

# Rowena Jackson Retirement Village Limited - Rowena Jackson Retirement Village

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Rowena Jackson Retirement Village Limited
<b>Premises audited:</b>	Rowena Jackson Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 2 May 2022      End date: 3 May 2022
<b>Proposed changes to current services (if any):</b>	The service has reconfigured eight previous hospital beds to dementia beds. This increases beds in the dementia unit from 26 to 32 beds. The total number of beds has reduced from 155 to 154 during the reconfiguration.

**Total beds occupied across all premises included in the audit on the first day of the audit: 153**

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Rowena Jackson facility is part of the Ryman group, providing care for up to 154 residents in the care centre and up to 15 residents at rest home level in serviced apartments. On the day of audit, there were 153 residents including two residents in the serviced apartments.

This certification audit was conducted against the Nga Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and two nurse practitioners.

The village manager is appropriately qualified and has been in the role since June 2021 and is supported by an experienced clinical manager (registered nurse). There are robust organisational quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified the service meets the intent of the standards. Continuous improvements were awarded around restraint free environment, reduction of infection rates, and food services.

## Ō tatou 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.

Subsection applicable to this service fully attained.

Rowena Jackson provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Rowena Jackson 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 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsection applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Rowena Jackson 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. Rowena Jackson provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. 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 8 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.		Subsection applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings subject to Covid restrictions, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan has been registered.

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

Includes 2 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.		Subsection applicable to this service fully attained.
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The building has a current warrant of fitness, which expires in October 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, all have full ensuites and sliding doors providing access to a decked area. The dementia unit is secure with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

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

Includes 5 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.

Subsection applicable to this service fully attained.

A suite of infection control policies and procedures are documented. The pandemic plan has been developed in partnership with the district health board. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection control coordinator is a registered nurse with support from the clinical manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including Bug Control and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. 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 4 subsections standards that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsection applicable to this service fully attained.

The restraint coordinator is the clinical manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	0	0	0
Criteria	3	151	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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 tangata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in kaumātua and their whānau. The Hauora Maori Plan Partnership &amp; Te Tiriti O Waitangi Policy is documented to guide practice and service provided to kaumātua residing at Rowena Jackson. The service maintains a relationship with local iwi. The organisation is in the process of employing a Cultural Kaitiaki (Māori liaison nurse) and working in partnership with Māori to strengthen contacts and linkages with local iwi and community groups. Currently there are 12 Māori cultural policies in draft form.</p> <p>There are four staff who identify as Māori. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies the service is</p>

		<p>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 their care in the way they choose. The service has developed a site-specific Maori Health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the kaumātua and their whānau are enabled. The Māori health plan is currently under review to further enhance the care of Māori residents. Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.</p> <p>Interviews with four unit-coordinators, five registered nurses, two enrolled nurses, eight caregivers (two from hospital, two from rest home, two from the serviced apartments and two from the special care [dementia] unit), one diversional therapist, three activities coordinators, one lead gardener (health and safety representative), one head chef, one housekeeper and one laundry assistant described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting Māori residents and their support whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one village manager, one clinical manager and the regional manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development and cultural safety that support the principles of Te Tiriti o Waitangi. This was completed by the majority of staff in May and July 2021.</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</p>	<p>NA</p>	<p>Ryman (Australia and New Zealand) are working towards developing health plans for all cultures including Pacific, Māori and Aboriginal health plans.</p> <p>The providing services for Pacific elders and other ethnicities policy is documented. The service is developing Pasifika linkages through</p>

<p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>community activities, and church groups where relevant to residents' preferences and needs.</p> <p>On admission all residents state their ethnicity. The unit coordinators and registered nurses advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care planning processes, and ongoing reviews and changes. There were no residents that identified as Pasifika. For all residents, individual cultural and spiritual beliefs are documented in their care plan and activities plan.</p> <p>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific Health plan.</p> <p>The village manager described how they would encourage and support any staff that identified as Pasifika through the employment process. At the time of the audit there were two staff who identified as Pasifika.</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 families. The Code of Health and Disability Services Consumers' Rights 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. Other formats are available such as information in te reo Māori. Resident and relative 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</p>

		<p>questionnaire.</p> <p>The six residents and seven relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to recognise Māori mana motuhake. Interactions observed between staff and residents were respectful.</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 person's needs. Care staff and registered nurses interviewed confirmed with examples provided that the things that are important to residents, shape the care and support they receive. Staff are trained around the code of rights at orientation and through the Ryman e-learning package. 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 (which includes working with Asian people).</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2021 included (but not limited to) sexuality/intimacy, intimacy and consent, abuse &amp; neglect, advocacy, spirituality, and cultural safety. Staff already receive education on tikanga Māori; the content is in the process of being further reviewed by Ryman Christchurch Cultural Kaitiaki. Matariki and Māori language week are celebrated throughout the village.</p> <p>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. 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, church services are held, and a chaplain</p>

		<p>is available.</p> <p>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 relatives 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. The 2021 resident survey identified a high level of satisfaction around privacy, dignity and respect.</p> <p>During the development of the residents care plan on admission residents' values, beliefs and identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified residents preferred names. During care planning with the resident and their important people, the resident's values and beliefs are discussed and the ways in which Ryman can provide support for their engagement, spiritual, cultural etc. MyRyman cultural assessments and care plans are being further developed to ensure this information naturally weaves through the care plan.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life.</p>
Subsection 1.5: I am protected from abuse	FA	The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination.

