

Molly Ryan Lifecare (2007) Limited - Molly Ryan Lifecare and Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Molly Ryan Lifecare (2007) Limited
Premises audited:	Molly Ryan Lifecare and Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 February 2025 End date: 5 February 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Molly Ryan Lifecare and Retirement Village (referred to in the report as Molly Ryan Lifecare) provides hospital (geriatric and medical), and rest home levels of care for up to 33 residents in the care centre. The service also provides rest home level care across 28 studio apartments. At the time of the audit there were 35 residents, including three rest home residents in the studio apartments.

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.

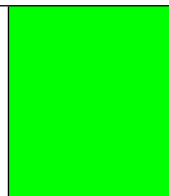
The village manager is supported by an acting clinical manager, clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers and to clinical managers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was very 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 no shortfalls.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

Molly Ryan Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. The service partners with Pacific communities to encourage connectiveness.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide 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 and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

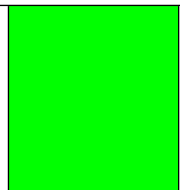
The business plan 2024 includes a mission statement and operational objectives with a 2025 business plan newly implemented. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Internal audits and collation of data were all documented as taking place as scheduled, with

corrective action plans in place when required, with resolution completed in a timely manner. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme is in place with an induction programme implemented that provides new staff with relevant information for safe work practice. There is an annual and biennial in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/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 and staff 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.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. Registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.


Medication policies reflect legislative requirements and guidelines. Registered nurses, and wellness partners (caregivers) are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The wellness leader, and wellness partners (caregivers) provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is facilitated through all activities.

Residents' food preferences, cultural needs and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Planned discharges or transfers were coordinated.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and tagged as required. Hot water temperatures are monitored as per policy. Residents can freely mobilise within communal areas, with safe access to the outdoors seating and shade. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. An approved evacuation scheme is in place and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. 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 residents, staff, and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. 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. Outbreak response plans are implemented when required and the service has access to personal protective equipment supplies. There have been three outbreaks since the last audit, and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. There are documented policies and procedures for storage of chemicals, cleaning and laundry 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.

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the organisation. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is to provide equitable health outcomes for Māori residents and their family/whānau, with overall improved health and wellbeing. Areas of focus have been identified in the Māori health plan using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>Molly Ryan Lifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents, family/whānau, as evidenced in interviews with care staff and documentation.</p> <p>The village manager (VM) interviews all suitably qualified Māori applicants when they apply for employment opportunities at Molly Ryan Lifecare. At the time of the audit there were staff members who identify as Māori. All staff have access to relevant tikanga guidelines.</p> <p>Arvida Group is dedicated to partnering with Māori, government,</p>

		<p>and staff to align their work with and for the benefit of Māori. Arvida has a Māori advisory group which confers on and provides support for any cultural issues arising from villages. The advisory group also consults with the clinical governance group, which monitors health equity on matters where policy or practice change may be required. The business plan 2024 (still being partially implemented) confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents.</p> <p>The service currently has residents who identify as Māori. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education. A Māori health care assessment and plan is documented for Māori residents, as sighted during the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Individual cultural beliefs are documented for all residents in their care plan and activities plan. There were no residents who identified as Pasifika. The managers interviewed (the village manager (VM) and acting clinical manager) advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the Pacific Ola Manuia health plan and Mana Tiriti Framework. The organisation has developed a meaningful and collaborative working relationship with a Pacific advisor to produce their Pacific health plan. Molly Ryan Lifecare has links with the Pacific community through the Pasifika advisor. The village manager (VM) stated that the management team and staff would develop relationships with family/whānau and Pacific communities of any resident who was admitted who identified as Pasifika.</p> <p>The management team (VM, acting clinical manager (acting CM) and head of clinical quality) were able to confirm how Molly Ryan</p>

		<p>Lifecare is increasing the capacity and capability of the Pacific workforce through equitable employment processes. The service was not actively recruiting wellness partners at the time of the audit and on review of employment documentation, there was evidence of equitable employment processes. Sixteen staff interviewed (five wellness partners (caregivers), two RNs, one wellness leader, one kitchen manager/chef and one kitchen hand, one maintenance manager, two wellness leaders, one housekeeper, one administrator, and one laundry assistant) confirmed all cultures were treated equally and welcomed to the workplace.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical coordinator (CC) or acting CM discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the bimonthly resident/family meetings. Interviews with thirteen residents (six rest home residents including two from the studio apartments, and seven hospital residents) and three family/whānau (hospital) reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held during the month and are shared between the various denominations. All residents are invited and supported to attend if they so wish. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes understanding the role of advocacy services, maintaining dignity, respect, and autonomy. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori</p>

		health plan and through interviews with management and staff.
<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>	FA	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction survey results published in November 2024 confirmed that residents and family/whānau are highly satisfied with food services and cleanliness of the facility. Respondents were satisfied with all other aspects of support and care provided. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. 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. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans.</p> <p>The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementation of signage that reflect the use of te reo Māori and are sharing knowledge around the values underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o</p>

