

Miriam Corban Retirement Village Limited - Miriam Corban 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: | Miriam Corban Retirement Village Limited |
| Premises audited: | Miriam Corban Retirement Village |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 25 February 2025 End date: 26 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: | 57 |



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 haumarua | 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

Miriam Corban Retirement Village (referred to as Miriam Corban in this report) is part of the Ryman group, and provides hospital (geriatric and medical), rest home and dementia, and levels of care for up to 101 residents. At the time of the audit there were a total of 57 residents and no residents receiving care in the services apartments.

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

The village manager is supported by a clinical manager (registered nurse), three unit-coordinators, resident services manager, and a team of experienced staff. The general manager operations was also on site during the audit. There are various members of the Ryman support office who provide oversight and support to village managers and to the clinical managers.

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

This certification audit did not identify any 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.

Miriam Corban provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Miriam Corban provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family 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.

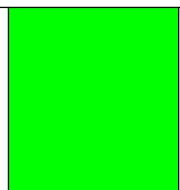
Services are planned, coordinated and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific village operational objectives which are reviewed on a regular basis.

Miriam Corban has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Miriam Corban provides clinical indicator data for the three services being provided.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. There are policies and processes that describe medication management that align with accepted guidelines.

Staff responsible for medication administration have completed annual competencies and education. A comprehensive suite of policies are in place that align with current legislation. All medication charts were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

All meals and baking are prepared onsite. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for. Residents were satisfied with the food services provided.

A dedicated team of staff lead the activities programme through the facility. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. Residents were satisfied with the activities on offer.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

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

The building holds a certificate of public use. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single with full ensuite facilities. There is lift access to all floors. All communal areas and resident rooms have natural light.

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

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

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

| | | |
|--|--|---|
| <p>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.</p> | | <p>Subsections applicable to this service fully attained.</p> |
|--|--|---|

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. 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. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There were two outbreaks reported since the opening of the facility 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. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The clinical manager is the restraint coordinator. The clinical governance team at head office oversees all restraint practices and the restraint coordinator and restraint committee manage this on site. There is no use of restraint. The goal of care is to ensure residents needs are met and they are enjoying their lives.

Staff receive training and mentoring on strategies for individual residents to ensure restraint is not used.

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>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to staff at Miriam Corban and training is based on this. Residents and family/whānau can access any policies and in the past, the village manager has discussed with family/whānau how the policy can be implemented to meet their individual need.</p> <p>The service does not currently have residents who identify as Māori. There are staff employed who identify as Māori, with evidence of ethnicity including iwi affiliation documented in staff files. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Staff who identify as Māori have community relationships related to Māori that they can share with the service.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct</p> |

| | | |
|--|-----------|--|
| | | <p>their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with five managers (general manager [GM] operations, clinical regional manager, village manager, clinical manager, and resident services manager); and 20 staff including three registered nurses (RNs), two unit coordinators (UCs), six caregivers, three activities and lifestyle coordinators, one lead chef, one lead maintenance, two laundry assistants, one cleaner, health and safety representative (receptionist) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified that the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training content includes ways in which the hui process can support culturally safe care and services.</p> <p>The village manager has developed relationships with Te Wananga o Aotearoa who provides support and advice when needed. Ryman has the expertise of a quality auditor with a Tikanga Māori and Pasifika focus, provides guidance and support for Māori and connectivity within the region. The premises receive a Māori blessing prior as part of the opening ceremony.</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>FA</p> | <p>Ryman New Zealand has health plans for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>At the time of the audit there were no residents that identified as</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>Pasifika. The unit coordinators and RNs advised that family/whānau members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and use their skills within the team to connect with residents and the community. Ryman has the expertise of a quality auditor with a Tikanga Māori and Pasifika focus, who provides cultural guidance.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and separate family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Five family/whānau (one rest home, one hospital, three dementia) and five residents (two rest home and three hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses</p> |

| | | |
|---|-----------|---|
| | | <p>(RNs) interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori culture) best practice, services to kaumātua and providing services for Pacific elders and other ethnic groups.</p> <p>Miriam Corban has delivered training that is responsive to the diverse needs of people accessing services and training provided in 2024 and this has included sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & neglect; advocacy; spirituality; cultural safety, and tikanga Māori. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care.</p> <p>The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and interdenominational services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and</p> |