<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>The service also aligns with the Code of Residents Rights and follows the Code of Health &amp; Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment was held in September 2021. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. 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. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>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.</p> <p>The service provides education on cultural safety, and boundaries. Staff are encouraged to address the issue, however if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>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 the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</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</p>	<p>FA</p>	<p>There is an incident reporting policy and reporting forms that guide staff to their responsibility to notify family of any resident accident/incident that occurs. Twenty-seven incident forms selected for review evidenced that family are informed of accident/incidents. Relatives interviewed confirmed that they are informed promptly when</p>

<p>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>their family member's health status changes, if there has been an adverse event, and when referrals to other services may be required.</p> <p>Resident and relative meetings occur two-monthly. Meeting minutes evidenced residents provide feedback and suggestions around all aspects of the service. The information pack and admission agreement include payment for items that are not subsidised.</p> <p>Residents interviewed confirmed they are welcomed on entry and are given time and explanation about the services and procedures. Specific and written information is provided to families about the unique aspects of the dementia unit. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>Interpreter policy and contact details of interpreters is available. During the audit there were no residents who were unable to communicate in English.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Thirteen electronic resident files (four rest home including one in the serviced apartments, five hospital residents including one younger person with disabilities (YPD) and four in the dementia unit). Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in the four dementia care files reviewed.</p> <p>Advance directives for health care including resuscitation status had</p>



		<p>been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the NP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The village manager maintains an up-to-date complaints register. Concerns and complaints are discussed at relevant meetings. There was a total of 14 complaints (nine written, five verbal) in 2021, and two complaints year to date in 2022. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints are documented as resolved, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the unit coordinators, registered nurses, or the management team.</p> <p>The service received a complaint via the Health and Disability Commission (HDC) in 2019, all recommendations were implemented and continue to be implemented. Another HDC complaint was received in 2020 with no follow up or recommendations required.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information leaflets attached.</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</p>	FA	<p>Rowena Jackson is a Ryman Healthcare retirement village providing rest home, hospital, and dementia levels of care for up to 154 residents in the care centre. The facility is also certified to provide rest home level of care in 15 serviced apartments. The facility is all</p>

<p>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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>on ground level.</p> <p>The rest home unit has 59 beds with 56 residents on the day. There are two hospital units with a combined 63 beds and 62 residents including one younger person with a disability (YPD) funded through Access and two residents at rest home level. The dementia unit has 32 beds and 31 residents on the day. All residents (except the YPD resident) are on the age-related residential care (ARRC) contract). There are 78 dual purpose beds. There are 15 serviced apartments certified to provide rest home level care, currently there are two residents receiving rest home care.</p> <p>This audit included verifying the reconfiguration of beds (HealthCERT letter dated 17 January 2020) which the service has been able to utilise without a partial provisional audit. This reconfiguration verified six previous hospital beds to dementia beds, increasing dementia beds from 26 to 32. The total number of beds at Rowena Jackson has reduced to 154 due to the design of the reconfiguration and ensuite facilities.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the regional managers on a weekly basis; dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this there is a clinical governance committee whose focus is the clinical aspects of operations and contains members from the board. 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 clinical council is held by Ryman Christchurch which made up of leaders from the clinical,</p>
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		<p>quality and risk teams and includes members of the senior leadership team. Terms of reference are available, this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The organisation is currently in the process of employing a Cultural Kaitiaki (Māori liaison nurse) and working in partnership with Māori to ensure updating of policy and procedure within the villages and the company represents Te Tiriti partnership and equality. The Cultural Kaitiaki will consult with and report on any barriers to the senior executive members and board to ensure these can be addressed. Ryman have commenced consultation with a resident and whānau input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The Ryman organisational business plan is approved by the board, senior executive team, and regional managers. From this the regional teams develop objectives, and the individual villages develop their own operations objectives. The Ryman business plan is based around Ryman characteristic including (but not limited to) excellence, team, and communication. These characteristics are built into the village objectives. Rowena Jacksons objectives for 2022 include (but are not limited to) retaining staff, improving resident experiences, and implementing the ‘Donesafe’ health and safety systems. The 2021 objectives were reviewed at regular intervals with progression towards completion and ongoing work to be completed documented at each review.</p> <p>“Good enough for mum or dad. We do it safely or not at all”. These are key business goals for the company and are embedded in everything they do from the board, down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations.</p> <p>The business goals are reported on regularly. Achievement to meeting these goals are monitored through satisfaction surveys,</p>
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	<p>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 action being filtered through all committees at all levels.</p> <p>Ryman involves the communities to be involved in their villages round the country. Shareholders are invited to meetings, villages (residents and staff) raise money for a charity of the villages choosing, events are held where schools (Covid restrictions allowing) are invited. The Ryman organisation and Rowena Jackson are working towards strengthening existing relationships with Māori and Pacific health providers and local groups to develop meaningful relationships encouraging their input to care.</p> <p>The village manager has been in the role for 10 months and has a background in hospitality management. The village manager is supported by an experienced clinical manager (registered nurse) who has been in the role for three and a half years. They are supported by the regional manager who has vast experience in the aged care sector and management. The service is currently recruiting for a resident services manager. The management team are supported by a stable team of unit coordinators, registered nurses, and experienced care assistants and non-clinical staff. The village manager reports a low turnover of staff.</p> <p>The village manager attends the virtual ARC meetings and has attended management training and a comprehensive orientation through Ryman. The clinical manager maintains professional development and attends conferences and training through the DHB and Ryman academy.</p> <p>Resident feedback/suggestions for satisfaction with the and improvements of the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. When developing a significant change to a service, residents and, as appropriate, next of kin are asked for feedback during focus groups. Currently commenced consultation with a resident and whānau input into reviewing care plans and assessment content to meet resident</p>
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		cultural values and needs. Residents involved in filming which will be used in the development of educational resources/training for staff on culture, equality and inclusivity.
<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>	FA	<p>Rowena Jackson is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The implementation of the Cultural Kaitiaki is in progress, this person will ensure that organisational practices from the board down to village operations improve health equity for Māori.</p> <p>A range of meetings are held monthly including full facility meetings, health and safety, infection control, RN meetings. There are monthly TeamRyman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to); quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education are discussed. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Work is underway to assess competency to ensure a high-quality service is provided for Māori.</p> <p>The 2021 resident and family satisfaction surveys have just been completed and work is underway to collate the results. On review, it is noted that both residents and family have reported satisfaction with the service provided. The surveys evidence an overall improvement from the 2020 surveys. Corrective actions were implemented around the grounds and maintenance, activities and installing security cameras.</p> <p>There are procedures to guide staff in managing clinical and non-</p>

