans. 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, care plans development and reviews have been completed within the required timeframes. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>The long-term care plan (My Ryman) is holistic, individualised and covers all medical and non medical needs. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans were goal orientated and short-term care plans (or other documented information for acute or short-term needs) were in place. Evaluations are completed at the time of the interRAI re-assessment and include progress made towards meeting identified goals.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner within five working days of admission, who then reviews the residents at least</p> |

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|  | <p>three-monthly or earlier if required. The general practitioners visit twice weekly and provide out of hours call services. The general practitioner (interviewed) commented positively on the quality and consistency of the care provided. 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 people and wound care specialist nurse is available as required through the local Health New Zealand service. The physiotherapist is contracted to attend to residents three times per week with an employed physio assistant who works five days 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. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>A sample of wounds reviewed across the service (including chronic wounds, pressure injuries, skin tears and lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the registered nurse daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed.</p> <p>At the time of audit, there were twelve residents with a total of thirteen</p> |
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|  |               | <p>wounds/pressure injuries. There were two pressure injuries both of which were unstageable. The remainder of wounds were skin tears, abrasions, blisters and chronic ulcers. The service has documented an action plan for pressure injuries. The management team are working with registered nurses to ensure a high level of supervision and adherence to care plan interventions.</p> <p>Handovers witnessed in the secure dementia unit, hospital and rest home included discussion of residents with wounds and care needed. There is regular documented 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> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight, food and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities.</p> <p>Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>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 MDT case conference meeting.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>As service providers: We support the people using our services to</p> | <p>PA Low</p> | <p>At the time of audit there were three activity staff employed; a diversional therapist has been employed and commences employment early December. The activity staff implement the activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests,</p>   |

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| <p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> |  | <p>abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These were completed within two to three weeks of admission.</p> <p>A monthly activities plan was posted on noticeboards and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired.</p> <p>The planned activities and community connections were suitable for the residents. The activity and lifestyle coordinators reported that activities are provided separately in the three respective wings. The activities on the programme included: walks; exercises to music; pet therapy; happy hour; church services; news and views; community library visits; bingo; floor games; table games; walks; navy museum visits; van outings; music; waiata; cooking; movies; art; and craft.</p> <p>Resident meetings provide a forum for feedback relating to activities. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit days. Residents are assessed by the GP/NP for approval for fitness to use the swimming pool.</p> <p>Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. Activities are offered at times when residents are most physically active and/or restless. Not all residents residing in the secure dementia unit has a documented 24-hour activity plan.</p> <p>The activity and lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with the community Kapa haka group, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility.</p> <p>EPOAs, family/whānau and residents reported satisfaction with the level and variety of activities provided.</p> |
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| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers and registered nurses' complete medication competencies. Regular medications and 'as required' medications are delivered in prepackaged packs. The registered nurses check the packs against the electronic medication charts 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 residents self-medicating 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 general practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms (hospital, rest home, dementia unit, serviced apartments) for which medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twenty-four electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The general practitioner 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 had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required (prn). 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</p> |
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|  |           | <p>prioritised to achieve better health outcomes.</p> <p>Staff received medication training in medication management/pain management as part of their 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> | <p>FA</p> | <p>The food is prepared and cooked on site. The kitchen is managed by a kitchen manager, assisted by two chefs and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The custom food control plan expires May 2025. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and whānau/EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by a registered dietitian in March 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>All food is delivered to the respective wings in scan boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>There are plenty of snacks and drinks available to residents in the dementia unit (as well as the hospital and rest home). Lunches observed in the dementia unit were calm, with staff readily available to assist residents, calm piano music was playing in the background.</p> |

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|   |           | <p>The chef reported that the service prepares food that is culturally specific to diverse cultures. This includes menu options which are culturally specific to te ao Māori.</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> | <p>FA</p> | <p>Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility uses the Health New Zealand 'yellow envelope' documentation system (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 discharges from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p> <p>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the general practitioner. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the general practitioner or registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and</p> |