| | | |
|--|-----------|---|
| | | <p>family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and family/whānau input. Resident values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map as part of the assessment and care planning process. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code which supports each resident to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Staff, residents, family/whānau and the nurse practitioner interviewed stated that there</p> |

| | | |
|--|-----------|--|
| | | <p>was no evidence of abuse or neglect.</p> <p>Residents have enduring power of attorney for finance, health and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. The family/whānau open an account for their resident and this is monitored by the receptionist who manages the accounts and sends a balance and statement to the family/whānau monthly. The comfort fund pays for extras e.g. hair dressing, podiatrist for rest home level of care, non-government funded prescriptions, etc.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that staff are caring and responsive to their needs. Family/whānau interviewed confirmed that the care provided to their family members was of a high standard.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information regarding the service is provided to residents and family/whānau on admission. Bi-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 policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All correspondence with family/whānau is documented in the myRyman resident file. The accident/incident forms reviewed identified family/whānau are kept informed of any adverse event. Family/whānau interviewed also confirmed that communication with them was maintained consistently and comprehensively with any change or</p> |

| | | |
|--|-----------|---|
| | | <p>review of care escalated immediately.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family/whānau members, picture charts and online translation tools if required. Staff when interviewed gave examples of how they communicate with residents in the dementia unit when there are difficulties for residents understanding information or directions. This included the use of body language, simple choices, patience and direction if required. Staff also gave examples of residents who were extremely hard of hearing with white boards used to communicate information.</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 the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services including mental health services for older people. The service uses suppliers for training and resources e.g. continence to ensure the right equipment is used. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau members interviewed stated they receive appropriate timely notification to attend.</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>FA</p> | <p>The informed consent policy guides staff in obtaining informed consent for cares, outings, photographs and vaccinations. Completed consent forms were sighted in residents' files. These are either signed by the resident or their enduring power of attorney. Where the enduring power of attorney signs the consent, the resident is also involved in</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>discussions. Residents and family/whānau confirm they are informed and given choices about their care and given time to make their decision. Where a resident chooses not to give their consent for certain cares, there is evidence in their file of extensive conversations with the resident and their family/whānau about the risks but ultimately the resident has the choice to make decisions for themselves. The appropriate best practice tikanga guidelines are followed in relation to consent.</p> <p>Advanced directives were sighted in residents' files. These are also signed by the resident, their enduring power of attorney and the nurse or general practitioner. The policy guides staff in adhering to tikanga in obtaining informed consent. All residents in the special care (dementia unit) had letters of assessment of mental incapacity by a certified medical professional for invoking the enduring power of attorney (EPOA) for Personal Care and Welfare.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>The Ryman complaints policy is implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings as sighted in meeting minutes reviewed.</p> <p>Four complaints have been made in 2024, and one in 2025 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. No trends were identified. There is documented evidence of complaint resolution with positive outcomes documented from complainants in the three complaints reviewed. Managers and staff interviewed reported that complaints (and corrective actions if identified) are discussed at relevant meetings. There has been no external complaints received.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the</p> |

| | | |
|--|-----------|--|
| | | <p>complaint resolution process. Resources for Māori (when admitted) who wish to complain are available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori there is a preference for face-to-face communication, which may include representation of a cultural advocate at a restorative hui.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Ryman Miriam Corban Retirement Village (hereafter Miriam Corban) is a Ryman Healthcare facility located in Henderson, Auckland. The care centre opened in May 2024. There is a total of 101 certified beds (71 beds in the care centre and up to 30 across the 50 serviced apartments).</p> <p>This 71-bed care centre is located across three levels. All 40 beds in the hospital (geriatric and medical) and rest home are certified as dual-purpose. There are 20 rooms on level two and 20 rooms on level three. There are two special care (dementia) units (SCU), on level one (ground level), with one unit of 20 beds and the other unit of 11 beds (a total of 31 SCU beds). There are also a total of 50 serviced apartments across level two and three. Thirty-six serviced apartments (across level two and three) are suitable for rest home level. There are also a further 14 serviced apartments adjacent to the two dual-purpose units (seven apartments level two and seven apartments level three) previously verified as suitable for dual-purpose care. Noting the service will only take up to 30 residents in the serviced apartments at any given time. There are no double rooms verified for couples.</p> <p>At the time of the audit there were 57 residents in the dual purpose beds including 31 hospital level residents, 9 rest home level residents (including one resident on respite care). There were 17 residents in the 20 bed dementia unit and no residents in the 11 bed dementia unit.</p> <p>Ryman Healthcare is based in Christchurch, with a regional office in Auckland. There has been a recent change in organisational structure. Village managers' report to the general managers - operations, who report to the chief operating officer, who is a member of the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are</p> |