	<p>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. Policies are regularly reviewed, and Ryman is working towards updating policies to meet the 2021 standards; a number of policies were in draft form at the time of the audit. 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 head gardener (health and safety representative) interviewed has undergone external training. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. The village manager reported that there have been few staff incidents and there is a focus on reporting of near miss incidents. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have recently implemented the Donesafe health and safety electronic system. The Donesafe health and safety system will assist in capturing reporting of near misses and hazards. Reminders ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes.</p> <p>The health and safety committee meet monthly and is representative of the facility. The health and safety coordinator has a day set aside for health and safety matters and attends the organisational health and safety forums. The internal audit schedule includes health and safety and environmental audits.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available for two sessions a week and is assisted by two physiotherapy assistants. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Sensor mats and bed sensors are utilised for residents</p>
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		<p>who identify as high risk of falls. Lounge carers also provide monitoring of residents and falls prevention training is held regularly. Falls minimisations is included in the village objectives.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the VCare electronic system. The 27 accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears, bruising) 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 registered nurse. Neurological observations were not consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT of pressure injuries. There have been two outbreaks since the previous audit, which were notified appropriately.</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>A policy is 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, and clinical manager RN work Monday – Friday.</p> <p>The village manager is on call for non-clinical matters on alternating weekends with the clinical manager. The clinical manager and unit coordinators share on call after hours for all clinical matters.</p> <p>The Donovan special care unit (dementia) has 32 beds, 31 residents. The unit coordinator is rostered from 8 am to 4.30 pm Tuesday to Saturday, and a registered nurse is rostered Sunday and Monday 7 am to 3.30 pm. A registered nurse s rostered 3 pm to 11.30 pm seven days a week.</p>