		<p>Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare and equity training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse, neglect and discrimination policy is implemented, with staff able to describe the process of identifying and reporting any abuse or neglect. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value residents, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment is contained in the online training platform, accessible to all staff. Employment processes reviewed evidence staff are held accountable for their workplace conduct through a fair employment performance review process, with support from the Avida executive team.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the Māori Advisory Group, which includes a Māori advisor. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Avida values actively encourage an attitude to care which</p>

		<p>include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble and flexible and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths and encouraging autonomy and independence for all residents.</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>Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence with family/whānau is documented in the resident file. Twenty-four accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, Molly Ryan Lifecare has appropriate communication strategies in place for staff members should any resident require support.</p> <p>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</p>

		<p>the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. Management meetings are held weekly. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Families/whānau are invited to attend one-to-one meetings with the management team as required.</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 which are implemented. Informed consent processes were discussed with residents and family/whānau on admission. Electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as vaccines.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with care staff confirmed their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code, informed consent and EPOAs is a mandatory topic delivered and completed as per schedule via the electronic learning system.</p> <p>The service follows relevant best practice tikanga guidelines. Staff</p>

		interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The VM maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically.</p> <p>There have been four complaints made in 2024 year to date following the surveillance audit. All have been resolved. There have been no complaints from external parties, including the Health and Disability Commissioner (HDC). Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints and compliment forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly, chaired by the VM. Family/whānau confirmed during interview the management team are available to listen to concerns and acts promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Contact details for interpreting services are available.</p>
Subsection 2.1: Governance	FA	Molly Ryan Lifecare is part of the Arvida Group. The service is certified to provide rest home and hospital (medical and geriatric)