| | |
|--|--|
| | <p>available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the general managers - operations on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the GM operations and chief operating officer against targets.</p> <p>Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The Board oversees all operations from construction to village operations. The governance body has terms of reference. The Board is taking a comprehensive approach to addressing barriers to inequity, Māori, and people with disabilities. Ryman has the expertise of a Quality Auditor with a Tikanga Māori and Pasifika focus. The auditor liaises with other teams to identify barriers for Māori, write policies, and design processes to be more equitable and inclusive. Reports from the Quality Auditor are regularly provided to the Board and senior leadership to address inequity as required. The quality auditor has created a dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua.</p> <p>Training, part of an ongoing process, is being developed to ensure competence with Te Tiriti, health equity, and cultural safety. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Senior leadership team and board members have received training in the Mihi Whakatau process. Mauri Oho Ryman's Māori engagement strategy also includes objectives for developing learning modules specifically designed to meet the needs of the Board and Governance team.</p> <p>There is a clinical governance committee whose focus is the clinical aspects of operations. The clinical council is made up of subject matter experts, leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators</p> |
|--|--|

| | |
|--|--|
| | <p>for all villages.</p> <p>Ryman engages with residents and family/whānau through input into care planning. Resident feedback/ satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through resident and family/whānau meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Miriam Corban can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers – operations approve the Ryman organisational business plan. From this the individual villages develop their own operational objectives. The Ryman business plan is based around Ryman values, including (but not limited to) excellence, team, and communication. These align with the village objectives. Risk is managed through a series of meetings with an organisational risk management register documented and reviewed monthly.</p> <p>There are village objectives documented with evidence of quarterly review of the 2024 objectives. A full review of the 2024 village objectives as completed prior to the development of the 2025 village objectives. Miriam Corban`s objectives include goals toward health and safety, quality of care and safe staffing. Discussions with staff evidenced a cohesive team approach with staff stating that they all (managers and staff) worked together for the betterment of residents and family/whānau. Organisational goals relate to improvement of the service.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels.</p> <p>The village manager (non-clinical) at Miriam Corban has previous leadership experience within Ryman and has been in the village manager role two years. They are supported by a clinical manager who has been in the role since the facility opened; however, had many years of experience as a registered nurse and clinical manager within Ryman. The resident services manager (non-clinical) has been in the</p> |
|--|--|

| | | |
|--|-----------|--|
| | | <p>role for since the facility opened with many years of experience within Ryman.</p> <p>The village manager attends management development sessions through Ryman. The management team are supported to advance in the Ryman Leadership programme (Lead and Empower). The residential services manager has just completed this training.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Miriam Corban is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions at meetings include quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Meeting minutes including quality data and trends with staff able to access these documents in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The service has not yet completed their first resident and family/whānau resident satisfaction</p> |

| | |
|--|---|
| | <p>survey; however, residents and family/whānau received courtesy phone calls from Ryman Head office after admission to provide an opportunity for feedback. The village manager confirmed that the feedback received were positive.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard and risk register were sighted and are reviewed at monthly health and safety meetings. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions and competencies for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented the DoneSafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits with all audits sighted for 2024 confirming that there was over 95% compliance.</p> <p>All resident's incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were three section 31 events (three events of a</p> |
|--|---|