		<p>They are supported by a registered nurse (7 am to 1.30 pm) and four caregivers on the morning shift: 1x 7 am to 3.30 pm, 1x 7 am to 3 pm, 1x 7 am to 1.30 pm and 1x 7 am to 11 am. The activities and lifestyle coordinator is rostered from 9.30 am to 6 pm. The afternoon shift has three caregivers rostered: 2x 3 pm to 11 pm and 1x 3 pm to 9 pm. The lounge carer is rostered from 5 pm to 8 pm. Night shift is covered by two caregivers 1x 10.45 pm (senior) to 7.15 am (senior) and 1x 11 pm to 7 pm.</p> <p>The Edinburgh Rest Home unit has 59 beds, 58 residents. The unit coordinator is rostered Sunday to Thursday 8 am to 4.30 pm with a registered nurse rostered Sunday and Monday 8 am to 4.30 pm.</p> <p>A registered nurse is rostered 7 am to 3.30 pm Monday to Sunday, who is supported by six caregivers; 1x 7 am to 3.30 pm, 1x 7 am to 3 pm, 2x 7 am to 1.30 pm and 1x 7.30 am to 1 pm. Afternoon shift has one registered nurse from 3 pm to 11 pm, who is supported by four caregivers: 2x 3 pm to 11 pm, 1x 4 pm to 9 pm and 1x 4.30 pm to 8.30 pm. Nightshift is covered by one senior caregiver from 10.45 pm to 7.15 am, and one caregiver from 11 pm to 7 pm.</p> <p>The O'Bryne Hospital unit has 33 beds, 32 residents. The unit coordinator is rostered from Sunday to Thursday. A registered nurse is rostered 7 am to 3.30 pm seven days a week, and another registered nurse is rostered from 7 am to 1.30 pm.</p> <p>They are supported by six caregivers: 2x 7 am to 3.30 pm, 2x 7 am to 3 pm, and 2x 7 am to 1.30 pm. The fluid assistant is rostered from 9.30 am to 1 pm. The afternoon shift has two registered nurses: 1x 3 pm to 11 pm and 1x 3 pm to 9.30 pm. They are supported by five caregivers: 2x 3 pm to 11 pm, 2x 3 pm to 9 pm, and 1x 4 pm to 9 pm. The lounge carer works from 4 pm to 8 pm. Night shift is covered by a registered nurse from 11 pm to 7.30 am and two caregivers from 11pm to 7 am.</p> <p>The Salisbury Hospital unit has 30 beds, 30 residents. The unit coordinator is rostered Sunday to Thursday from 8 am to 4.30 pm. One registered nurse is rostered from 7 am to 3.30 pm, and another is</p>
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		<p>rostered from 7 am, to 1.30 pm Monday to Sunday. They are supported by six caregivers; 2x 7 am to 3.30 pm, 1x 7 am to 3 pm, 2x 7 am to 1.30 pm and 1x 7.30 am to 1 pm.</p> <p>The afternoon shift has two registered nurses: 1x 3 pm to 11.30 pm, and 1x 3 pm to 9.30 pm. They are supported by four caregivers: 2x 3 pm to 11 pm, 1x 3 pm to 9pm, and 1x 4 pm to 9 pm. The lounge carer is rostered from 4 pm to 8 pm. Nightshift is covered by one RN from 11 am to 7.30 am and two caregivers from 11 pm to 7 am.</p> <p>The serviced apartments (15 certified to provide rest home care) two residents on the day of the audit. The unit coordinator is rostered from 8 am to 4.30 pm Tuesday to Saturday, a senior caregiver is rostered Sunday and Monday. Two caregivers are rostered on morning shifts; 1x 7 am to 1.30 pm, and 1x 7.30 am to 4.30 pm. One senior caregiver is rostered from 4 pm to 9 pm and another caregiver is rostered from 4.30 pm to 7 pm. The staff from the rest home answer call bells and perform overnight checks.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents and family members interviewed reported that there are adequate staff numbers</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, van drivers have a current first aid certificate.</p> <p>Approximately 78 caregivers are employed. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Fifty-eight have achieved their level three (or</p>
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		<p>equivalent) Careerforce qualification and 14 have achieved their level four health and wellbeing qualification.</p> <p>Thirty-nine staff have completed ACE dementia, and dementia standards and a further two caregivers are completing the training.</p> <p>Registered nurses are supported to maintain their professional competency. RNs attend regular (two-monthly) journal club meetings. There are implemented competencies for RNs, ENs and caregivers related to specialised procedures or treatments including (but not limited to) infection control, medication and insulin competencies. At the time of the audit there were 24 RNs and two enrolled nurses employed at Rowena Jackson. Twenty-two RNs (including the clinical manager) and one enrolled nurse have completed interRAI training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Fourteen staff files reviewed (one clinical manager, one unit coordinator, two RNs, one EN, five caregivers, two activities and lifestyle coordinators, one chef, and one housekeeper) included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN and enrolled nurse (EN) practising certificates are 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.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up</p>

		<p>action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events that are held outside of work (Covid-19 allowing), celebrating the employee of the month in staff meetings. Employee assistance programmes are made available where indicated.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse including designation. Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years then are transferred to an offsite secured location to be archived for 10 years.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents and their families. Resident agreements contain all detail required under the aged residential care contract. The thirteen admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p>

		<p>The village manager is available to answer any questions regarding the admission process. The service communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile, however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The village manager reported they are working towards strengthening links to local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans.</p> <p>Thirteen resident files were reviewed (four rest home including one in the serviced apartments, five hospitals including one YPD and four from the dementia unit). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans; and this is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan includes sections on personal history and social wellbeing, mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function, and behaviours, resident identity and cultural awareness, spiritual, sexuality, intimacy, social</p>