<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>care for up to 33 residents (dual purpose beds), and up to a further 28 residents requiring rest home level care in studio apartments. At the time of the audit there were 35 residents, including 19 rest home residents (including three in the studio apartments) and 16 residents requiring hospital level of care. All residents were under the age-related residential care contract (ARRC).</p> <p>There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors is an experienced, independent, team of four professionals. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight of the executive team. Arvida Group's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within the Arvida Group. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The executive team comprises of nine experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted into their roles.</p> <p>There are various groups in the support office who provide oversight and support to the village managers. These include the wellness and care team, operations (including regional managers), the people team (including the health and safety manager), information technology, finance and accounts. The wellness and care team support overall service provision and policy development, ensuring all policies are linked to the relevant Ngā Paerewa sections and referenced to legislation where appropriate. This team leads the Attitude of Living Well across the communities to ensure resident experience aligns with the Arvida mission and vision (documented).</p> <p>There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, Māori practitioner, clinical manager representative, expert resident, and wellness leader representative. Clinical governance ensures a coordinated approach to defining and</p>
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	<p>engaging with quality and ensuring the standards are met. Reports from the clinical governance group are incorporated into regular reports to the chief executive officer (CEO). Arvida has a Māori Advisory Group and they have been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant and education with staff at all levels, and ensuring an increased awareness in cultural safety. The executive team has completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the resident and family/whānau meetings and six-monthly case conferences. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Avida are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for family/whānau are provided through general feedback, surveys, meetings and the complaints process to participate in the planning and implementation of service delivery.</p> <p>The operations team provides support, mentoring and are a direct liaison on operational matters for VMs. The regional managers report through to the general manager of operations and executive teams through to the Board. The people and culture team lead the people and culture portfolio, develop and review the HR compliance and provide support to VM's and care communities with employment relations, the IT team, health and safety, and pandemic leadership. The finance team provides financial governance and support for budget planning and financial management. The village services team provide procurement support and property expertise including refurbishment and facilities management expertise and guidance.</p> <p>The VM at Molly Ryan Lifecare has overall authority, accountability, and responsibility for service provision. There is an overall Arvida business plan 2024 which has been reviewed at the end of 2024.</p>
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		<p>Avida is undertaking a review of the quality and risk portfolio with agreement to continue to use the 2024 quality objectives until the review has been completed.</p> <p>The acting clinical manager (registered nurse) has been supporting and leading clinical practice at Molly Ryan Lifecare for six months while the service advertises to fill the current vacancy. They have over 20 years' experience as a clinical manager in aged care. The acting CM role is responsible for regular reporting to the village manager that includes infection control and analysis of adverse events and summaries of clinical risk.</p> <p>The VM (registered nurse) oversees the operational activity and has over 10 years' experience in aged care, with seven years' experience in CM roles. The village manager and clinical manager are supported by a clinical coordinator, and an experienced care team.</p> <p>The head of clinical quality was actively present on site and involved in the management of Molly Ryan Lifecare to ensure the service delivery and clinical effectiveness at Molly Ryan Lifecare improve to maintain a high standard as expected from the Arvida Group.</p> <p>The VM and acting CM have completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</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</p>	<p>FA</p>	<p>Molly Ryan Lifecare has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>Regular quality (improvement) meetings, clinical, and staff meetings</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family/whānau evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The VM attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. The health and safety representative (maintenance) were interviewed and is familiar with their role. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including severity assessment code (SAC) reporting</p>
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		<p>requirements. There have been 16 Section 31 notifications to HealthCERT and these have included 11 related to medication (with a corrective action plan implemented and the issue resolved). The last Section 31 relating to medication issues was sent in November 2024. Other Section 31 reporting has been for pressure injuries, for residents who have had a hospital admission following a fall, and for staff shortages (September 2024).</p> <p>Culturally inclusive care training, including modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare and equity training, is covered in the staff education and training plan to ensure a high-quality service is provided for Māori. An electronic dashboard is available where all quality data and benchmarking are visualised in real time to support critical analysis of organisational practices and identify areas for improvement. Quality goals are documented and reviewed quarterly.</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. 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. 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 policy implemented that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. There is a full complement of RNs. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday. The acting CM confirmed that they would perform the manager's role in the temporary absence of the VM.</p> <p>The acting CM clinical coordinator, and village coordinator (RN) are rostered to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents. Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are</p>

	<p>attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically. Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including medication administration, wound management, syringe driver, and the interRAI assessment competency. All clinical staff are required to complete annual competencies for restraint, moving and handling, personal protective equipment (PPE), handwashing, and cultural competencies. A selection of wellness partners have completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic register. The education and training schedule lists all annual/mandatory topics for the calendar year and is specific to the role and responsibilities of the position. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>The service has a total of 52 staff in various roles There are 24 wellness partners employed in total. Molly Ryan Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing and staff have achieved level three or four NZQA qualification, apart from newly appointed wellness partners.</p> <p>There are nine RNs, including the acting CM and VM, who can provide support (if required) and a clinical coordinator. Five RNs, including the acting CM, have completed their interRAI training.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support, facilitated by Wellness New Zealand and employee assistance programme (EAP). Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p>
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<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>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who have been employed for more than a year have current appraisals on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs, and wellness partners to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites, which is available to all staff.</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</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system for reference.</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. 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>FA</p>	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with all contractual requirements.</p> <p>Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The VM and CM are available to answer any questions regarding the admission process. The CM, clinical coordinator and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents. Arvida has a process to collate ethnicity data from all residents, and then analyse this for the purposes of identifying entry and decline rates. The VM and CM confirmed that they have not declined any residents, unless the resident required a level of care that was not</p>

		<p>available at Molly Ryan Lifecare. The analysis is completed by Arvida Group support office and results shared with facilities.</p> <p>The service has a meaningful partnership and working relationship with iwi, representative from Health NZ Māori directorate, and Māori staff to provide support for Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files were reviewed: three at hospital level and three rest home residents.</p> <p>Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include information from pre-entry assessments completed by the Needs Assessment and Service Coordination or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed, with information gathered during the initial assessments and the interRAI assessment. Outcomes of risk assessments and interRAI assessments form the basis of the long-term care plan. Cultural assessments include cultural considerations, spiritual wellbeing and beliefs, and details are weaved through all sections of the care plan. Interventions and personal strategies are recorded to meet the individual resident's physical, medical needs and pae ora outcomes. There is evidence of resident and family/whānau involvement in the interRAI assessments and the review of the long-term care plans. All interRAI assessments and long-term care plans sampled had been completed within three weeks of the residents' admission to the facility.</p> <p>Resident care plans are holistic in nature and reflect the Arvida Attitude of Living Well model of care that give tāngata whaikaha choice and control over their supports. The service implements Te Ara Whakapiri as an end-of-life pathway. Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. Documented interventions and early warning signs meet the residents' assessed needs, with detailed interventions to direct</p>