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| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | PA Low | <p>The building has a current warrant of fitness that expires on 15 March 2025. The service employs a full-time facilities manager (working Monday to Friday) who is supported by a maintenance person, a village support person and gardeners. All reactive maintenance is logged through an electronic system, is followed up on and signed off when completed. Certified tradespeople carry out reactive maintenance where required. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The warrant of fitness for the facility vans used to transport residents for outings were current.</p> <p>One large room has been verified as suitable for a couple; this will bring the total bed numbers to 117 in the care centre. Bob Scott retirement village is spread over four floors with serviced apartments on level 1 (ground floor). Level two has two dementia care units (one with 20 beds and the other with 21 beds, including one shared room for couples) separated by an adjoining door. Each unit has a safe accessible outdoor deck area with raised gardens, shade and two entry/exit doors into the facility providing a walking pathway. However, at the time of the audit one of the outdoor areas was cordoned off due to repairs. Level three and level four have 76 dual purpose beds providing rest home and hospital levels of care (including two shared rooms for couples, one on each floor). Bob Scott Retirement Village also has 30 beds in the serviced apartments certified for rest home level of care.</p> <p>The dementia unit is safe and secure with entry into the units by use of an entry button and exit by use of a keypad. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids.</p> |

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|   |                        | <p>There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.</p> <p>The ensuites are spacious and safely accessible with a hoist, as observed on the audit day. There is a call bell at the head of each bed space. All rooms have external windows to provide natural light and have appropriate ventilation and central heating. Each floor level of care has a small kitchen that staff and residents can use to make drinks for residents. There are also nurses' stations, large dining and lounge areas, private areas, and quiet family/whānau rooms.</p> <p>All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>All communal areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the main lounge areas on each floor. Residents' rooms are personalised according to their preferences.</p> <p>The grounds and external areas were well maintained. External areas in the rest home and hospital units are independently accessible to residents and have seating and shade. No residents smoked on the audit days.</p> <p>The village manager and resident services manager reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Residents and family/whānau interviewed satisfaction with the environment.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p> | <p>PA<br/>Moderate</p> | <p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The New</p>   |

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| <p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>Zealand Fire Service approved a fire evacuation plan (dated 31 January 2017) that was in place and is currently in effect. A trial evacuation drill was performed 14 October 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan was in place. The civil defence list indicates there are to be sufficient civil defence supplies including (but not limited to) food, water, candles, and torches in place to last for a period of at least seven days to meet the requirements of staff on duty and up to 147 residents; however, the amount of emergency water available does not meet the National Emergency Management Agency recommendations for the region. The service has three generators regularly serviced and maintained by an external contractor and gas BBQ for alternative energy source in case of mains failure. Emergency lighting is available and is regularly tested.</p> <p>The registered nurses and a selection of care staff hold current first aid certificates ensuring there are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance team check monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. An external provider provided 24-hour security. Doors are automatically locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>A visitors' policy and guidelines are available to ensure residents' safety and wellbeing is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. A closed-circuit television and video (CCTV) system monitors</p> |
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|  |    | the entrance, garden, and communal areas. CCTV signage was displayed around the facility.   |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | FA | <p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure 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, and the geriatric nurse specialist at Health New Zealand Infection control and AMS resources are accessible.</p> <p>The infection control committee meetings are held as part of the registered nurse meetings. Infection rates are presented and discussed at infection control, registered nurse, staff meetings and family meetings. The infection prevention lead at the head office has access to the facility's infection data. The service completes a monthly and six-monthly infection summary, report and analysis, which is presented to staff and available to the head office team.</p> <p>Any significant events are managed using a collaborative approach and involve the infection prevention control lead, the senior management team, and the general practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. The eight outbreaks recorded for 2024 have been managed and 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</p>                           | FA | <p>The infection prevention (IP) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IP programme is linked into the electronic quality risk and incident reporting system. The IP and antimicrobial stewardship programme (AMS) is reviewed annually by the IP lead at the head office as well as a six-monthly update and analysis.</p> <p>The infection control manual outlines 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</p>   |