	<p>and cultural activities. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others form the basis of the long-term care plans. The service is working towards reviewing systems and processes to support future Māori to identify their own pae ora outcomes. The service supports all people with disabilities by providing easy access to all areas and is supportive of all residents (where appropriate) being in control of their care and are included in care planning and decision making.</p> <p>Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours.</p> <p>All residents had been assessed by a nurse practitioner (NP) within five working days of admission. The NP reviews the residents at least three monthly or earlier if required. A nurse practitioner group practice provides medical oversight and after-hours support when needed. The NPs visit twice a week and if required. After hours during the week, the local hospital provides on call services. Two NPs (interviewed) commented positively on the care, communication, and the quality of the care staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through the local DHB. The physiotherapist is contracted to attend to residents nine to twelve hours per week over four days.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers document progress notes at least twice daily and as necessary by the NPs and allied health professionals. There was evidence the RN has added to</p>
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		<p>the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the NP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>Thirteen wounds across the service (including one chronic wound and one lower leg ulcer, skin tears, skin conditions), assessments and wound management plans including wound measurements were reviewed. There were no pressure injuries at the time of the audit. The wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There are two RNs that act as wound care champions to ensure maintaining consistency in product use, assessment and management of all wounds. Both completed formal wound care management training. There is access to wound expertise from a wound care nurse specialist. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts including observations, behaviour charts, bowel chart, blood pressure, weight, food and fluid chart, turning charts, intentional rounding, blood sugar levels and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities.</p> <p>Monitoring charts had been completed as scheduled. Neurological</p>
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		<p>observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family are invited to attend the MDT case conference meeting.</p> <p>Short term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities Engage programme is overseen by head office in Christchurch and includes the theme of the months and related ideas to be implemented into the monthly programme. In the special care unit, activities are provided from 9.30 am to 6 pm with a second lounge sitter from 5 pm to 8 pm, seven days a week. In the hospital unit activities are provided from 9.30 am to 4.30 pm weekdays and 10 am to 4 pm in the weekends in the hospital. Activities are provided from 9 am to 5 pm weekdays in the rest home and 10 am to 4 pm in the serviced apartments. Activities are provided by an activities team consisting of a diversional therapist, and ten activities coordinators. The diversional therapist or activities coordinator completes an electronic life experience and social and cultural assessment within four weeks of admission for new residents. The activities plan is integrated within the overall care plan. All the information around activities to engage or distract residents over the 24-hour period are to be documented throughout the care plans in various sections of myRyman by the diversional therapist and registered nurse.</p> <p>A separate monthly planner is developed for each area. Residents receive a copy of the monthly programme which has the daily activities displayed and includes individual and group activities. The planner is also uploaded to a Rowena Jackson website which family can access. The activities staff endeavours to include previous hobbies and interests to the planner. The engage programme has set activities with the flexibility to add activities that are meaningful and relevant for the resident group including walking groups, triple A</p>

		<p>exercise programme, armchair travel, memory lane, musical moments, news and views, board games, craft, and quizzes. One-on-one activities such as wheelchair walks, massage, manicures, reading, and sensory activities take place for residents who do not join in group activities. The library provides books of interest for residents, in a range of fonts and audible book. Waitangi Day, Matariki and Māori language week are celebrated. Celebrations recently included making and using poi, cooking Māori bread, singing of Māori songs, dancing to Māori music and learning words and phrases in Māori language. Rowena Jackson has well established links with the community including local schools and preschools, which under current Covid restrictions are limited to pen pal and zoom meetings. Residents shared Waitangi related activities and celebrations with a local school using zoom communication.</p> <p>The activities programme in the special care unit was reflective of activities suited to the needs of dementia care residents. Residents were observed in the special care unit to be socialising in smaller groups and interacting in a safe and meaningful manner.</p> <p>This audit was held under orange traffic light level restrictions, which has limited community involvement. Church services have been restricted although church ministers can continue to visit one on one. Van rides occur weekly, and previously included shopping trips, however with current Covid restrictions, these are limited to places of interest.</p> <p>Residents provide feedback in a range of forums including residents' meetings and resident surveys. Residents provide feedback informally daily to activities staff. Monthly newsletters are sent from head office and include local contributions.</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</p>	FA	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Medication competencies are completed by caregivers and RNs responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs and/or ENs check the packs against the</p>



<p>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>electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy (also available on call). Expired medications are documented, put in a secure drop box and documented on a medication return form and returned to pharmacy weekly. Unit managers advised there were four (one hospital and three rest home) self-medicating residents on the day of audit. Assessments, reviews, storage and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse. Controlled drugs are administered by RNs.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the nurse practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms (two in the hospital, one in the rest home and one in the dementia unit) and one medication cupboard for the service apartments.</p> <p>The medication fridges (one in the rest home, two in the hospital and one in the dementia unit) temperatures and room air temperature are checked daily and recorded. Temperatures had been maintained within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The NP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff received medication training in medication management/pain</p>
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		management as part of their annual scheduled training programme.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A head chef oversees the food services. There is a food service manual that includes (but not limited to) food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets. All meals and baking are prepared and cooked on site by a team of qualified chefs/cooks. All food service staff that are involved in cooking have completed food safety training. The Food Control Plan expires 27 July 2022. The four seasons, four weekly menus have been approved and reviewed by a registered dietitian at an organisational level. The head chef (interviewed) receives resident dietary profiles and is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The well-equipped kitchen is located in a service area on the ground floor. There are designated areas for cooking, cold production, plating, and washing dishes. The last menu review was completed in January 2022. Food is plated in the kitchen and transported in scan hot boxes to the kitchenette in each of the care units including the service apartments. The hot boxes are heated and also have a cooling area for desserts. The satellite kitchens and dining area in each unit (and serviced apartments) are spacious and designed to enhance the dining experience. Tray service is available for residents who choose to dine in their rooms.</p> <p>A copy of the seasonal Ryman Delicious menu is delivered to each resident at the beginning of each season. A weekly menu choices sheet is delivered to each resident for indication of their preferences for the coming week. The menu choice sheets are collated by care staff and given to the receptionist to collate and advise the kitchen. A comprehensive spreadsheet guides the head chef with quantity and daily preferences. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and align with good health and safety practices. Ryman are working alongside the dietitian to ensure Māori residents’ cultural values and beliefs into menu</p>