| | | |
|--|-----------|---|
| | | <p>missing resident [not from the dementia unit]) and four events reported as a serious adverse event (SAC2) report to the Health Safety and Quality Commission (including two fractures following a fall, one suspected deep tissue injury and one for clinical process not identifying heart failure. One report for a stage 3 (facility acquired) pressure injury (February 2025) was in progress to be completed.</p> <p>There has been one influenza outbreak in July 2024 and one Covid-19 outbreak in January 2025 all were well managed and appropriately reported. The village manager has reported the outbreaks to external authorities as required.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and unit coordinators ensure there is seven day per week clinical management on site. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The village manager is available for maintenance and property related calls along with the maintenance lead.</p> <p>There were sufficient staff numbers allocated to each floor to manage the residents` needs. There are 24/7 RN allocation. There are three unit coordinators that provide clinical oversight (rest home, special care [dementia] coordinator and dual purpose unit [across two floors]). The clinical manager assists with oversight in the dual purpose unit. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that staffing levels are satisfactory, and that the management team provides good support. The serviced apartment is staffed on the morning and afternoon shifts till 9.00pm with any calls escalated to the hospital RN overnight. The emergency call bell in the serviced apartment or any in the care centre show on all displays at any given time. Staff can communicate with walkie talkies and carry pagers.</p> <p>A 'cover-pool' of staff are additional staff that are added to the roster to</p> |

| | |
|--|--|
| | <p>cover staff absences. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme that exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies..</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 33 caregivers in total, 12 of whom have achieved NZQA level four. Fourteen regularly work in the secure dementia units; with three having achieved the required dementia standards and eleven enrolled and working towards completing the qualification. Caregivers' complete competencies including manual handling, medication (as relevant), and hand hygiene.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs related to specialised procedures or treatments including infection control, wound management medication and insulin competencies. Caregivers may also complete these competencies as relevant to their areas of expertise. At the time of the audit there were 12 RNs, clinical manager (CM), and three unit-coordinators (UC). There are 6 RNs who have completed interRAI training. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Training topics for 2024 (including but not limited to) dementia model of care, management of distressed, behaviour, code of rights continence management, informed consent, complaints management, nutrition, and hydration. Clinical topics for RNs include management of acute deterioration, palliative care, pressure injury and wound management, mandatory reporting, infection control and pain management.</p> |
|--|--|

| | | |
|--|----|---|
| | | Staff interviewed report a positive work environment with a team approach and supportive management. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Fourteen staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed had a three and/or six month review completed after completion of induction. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p> | FA | <p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based</p> |

| | | |
|--|-----------|---|
| <p>accurate, sufficient, secure, accessible, and confidential.</p> | | <p>documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years. The village manager is the privacy officer and manage request for health information in a manner according to the Privacy Act.</p> <p>The service is not responsible for National Health Index registration</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as requiring dementia, rest home or hospital level care. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. Family/whānau and residents interviewed stated the staff provide clear, accessible information and foster a respectful, responsive entry process, are commitment to equity, inclusion, and the well-being of the residents they serve.</p> <p>To date the facility has not declined entry. However, if a prospective resident does not meet the entry criteria, they would be referred back to NASC and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry. The service has links with a Māori university next door to the facility and there are staff who identify as Māori who are available to support residents and whānau. At the time of the audit there were no residents who identified as Māori.</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</p> | <p>FA</p> | <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed, including three hospital level, two rest home level and three dementia level care. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day.</p> |

| | |
|---|--|
| <p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools.</p> <p>Within three weeks of admission an interRAI assessment is completed and this is used to inform development of the long-term care plan along with input from resident, family/whānau, caregivers, registered nurses, and activities staff. The long-term care plans are developed by the registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and preferences, and interventions to address medical conditions.</p> <p>Residents and family /whānau interviewed confirmed they participate in care planning and review processes and residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and families/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner or register with the facility contracted general practitioner service. The general practitioner is onsite one day per week and conducts a virtual clinic on a Friday or more often if required to undertake three-monthly resident and medication reviews and to review residents with acute needs. Initial medical assessments occur within the required timeframes. The contracted general practitioner service provides medical cover after hours and on weekends for urgent care or advice to the registered nurses. The general practitioner was not available to be interviewed during the audit. All general practitioner notes are entered into the resident's hardcopy files located in locked cupboards in offices located in all wings. Allied health care professionals involved in the care of the resident include, (but are not limited to): physiotherapist who is onsite three hours per day; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound specialist; continence specialist; and dietitian document their notes in the resident's hardcopy files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and enduring power of attorney interviews and resident records evidenced that family/whānau</p> |
|---|--|