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| <p>scope of our services.</p> | <p>education of staff. Policies and procedures are reviewed by Ryman head office, in consultation with infection prevention lead. Policies are available to staff. The facility infection prevention control lead (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL has completed external IP education. The service has access to a national infection prevention control lead at head office. Major refurbishments or building plans, are coordinated by Ryman head office. There is no documented local infection control input to the current renovations in the secure dementia unit (link 2.2.2).</p> <p>The IPCL has input in the procurement of IP consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. The IP 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 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. 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. The infection control coordinator audit monitors the effectiveness of education and infection control practices.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically</p> |
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|  |    | placed around the facility near point of care and outside the rooms of residents with Covid-19 infection, on the days of the audit. Handbasins all have flowing soap.   |
| <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 antimicrobial stewardship 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 AMS programme has been approved by the clinical governance team at Ryman head office. The programme promotes 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 NP, GP, and the pharmacist to monitor the use of antibiotics. Quantity of antibiotic usage is monitored monthly. Staff and residents/family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects are reported to the GP. The AMS 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. National surveillance programmes and guidance is applied 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) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection control surveillance is discussed at the registered nurses 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 are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas</p>  |

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|  |           | <p>of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The IPCL described the outbreak management plan in place to manage outbreaks within the facility. Outbreaks for 2024 have included: four Covid-19 out breaks and four gastrointestinal outbreaks. All outbreaks have been reported appropriately. Records reviewed evidenced a well-managed outbreak process in each case, staff and family/whanau were kept informed.</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> | <p>FA</p> | <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are 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 are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are 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 room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Staff have completed chemical safety training. There service has a team of housekeepers led by the resident services manager. On the day of audit, the environment was clean and well maintained.</p> <p>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, there are separate designated laundry staff. 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 are 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 IPCL oversees the implementation of the cleaning and laundry</p> |

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|  |    | audits.  |
| <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 families/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 restraint coordinator (registered nurse) 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.

| Criterion with desired outcome   | Attainment Rating | Audit Evidence   | Audit Finding   | Corrective action required and timeframe for completion (days)     |
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| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | PA Low            | <p>Bob Scott Retirement Village is implementing the Ryman quality and risk management programme using a risk-based approach to improve service delivery. However, this approach has not always been implemented. At the time of the audit the deck in one of the 20 bed special care unit was under repair following identification of a leak which dates back to May 2023. As of June 2024, external provider commenced work on full waterproofing process and hence the area was now not accessible to residents. For a project that has spanned over a period of more than five months, there is no documented process / project outline that clearly identifies timeframes and a risk-based approach undertaken in order to identify and</p> | <p>The project to ensure full waterproofing of the decking in the dementia unit did not demonstrate a documented process / project outline that clearly identifies timeframes and a risk-based approach undertaken in order to identify and mitigate risks, informing and involving residents' EPOAs and / or key contact, address risk related to the health and wellbeing of the residents.</p> | <p>Ensure a risk-based approach is implemented.</p> <p>90 days</p> |

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|   |        | mitigate risks, informing and involving residents' EPOAs and / or key contact, address risk related to the health and wellbeing of the residents including input from infection control.  |   |  |
| <p>Criterion 3.1.1</p> <p>During the initial engagement prior to service entry, service providers shall ensure:</p> <p>(a) There is accurate information about the service available in a variety of accessible formats;</p> <p>(b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral agencies.</p> | PA Low | <p>There is an implemented admission policy and procedure to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. Following a complaint regarding the admission services process for the dementia unit, the service developed a flow chart, the process outlined in the flow chart has not been consistently documented as followed.</p> | <p>Following a Health NZ complaint and subsequently a HDC complaint the service developed a flow chart for the entry to service for resident in the secure unit. This process has not always been documented as followed.</p> | <p>Ensure that the agreed process for admission to services to the secure dementia unit is documented as followed</p> <p>60 days</p> |
| <p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>  | PA Low | <p>Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. Activities are offered at times when residents are most physically active and/or restless. Not all residents residing in the secure dementia unit has a documented 24-hour activity plan.</p>  | <p>Four of four resident files for residents in the secure dementia unit did not document a 24-hour activity plan.</p>  | <p>Ensure that each resident in the secure dementia unit has an individualised 24-hour activity plan documented.</p> <p>60 days</p>  |
| Criterion 4.1.1   | PA Low | Level two has two dementia care units   | At the time of the audit, there were  | Ensure there are   |