		<p>development and food service provision</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving when it is transferred to the bain-marie and served. The internal audit schedule includes food service audit.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Snacks are available 24/7 and include food and fruit platters. A recent satisfaction survey evidenced a 3.95 out of 5 satisfaction rates. On interview all residents were positive about the food service. The head chef visits residents in the hospital, rest home and apartment dining rooms at mealtimes to review resident satisfaction through one-on-one discussions. Residents and relatives interviewed were complimentary of the food services. The head chef is involved in the activities theme months particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p> <p>The service has been awarded a continuous improvement around improving the dining experience.</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</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>

<p>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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness with an expiry date of 9 May 2022. The facility is a single storey building with a care centre and serviced apartments. The service includes well equipped service areas, laundry, kitchen, maintenance workshop, chemical and cleaning storage, and staffrooms.</p> <p>Since the previous audit there have been refurbishments to both resident and service areas. The reconfiguration of services was approved by HealthCERT on 20 January 2020. The hairdresser salon has moved from rest home to an area adjacent to reception and a café has been established. The 40 bed O'Byrne Unit has reduced from 40 to 33 beds with the movement of eight beds into the special care unit and the addition of the old staff room into the O'Byrne Unit. The special care unit has increased from 26 to 32 beds with the addition of eight rooms from the O'Byrne unit. The special care unit also reduced two existing rooms which have been reconfigured to provide individual ensuites in all special care unit beds. The doors of all special care unit rooms have a colourful shadow box which can be individualised with pictures of family members or pets. This has contributed to resident identification of their rooms. The reconfiguration has also provided an opportunity for residents to utilise a continuous internal and external walking circuit.</p> <p>The secure special care unit is considered one unit and includes a spacious dining room, main lounge, smaller quiet lounge readily acceptable external enclosed courtyards with a high fence. On the day of the audit activities involving groups of approximately ten residents were observed enjoying the Triple A programme. Family interviewed confirmed the dynamics of the unit have not changed with the increase in bed numbers. All four families interviewed were positive about the individualised care their family members were receiving.</p> <p>The corridors in all units are suitable for safe mobility with the use of</p>

		<p>mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The maintenance team includes a full-time maintenance lead and a full-time assistant. Four full time gardeners work closely with the maintenance team and can provide cover for maintenance staff when required. There is a maintenance request book for repair and maintenance requests located at reception. This is checked daily and signed off when repairs have been completed. There is an annual preventative maintenance plan documented and implemented. A comprehensive monthly maintenance checklist includes but is not limited to checks of building warrant of fitness compliance, vehicles, electrical equipment, mobility equipment, swimming pool and spa filters and chemicals and gym equipment. Hot water temperatures are checked by the health and safety officer and are within required range. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment are scheduled annually. The test and tag checks were completed 8 March 2022. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to the electrical register. Medical equipment and scales were last calibrated in March 2022.</p> <p>All rooms have their own full ensuites. There are communal bathrooms with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is heat pump and underfloor heating throughout the</p>
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		<p>facility with ceiling heaters in some areas of the rest home.</p> <p>There are no plans for building projects, or further refurbishments, however if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service and fire evacuation drills take place six-monthly. Smoke alarms, a sprinkler system, exit signs, emergency lighting and gas cooking facilities are in place. A diesel-powered generator is available in the event of a power outage. The last fire drill took place in April 2022. Fire warden training occurs for all senior caregivers, RNs and night staff.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency flip chart guides are located in all nurses' stations, service areas and are readily available throughout the building. Emergency management, first aid and CPR are included in the mandatory education programme. There is a minimum of one first aid trained staff member on every shift and on outings. Civil defence supplies are stored in an identified cupboard and evidenced monthly checks. A blue emergency box is located in each nurses' station with torches and glow sticks. In the event of a power outage there is back-up power available from a large generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including sufficient water to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in</p>