| | |
|--|---|
| | <p>are informed where there is a change in resident's health status, or the care plan is being reviewed.</p> <p>The electronic files allow for integration of services with all staff, including caregivers, registered nurses and activities staff involved contributing to the residents' files.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff 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. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded following all unwitnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but are not limited to) intentional rounding, wound monitoring, distressed behaviour monitoring, regular repositioning, and food and fluid management.</p> <p>There is a wound register maintained showing there are currently 15 wounds including one stage three pressure injury, skin tears, skin lesions, and vascular ulcers. Review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans, which is developed by a registered nurse who has completed training in wound management. Wound assessments include taking a photograph and measurements of wounds.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the residents goals are being met and if there are new goals identified, the care plan is reviewed and updated.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles would be included within the care plan for Māori. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the</p> |
|--|---|

| | | |
|--|-----------|--|
| | | <p>process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p> <p>Care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation, behaviours that challenge including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully. Families/whānau confirmed on interview they are very involved in assessments, care planning and review.</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. 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>FA</p> | <p>The service employs a total of 11 activities staff including seven activities coordinators (one of whom is a registered diversional therapist), one lounge caregiver, one village centre host, one resident experiences coordinator and one van driver. Activities are provided seven days per week. In the dementia unit caregivers are titled care companions and assist in provision of activities throughout the day and evening. The activity coordinators and care companions implement the activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and enduring power of attorneys. These are completed within two to three weeks of admission.</p> <p>A monthly activities plan is posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities are available on a community whiteboard in the lounges in each unit and in resident rooms on pin boards. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired.</p> <p>The planned activities and community connections are suitable for the residents. Activities are provided in each area of the facility. The activities on the programme included: walks; exercises to music; pet</p> |

| | |
|--|--|
| | <p>therapy; happy hour; church services; news and views; bingo; floor games; table games; van outings; karaoke; art and craft; and baking. There are regular outings weekly for each level of care (as appropriate). The activities coordinator stated when planning monthly activities residents are asked what they would like to do and where they would like to go on outings. Activity participating registers are completed daily. Residents were observed participating in a variety of activities on the audit days. For residents who chose not to participate in group activities individual activities such as conversations, hand massage and games are provided.</p> <p>Entertainers visit at least weekly and sometimes perform in the dementia unit or some residents are escorted to another level for entertainers if appropriate. One family/whānau member of a resident in the dementia unit expressed the resident had particularly enjoyed a performance by two university students singing rock and roll songs. A local church provides a weekly service and a Catholic priest visits each fortnight. Some residents are taken out to church by family/whānau.</p> <p>Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Samoan language week, Matariki and Waitangi Day.</p> <p>In the dementia unit the activities coordinator and care companions ensure a seven day a week programme is implemented. Engagement activities for residents in the dementia unit are tailored to meet the needs of the residents. There are resident engagement plans, which include strategies for distraction and de-escalation, completed for residents in the dementia unit. Activities are offered at times when residents are most physically active and/or restless. During the audit, the residents were seen to be enjoying exercises and sing-a-longs.</p> <p>The activity coordinators reported opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagement with the Māori university next door including waiata and a visiting kapa haka group.</p> <p>Family/whānau and residents reported satisfaction with the level and variety of activities provided.</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>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. Each area of the facility had a dedicated medication room.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general practitioner. Medications are reviewed three-monthly by the general practitioner, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Sixteen electronic medication charts were reviewed, on the electronic medication platform. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff was sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. Miriam Corban do not have standing orders. There is one resident who self-administers their medications. The resident has a current competency in place which is reviewed regularly evidencing they are safe to do this, and their medicines were seen to be stored in a locked cabinet in their room. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a</p> |
|---|-----------|--|