	<p>comprehensive care delivery. The long-term care plans are 'living documents.' Interventions for short-term needs are added to the long-term care plans and are removed when the problem has resolved.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility fortnightly on a Wednesday. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, spoke positively about the clinical coordinator and registered nurses. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. After hours, the facility continues to access the GP for on-call service. A physiotherapist visits the facility on Wednesdays from 8am-12 midday and reviews residents referred by the registered nurse. A speech language therapist, hospice, wound care nurse specialist, and medical specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits, medication changes, and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals and evidence of wound care specialist, GP and dietitian input as required. Photos were taken where this was required. The wound register evidenced skin tears, skin lesions, skin rashes, blisters, a surgical wound and nine pressure injuries (four stage I, four stage II and one stage III) being treated.</p> <p>Wellness partners interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each</p>
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		<p>shift and as necessary by wellness partners and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the acute changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Wellness partner interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months, in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The registered nurse documents evaluations. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a wellness leader who works full time and is supported by wellness partners to provide all residents with their activities. Wellness partners have access to resources such as table games, puzzles, and quizzes to</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>assist with activities throughout the day and after hours. The overall programme has an integrated resident led activities programme that is appropriate for all residents.</p> <p>The activities programme is displayed on the noticeboards, television screen at reception and residents have copies in large print in their bedroom noticeboards. There are a range of activities appropriate to the residents' cognitive and physical capabilities. Activities include (but not limited to) exercises; intellectual games; board games; happy hour; walking groups; quiz; bible interest group; craft; men's and ladies' groups; and musical entertainment. On the day of the audit, residents were participating in exercise, some enjoying outdoor time, and entertainment was on in the afternoon. The programme allows for flexibility and resident choice of activity.</p> <p>For those residents who choose not to take part in the group activities, one on one visits from the wellness leader and wellness partners occur regularly and is documented in the resident records. Outings are organised for weekly and monthly shopping trips to the local shops. Residents interviewed confirmed that they are supported by wellness partners to access their preferred communities.</p> <p>The wellness leader and wellness partners integrate te reo Māori in the daily programme, with the use of te reo Māori phrases and everyday words as part of the daily activities programme. There were Māori residents at the time of the audit. The service ensures staff are aware of how to support the Māori resident in meeting their health needs and aspirations in the community. Themed days such as Matariki, Te Tiriti o Waitangi, and ANZAC Day are celebrated with appropriate resources available. The service maintains contact with kaumātua and cultural advisors, who also visit the facility and support the service in meeting the needs of residents who identify as Māori. Residents are encouraged to maintain links to the community.</p> <p>The residents' activities assessments are completed by the wellness leader using the 'about me,' 'leisure,' 'life history,' cultural assessment and Māori care plan. Information on residents' interests, family, and previous occupations is gathered during the</p>
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		<p>interview with the resident and/or their family/whānau and documented. The assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly as part of the care plan and multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. There were monthly resident meetings with positive feedback about the activities and regular newsletters.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There is a comprehensive suite of medication policies which align with current legislation and good practice. Medications are stored safely in locked treatment rooms. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency. All medications are administered from blister packs. The registered nurses check the rolls against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering medications on the days of audit; however, self-administration competencies, policies and procedures are in place should the need arise to demonstrate safe self-administration. No standing orders were in use.</p> <p>There is a medication room situated close to the nurses' offices on the ground floor. The medication room is temperature controlled, and staff have completed weekly room temperature monitoring for the medication room, as sighted on the records. Daily fridge temperatures have been completed.</p> <p>Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The general practitioner had reviewed the medication charts three-monthly and discussion and consultation</p>