		<p>first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity when in their room. Residents interviewed confirmed that call bells are answered in a timely manner. Maintenance checks the call bell system regularly.</p> <p>Staff confirmed that they conduct security checks at night. A recent survey evidenced resident satisfaction with security at 4.42 from a top score of 5.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The annual infection control plan is developed by the clinical team at head office, with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and organisational management team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection prevention and control programme are appropriate for the size and complexity of the service. The unit coordinator from the serviced apartments is the infection control coordinator and leads the committee consisting of the clinical manager and rest home, special care unit and hospital unit coordinators. The infection control coordinator has a job description that outlines responsibilities. Infections from each unit are discussed at weekly management meetings. The clinical and facility meetings receive a report on infection prevention and control matters at their monthly meetings. The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually, and a six-month analysis is completed and reported to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>hygiene. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection prevention coordinator (unit coordinator) provides an IC report to the two monthly infection control team, monthly registered nurse meetings, quality, and staff meetings.</p> <p>The organisation is a member of Bug Control, and the infection control coordinator interviewed described support from expertise within the clinical team at head office, public health, local laboratory, nurse practitioners and infection control specialist from the district health board. There is also support from other clinical managers within Ryman. The organisation has had advice from Ministry of Health and the New Zealand Aged Care Association, who provide guidance for aged care facilities on a range of matters including infection control and Covid-19. The infection coordinator described utilising the MOH website for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices. The organisation have purchased a fogging machine which is available for the village use if required, to sanitise rooms post outbreak.</p> <p>The infection prevention coordinator described utilising health learn online training and Ministry of Health (MOH) sites. External education related to Covid management has been provided via webinars. The infection prevention coordinator completed training with the DHB in April 2021. The scheduled 2022 training was postponed due to Covid restrictions.</p> <p>Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE). Registered nurses are required to complete competencies prior to insertion, management, and removal of invasive, indwelling</p>
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		<p>medical devices using aseptic technique.</p> <p>Staff follow the organisation pandemic policy which is available for all staff. All staff and most residents have been double vaccinated and received boosters. Visitors are asked to be fully vaccinated. All new residents are requested to be vaccinated. PPE is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted in each of the care units and in a dedicated storage area. Ryman preparation involved delivery of significant supplies of personal protective equipment including N95 masks and face shields, hand sanitiser, oxygen cylinders, oxygen concentrators, sub cutaneous fluids, and medication. Weekly stocktakes ensured there was always ample supplies on site and readily available. A pandemic response plan was developed at head office and included site specific procedures. An associated Covid Go Kit flowchart was developed and added to the SharePoint page. The Go kit clearly explains the first 30 minutes following the identification of a positive case. A high percentage of Covid vaccination was achieved for residents and 100% for staff. Staff education was provided both in house and from external experts by means of face-to-face presentations, weekly webinars for the management and leadership teams, combating Covid e-Learning, toolbox talks and zoom meetings. Virtual Covid drills have been conducted on a regular basis, ensuring all staff are aware of protocols to follow in the event of an outbreak. Communication with all staff was enhanced by a specific Covid channel set up with the ChattR companywide communication app. A SharePoint page on myRyman provided a resource for policies and procedures, links to MOH Covid website, previous communication, posters and links to Ministry of Health information. Staff were supported by the introduction of special Covid leave so staff did not have to use sick leave allocations. Resident survey results showed an increase in residents satisfaction and trust in managing Covid in the village with rating increased from 4.39 in February 2021 to 4.52 in February 2022.</p> <p>Clinical expertise at head office has input into procurement processes for equipment, devices, and consumables used in the delivery of health care. The infection control coordinator and the management team monitor resident and staff Covid infections. Hospital acquired</p>
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		<p>infections are collated along with infection control data. The organisation policies and procedures include clear instructions for disinfection, sterilisation, and single use items. Items required to be sterilised are pre purchased, stored in a clean dry environment, and used within the use by date. This includes urinary catheters and catheter packs, wound dressing packs. All equipment used for wound care are single use only. Reusable equipment such as blood pressure equipment, and hoists are cleaned between use.</p> <p>Infection control is included in the internal audit schedule and a recent audit demonstrated full compliance.</p> <p>This audit was undertaken during Covid-19 orange traffic light level restrictions. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors are encouraged to make an appointment and are required to wear an N95 mask and face shield while in the care facility. All visitors and contractors are required to be double vaccinated and complete a wellness declaration when signing into the electronic system. On audit it was evident that changes in staffing and management had also been implemented to minimise any spread of Covid within the facility and to other facilities, (e.g. all staff were wearing N95 masks and visors, staff were now working in bubbles, only working at Rowena Jackson and strict controls were in place for laundry and kitchen teams). There was a declaration/sign in process including the taking of temperatures and the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The organisation has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts,

<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>prescriptions, and medical notes. Prescribing patterns of medical practitioners who access the facility are also monitored. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Ryman infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to and head office. Infection control surveillance is discussed at clinical meetings, weekly management meetings, quality/risk meetings and staff meetings. Staff are informed through the variety of meetings held at the facility and also electronically.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control coordinator use the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GP/NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives email notifications and alerts from the DHB for any community concerns.</p> <p>There have been two gastro outbreaks at Ryman Rowena Jackson and a Covid outbreak in March 2022. The three outbreaks were</p>