| | | |
|---|-----------|---|
| | | <p>simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice and treatment for Māori.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food is prepared and cooked on site in a very well-appointed kitchen. The kitchen is managed by a lead chef assisted by two chefs, two cooks, three kitchen assistants and two dining assistants. All have recognised food safety qualifications and a record of training in the food control plan was sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan was issued on 6 May 2024 and the facility is due their kitchen verification audit on 30 July 2025. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences are available in the kitchen folder and a summary on a whiteboard in the kitchen. Seasonal menu in a four-weekly cycle is utilised. The menu was reviewed by a registered dietitian in March 2024. During the audit, the meal service was observed in each area. Dining tables seat a maximum of four residents and residents were seen to be enjoying their meals. Where needed staff discreetly assisted residents. Residents participate in food preparation as part of the activities programme.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, hotboxes,</p> |

| | | |
|---|-----------|--|
| | | <p>bain marie and freezers are maintained. All food is plated in the kitchen and delivered to the respective wings in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The lead chef visits residents daily to ask what food they enjoy and endeavours to provide this, an example given by a resident interviewed was ice cream with dessert. Each area has a logbook for staff to record any dissatisfaction with the food and the lead chef checks this weekly.</p> <p>The lead chef reported the service prepares food that is culturally specific to different cultures. There are menu options available which includes menu options which are culturally specific to te ao Māori. There are no current residents who identify as Māori; however, the lead chef reported they were able to provide 'boil ups,' Māori bread and other individual options if required.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included a referral to the dietitian, speech language therapist and dentist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p> |

| | | |
|--|-----------|---|
| | | |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The certificate of public use was issued on 23 January 2025 and is current to 31 July 2025. The lead maintenance person works full time and is assisted by a support maintenance person. Compliance for the building warrant of fitness, service of the lifts and air conditioning is contracted out. The annual preventative maintenance schedule is online. This comes from head office and the lead maintenance person completes a form of checks monthly (sighted for December 2024, January 2025, and February 2025). Staff can request repairs and maintenance via an electronic system that automatically alerts the lead maintenance person. For urgent repairs, staff call the lead maintenance person who can access essential contractors such as plumbers and electricians at any time. The lead maintenance person signs off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the lead maintenance person and records were sighted for December 2024, January 2025, and February 2025. Electrical testing and tagging of all appliances was completed on 20 June 2024. Clinical equipment was last checked and calibrated in April 2024 and was in the process of being checked and calibrated during the audit. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. The building has ducted air conditioning for temperature control. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes and main kitchen.</p> <p>The dementia unit is situated on the ground floor in one wing with 20 resident rooms. Entry to the special care unit is by electronic fob. There are two lounges and a dining room with a kitchenette for residents, families/whānau to make refreshments and get snacks and a domestic style kitchen. Resident rooms have different coloured and styled doors. There is ample room for residents to walk freely and safely. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia unit also includes the Austco security system, which includes sensors in resident rooms. When a resident gets up at night, the lights illuminate</p> |

| | |
|--|---|
| | <p>depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident does not go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways and outdoor area. The unit has been designed specifically for residents with a confused state. The lighting is twice the normal lighting due to research from dementia experts. There is also plenty of natural light with large windows.</p> <p>The unit has carpet tiles with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. The design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>The dementia unit has a spacious and secure outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area has safe pathways for residents to walk without any dead ends. There are raised gardens including a herb garden and two water features. There is outdoor seating and shade.</p> <p>The dual-purpose wings are located on level two and level three. Each floor has 20 dual purpose beds with lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. Furniture is appropriate for residents. There is a kitchenette in each dining room where residents can help themselves to drinks. There is a library and a quiet room. There are balconies off the lounges with 1.5 metre fencing in place.</p> <p>All dual-purpose rooms are single rooms with ensuites. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care. The external area and balconies for the residents</p> |
|--|---|

| | | |
|---|-----------|---|
| | | <p>using the dual-purpose rooms have seating, shade and raised garden beds or pots.</p> <p>The service has no current plans to build or extend the care centre. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on 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>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 7 May 2024. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drills were completed in October 2024 and a record of attendance was sighted. Each level of the care centre has a fire drill in the same month. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (three 10, 000 litre tanks of potable water plus extra tanks supplied by a bore for toilets, irrigation and fire hoses), continence products, and a generator. Emergency lighting is available and is regularly tested. An automated external defibrillator is located at reception and all staff receive training in its use. Staff demonstrated their understanding of emergency procedures. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Residents and whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is</p> |