		<p>with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. Residents are informed about their medications and when changes and the reason for changes are required.</p> <p>'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and progress notes. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.</p> <p>A medication audit was completed 24 November 2024, as per the audit schedule and corrective actions implemented based on identified findings, and a follow-up audit was conducted 15 January 2025. Controlled drug management was reviewed. Controlled drug register evidenced weekly controlled drug balance checks, safe storage in a locked safe in locked medication room, with keys held by registered nurse on duty.</p> <p>Due to incidents involving the loss of controlled drugs in elixir form, an investigation was unable to identify the root cause. The facility implemented quality measures related to the management of controlled drugs. These measures included replacing the controlled drugs safe; signing in and balance checks of controlled drugs upon receipt from the pharmacy; three-monthly Medimap; medication and control drugs audits by the CM; controlled drug keys kept by the registered nurse on duty and handed over to the next shift; weekly controlled drug counts by the CM and clinical coordinator; and registered nurse training relevant to controlled drugs delivered on 27 November 2024. There have been no documented cases of missing controlled drugs since 18 November 2024.</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>FA</p>	<p>The kitchen manager works Monday to Fridays and oversees food services. They are supported by a kitchen hand and casual cooks over the weekends. All food services staff have completed food</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu is reviewed and approved 4 November 2024 by a registered Arvida dietitian and follows Arvida 'Eating Well' requirements. The menu provides options for residents to choose from for lunchtime and tea meals. Food preferences and cultural preferences are encompassed into the menu (eg, hangi, fried bread) and the regular weekly cultural themes. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Nutritional snacks are available 24/7 in all households.</p> <p>The menu provides pureed/soft meals, as well as gluten free options. Alternatives are provided as needed. Specialised utensils and lip plates are available as required. Residents and family/whānau interviewed confirmed likes/dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.</p> <p>There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves as appropriate. There is a verified food control plan expiring 14 June 2025.</p> <p>Chemicals are stored safely, and safety datasheets are available. The kitchen is centrally located near the main dining room. A satellite kitchen with dining room and a smaller dining room is available for the studio apartment residents. There is lift access near the main dining room for the residents' upstairs.</p> <p>Meals are transported in a bain-marie and are served by a kitchen assistant. Thermal lid tray service is available for residents who choose to dine in their rooms. The dining areas are spacious and provide enough space for staff to assist residents with their meals and residents in mobile chairs. The menu is displayed in the dining room and residents can easily see what is on the menu for the day. Lunch was observed on both days of the audit; the food was</p>
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		<p>visually appealing and overall resident feedback was positive.</p> <p>For those residents in the rooms, food is plated, covered to keep the food warm, transported to the rooms and served by staff to residents, according to the choices the residents have selected. Food temperatures are consistently recorded for all meals. Residents may choose to have their meals in their rooms. Residents provide verbal feedback on the meals at monthly residents meeting, which is attended by the kitchen manager. Resident preferences are considered with menu reviews. Kitchen staff and wellness partners interviewed had a good understanding of tikanga practices related to food services. Residents are weighed monthly unless this has been requested more frequently due to weight loss or unexpected weight gain. Residents who experience unintentional weight loss are seen by a dietitian and fortified smoothies and meals are provided. The kitchen staff utilise pure foods moulded into food shapes.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Transfer notes include advance directives, general practitioner, summary of the care plan, and resident's profile, including next of kin details. Discharge summaries are uploaded to the electronic resident's file. The clinical coordinator advised a comprehensive handover occurs between services, as observed on first day of audit. The residents (if appropriate) and family/whānau were involved for all discharges and transfers to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The building has a current building warrant of fitness in place. The service employs a full-time maintenance manager, who is on call 24/7 for any maintenance issues. There is an electronic app where</p>