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| <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> |                        | <p>(one with 20 beds and the other with 21 beds, including one shared room for couples) separated by an adjoining door. Each unit has a safe accessible outdoor deck area with raised gardens, shade and two entry/exit doors into the facility providing a walking pathway. However, at the time of the audit one of the outdoor areas was cordoned off due to repairs that had deemed the area inaccessible since June 2024. This meant that the residents of the dementia unit were unable to access the outdoor courtyard to meet the requirements under ARRC agreement E3.4 for residents to have a safe and secure outdoor area that is easy to get to for the residents. For the duration of the repairs (June 2024 to date) there is no documented plan to provide alternatives that ensure ongoing access to outdoor space or evidence of implementation thereof.</p> | <p>renovations occurring on the outdoor space for the dementia unit making it inaccessible to resident. This meant that the residents of the dementia unit were unable to access the outdoor courtyard to meet the requirements under ARRC agreement E3.4 for residents to have a safe and secure outdoor area that is easy to get to for the residents.</p>  | <p>alternatives documented and implemented to ensure residents have access to safe and secure outdoor space.</p> <p>90 days</p>  |
| <p>Criterion 4.2.2<br/>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>   | <p>PA<br/>Moderate</p> | <p>A civil defence plan was in place. This audit evidenced that the routine checking of civil defence supplies for water and for civil defence equipment have not ensured that there is enough, useable, resources available should there be a civil defence emergency.</p> <p>There were inadequate supplies in the event of a civil defence emergency related to food, water, candles, torches, and as indicated on the civil defence list for a period of at least seven days to meet the requirements of staff on duty</p>   | <p>(i). Civil defence emergency boxes with supplies have not been regularly checked since last audit and the contents were not reflective of what was expected to be in the boxes for a civil defence emergency.</p> <p>(ii). There is no formal process of checking and ensuring sufficient supplies of food for civil defence purposes.</p> <p>(iii). The amount of emergency water available that can be used in a civil</p> | <p>(i). Ensure that civil defence supplies are accurately checked according to the plan and all items listed on the civil fence list are available.</p> <p>(ii). Ensure that there is a formalised process to ensure there will be sufficient food available for civil</p> |

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|  |  | <p>and up to 147 residents. The civil defence boxes on each floor were last checked in April 2022. The service stores and maintains a large supply of food, including frozen foods, canned products, and dried food (cereals etc). Both the sous chef and the regional head chef stated that there is enough food stored for seven days. However, there is no formal process of checking and ensuring sufficient supplies of food for civil defence purposes.</p> <p>The amount of emergency water available does not meet the National Emergency Management Agency recommendations for the region. There is approximately 10,000 L of water that can be made immediately available for consumption. There are also 17 x 3000L of water in tanks, however this water does not reticulate and has remained in the tanks for an unknown period of time. The service is in the process of checking this water in the tanks and reviewing a process for ensuring safe drinkable water for the future.</p> <p>The service has three generators regularly serviced and maintained by an external contractor and gas BBQ for alternative energy source in case of mains failure.</p> | <p>defence emergency does not meet the National Emergency Management Agency recommendations for the region of 20litres per person per day for seven days.</p> | <p>defence processes.</p> <p>(iii). Ensure that there is enough water supply fit for use and there is a process to ensure water stored is safe for use.</p> <p>60 days</p> |
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.