| | | |
|--|----|--|
| | | secure. There is 24-hour security provided by an external provider with scheduled checks overnight for the village including the care centre. External doors and the gate are automatically locked at predetermined times. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service. |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | FA | <p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention lead at the head office, Public Health, and a microbiologist. Infection control and AMS resources are accessible. The infection control committee meetings are held every two months. Infection rates are presented and discussed at infection control and staff meetings. The infection prevention lead at the head office has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention control lead, the senior management team, and the GP. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p> | FA | <p>The infection prevention (IP) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IP programme is linked into the electronic quality risk and incident reporting system. The IP and AMS were reviewed annually by the IP lead at the head office. The annual review is still in the process of being completed with input from the infection prevention lead at the head office. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and</p> |

| | |
|-------------------------------|--|
| <p>scope of our services.</p> | <p>outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman head office, in consultation with the infection prevention lead. Policies are available to staff electronically on a share point drive. The facility infection prevention control lead (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL have completed external IP education in May 2024.</p> <p>The service has access to a national infection prevention control lead at head office. The IPCL described the outbreak management plan in place to manage previous Covid-19 and influenza outbreaks within the facility. Outbreak management plans were sighted for the outbreaks of Covid-19 and influenza. These included notifying Public Health, completion of daily case logs and daily updates to Health New Zealand, notifying families/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication and a summary of response.</p> <p>On interview staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective clothing. The infection control coordinator audit monitors the effectiveness of education and infection control practices. The IPCL has input in the procurement of IP consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. The IP resources are readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The IPCL conducts spot audits on hand hygiene practices six monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.</p> <p>The clinical team stated that when the service has any Māori residents, they would work in partnership with them and their whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single</p> |
|-------------------------------|--|

| | | |
|---|-----------|---|
| | | <p>use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The policies and procedures require that the infection control lead be involved should there be any changes or refurbishment of the facility. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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> | <p>FA</p> | <p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service, which was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The clinical teamwork in collaboration with the nurse and general practitioners, and the pharmacist to monitor the use of antibiotics. Quantity and types of antibiotic usage is monitored monthly. Staff and residents/family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects will be reported to the nurse or general practitioner. The AMS programme is evaluated annually.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> | <p>FA</p> | <p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and</p> |

| | | |
|--|-----------|--|
| <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | | <p>guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are reported in the myRyman electronic system and data is extracted into Power BI for analysis. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed infection control committee meeting held every two months and staff meetings held every month. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare associated infection.</p> <p>There was one Covid-19 and one influenza outbreaks reported since the opening of the facility. Appropriate infection prevention and control measures were implemented. Debrief meetings were held with evidence of identified improvements to future practice</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | <p>FA</p> | <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are kept in locked cleaner’s rooms on each floor when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Cleaning staff interviewed could describe their role and responsibilities. They confirmed they had received training in the use of different coloured cloths and mops and in the dilution of chemicals used. The facility was seen to be clean throughout.</p> |

| | | |
|--|-----------|---|
| | | <p>Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. On interview a housekeeper identified an understanding of infection prevention practises. All laundry is completed on site. There are two laundry staff on duty each day till 4.00pm. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The IPCL oversees the implementation of the cleaning and laundry audits.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The policy and procedures for restraint minimisation and safe practice specify Miriam Corban is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, unit coordinators and staff. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. There is no use of restraint.</p> <p>The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with families/whānau and educating staff on maintaining safety for individual residents.</p> <p>There is a restraint free group in place consisting of the clinical manager, village manager, resident services manager and two unit coordinators. The restraints committee meet six-monthly, and minutes of meetings were sighted for 23 October 2024. A review of restraint reports show there has been no use of restraint since the facility opened.</p> |

| | | |
|--|--|--|
| | | Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention. Staff complete an annual competency test. |
|--|--|--|

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.