<p>and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. Planned maintenance includes interior and exterior building, equipment checks, electrical checks, and hot water temperature checks. Electrical equipment is tested and tagged annually and was last completed on 11 June 2024. Clinical equipment including medical scales had been tested 23 January 2025. Monthly testing of hot water temperatures is completed. Hot water temperature monitoring records that have been completed were within acceptable ranges. The facility vehicle has a current registration and warrant of fitness.</p> <p>At Molly Ryan Lifecare, the care centre is situated on the ground floor and first floor. All rooms have ensuites and are dual-purpose, with equal number of hospital and rest home residents. There are two large, shared lounges with separate entrances. Studio apartments are situated on the first floor with four upstairs. Two dining rooms on each side of the reception area. The lift is spacious enough to accommodate ambulance transfer equipment. Doors to the laundry, kitchen and nurses' station have signs with English and te reo Māori names. The external areas and courtyard areas are well maintained. All external areas have attractive features, including raised beds and planters. All outdoor areas have some seating and shade. There is safe access to all communal areas. Flooring is safe and appropriate for residential care. All corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Communal toilets are located closely to communal areas. Toilet and shower facilities are of an appropriate design to meet the needs of the residents. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant and locks are on doors. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment.</p> <p>Staff interviewed stated that they have all the equipment referred to in care plans to provide care. Wellness partners assist with transferring residents to communal areas for dining and activities as required. All resident rooms and communal areas have ample natural light and ventilation. The environment is maintained at a safe and comfortable temperature. The residents interviewed</p>
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		<p>confirmed temperatures were comfortable. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed confirmed their bedrooms are personalised according to their individual preferences.</p> <p>The studio apartment households have an open plan lounge/dining area and kitchen. The studio apartments have spacious ensuite toilet and shower facilities, with enough room for wellness partners to assist safely. The exterior has been well maintained with safe paving, outdoor shaded seating, and well-maintained manicured gardens.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The Arvida policy states that the group lead for special projects consults with their Māori advisor to collaborate with iwi when significant changes and proposed changes are considered for a facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. There is an approved New Zealand Fire Service evacuation scheme in place. Six-monthly fire evacuation drill notification documentation was sighted (last completed on 25 September 2024). A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Short-term backup power for emergency lighting is in place for up to three hours. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies, with civil defence supplies (checked monthly), and a store of emergency water (two water tanks, 4,000 litres in total, twelve containers of twenty litre water containers and 120 litres of bottled water) which is adequate supply for three litres per day, for three days per resident.</p> <p>There is a BBQ and gas hobs in the kitchen available for alternative cooking. Emergency food supplies sufficient for at least seven days</p>

		<p>are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. Measures are in place to obtain a generator if required to run essential services. There are call bells in the residents' rooms, and lounge/dining room areas.</p> <p>Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Sensor mats are used as indicated to alert staff. There is a first aid trained staff member on duty 24/7, including when taking residents on outings. Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. The service utilises security cameras located at the main entrance, car park and throughout the facility. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system and is part of the strategic and quality plans.</p> <p>There is an infection control steering group with representatives from sister facilities and they meet monthly to support all villages. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The acting CM (registered nurse) oversees infection control and prevention across the service. The job description outlines the</p>

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>responsibility of the role. The infection control programme is reviewed annually by Arvida Group support office and then sent out to all facilities including Molly Ryan Lifecare for review, before being completed. Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. The infection control programme links to the business and quality plans. The implementation of the infection programme of 2024 has been reviewed in January 2025. The service has an outbreak plan and pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a facility infection control team which meets monthly (meeting minutes sighted). Infection control committee minutes are also tabled at the RN and EN meetings, quality meetings and the staff meetings.</p> <p>The infection control coordinator has completed online education related to their role through Health New Zealand. There is good external support from the GP, laboratory, Arvida Group support office and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training</p>
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		<p>plan (Altura). There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The Arvida Head of Clinical Governance is involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products with the support from the clinical manager, VM and Arvida Group. The Arvida Head of Clinical Governance and Head of Clinical Quality provides consultation during the design of any new building or when significant changes are proposed to an existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, clinical and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the GP to ensure best practice strategies are employed at Molly Ryan Lifecare.</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, RN and EN, and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern is reported to the Board. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health New Zealand for any community concerns. There have been three outbreaks since the previous audit (gastroenteritis in August 2024, scabies in October 2024 and Covid-19 in September 2024) which were managed appropriately. There were ready-made isolation kits and posters available to ensure consistency. Affected residents were isolated, and staff who were in close contact with these residents wore PPE. Residents and staff completed rapid antigen tests (RAT) during the Covid-19 outbreak if they were symptomatic. Families/whānau were kept informed by phone or email. The care centre remained open; however, visitors were requested to sign in, limit their movements and wear appropriate PPE where necessary. The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. Outbreak meetings and debrief meetings were held afterwards to improve on 'lessons learned.'</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were</p>

<p>and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitisers, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training. Cleaning services are provided by dedicated staff seven days per week, and staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the acting clinical manager (CM), who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility was restraint free at the time of the audit.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation. The Board is committed to the elimination of restraint use and this is actively monitored by Arvida Restraint Steering Committee at governance level. This is achieved using proactive de-escalation strategies. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and</p>

		<p>staff.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required) includes the resident (if competent), general practitioner, restraint coordinator, registered nurse and family/whānau approval.</p> <p>Restraint is used as a last resort, only when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Training for all staff occurs at orientation and annually. The restraint register is maintained and updated two-monthly. Restraint programme is discussed as part of the monthly quality meeting.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.