		<p>documented with evidence of comprehensive management. The infection control coordinator interviewed described the daily update and debrief meeting that occurred, including an evaluation what went well, what could have been done better and discuss any learnings to promote system change and reduce risks. The service has been awarded a continuous improvement around maintaining low rates of urinary tract and skin and wound infections.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There are secure cleaning cupboards in each care unit. Waste management audits are included in the annual internal audit programme. All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training. Chemical training was last completed in May 2021. Material safety data sheets products are available in the laundry, kitchen, and cleaning storage areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. There are secure sluices with sanitisers in each care unit. All sluice, laundry and cleaning areas have gloves, aprons, and goggles available.</p> <p>All laundry is processed on site by two dedicated laundry persons (one 8 am to 4.30 pm and the second 11 am to 3 pm) seven days a week. The well-equipped laundry has a defined clean/dirty area with two door entry/exit. There is a specific laundry process for linen from Covid affected residents. There are cleaning staff assigned to each area seven days a week. The cleaners' trolleys were attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards in each area were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly.</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>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the two-monthly quality meetings. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p> <p>The service has been awarded a continuous improvement rating for maintaining a restraint free environment.</p>
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## Specific results for criterion where corrective actions are required

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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 standard by looking at the code. For example, a 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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	CI	<p>Ryman has introduced a number of systems to ensure residents nutritional needs are met and the dining experience improved. This has been achieved with the introduction of initiatives since February 2021.</p>	<p>In February 2021, the service commenced a programme to improve the meal service following feedback from a resident survey that improvements to the meal service could be made.</p> <p>A plan was developed and implemented to improve the food service. Interventions include providing an array of options a week prior. If the resident could not choose or indicate their preferences, family were encouraged to choose for them. Activities staff were encouraged to introduce discussion with residents about meal choices. Dining rooms have been set up with restaurant settings including napkins, water carafes and as appropriate background music. Additional condiments such as sauces and gravy are provided at midday meals. Chefs are rotating through each dining room at mealtimes to serve</p>

			<p>the meals so they could identify what was not being enjoyed and make changes. Weekly food surveys are circulated to provide feedback on resident food preferences and changes made where indicated. The chef attends rest home/resident meetings to discuss food satisfaction, obtain feedback and implement changes, and visits individual hospital residents to identify their preferences. The chef checks serveries in each unit to ensure staff are plating the meals to look presentable and warm. Weekly management meetings include the lead chef to discuss food concerns. The midday meal provides three main options and two options of desserts. Dinner provides a choice of two options.</p> <p>As a result of these interventions, resident surveys identified an overall improvement in meal satisfaction, the greatest improvement in meal satisfaction from a score of 3.7 in February 2021 to 4.6 in April 2022. This compares to the Ryman average in April 2022 of 4.2. There has been positive feedback on weekly food reviews (sighted) and all areas identify a happier atmosphere in the dining room.</p>
<p>Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>CI</p>	<p>Ryman Rowena Jackson is proactive in developing and implementing quality initiatives. Quality improvement plans (QIP) are developed where results do not meet expectations. There is a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. An electronic resident care system is used by all sites to report relevant data through to Ryman Christchurch. The system of data analysis and trend reporting is designed to inform staff at the</p>	<p>The service has consistently maintained a low rate of urinary tract infections and low skin and wound infection rates. It was identified that there was an opportunity to not only maintain but also further reduce the incidence of urinary tract infections and skin/wound infections in all areas. Quality improvement plans were implemented.</p> <p>Ryman Rowena Jackson implemented strategies for the reduction of urinary tract infections. Strategies included implementing current best practise in the clinical diagnosis of UTIs to ensure</p>



		<p>facility level. Management at facility level are then able to implement changes to practice, based on the evidence provided.</p>	<p>appropriate treatment, increasing fluid intake, assisting, and providing good personal hygiene and by identifying and implementing individual strategies for residents experiencing regular urinary tract infections. An additional variety of fluids offering different choices every day are offered to encourage fluid intake. The role of the fluid assist person was identified with a focus on encouraging fluid intake. Documentation reviewed identified that individual strategies were regularly evaluated. Guidelines for treating UTIs were discussed with the GP based on information from the medication advisory committee and ensuring antibiotics were prescribed as per culture sensitivity results. The service has been working with the GP service about antibiotic stewardship. Prophylactic antibiotics were discontinued where it was safe to do so. Regular review of all residents along with pharmacy input has enabled this downward trend and ensured regular evaluation and review of antibiotic use.</p> <p>Continuous training for staff was provided on UTI prevention and the importance of maintaining low rates of infection. Specific training over the last year included but was not limited to catheter care, continence management, infection control and antimicrobial stewardship, closing the loop – nutrition, hydration and UTI prevention. Related information was discussed at handover. Weekly management meeting includes discussion of infection data and identifying risk factors and trends to prevent urinary tract infections. Trends are reviewed at monthly clinical meetings, bi-monthly infection control meetings, and three-monthly clinical indicator reports. Infection data including UTI related data is available for all staff to view and recorded in the relevant meeting minutes.</p>
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<p>Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	<p>CI</p>	<p>A review of the clinical indicator data indicated Rowena Jackson Retirement Village to be restraint free for the last 4 years (October 2017). The unit coordinators, clinical manager and village manager interviewed confirmed that a range of initiatives are implemented to ensure the restraint free environment is</p>	<p>The service wanted to continue to support residents' independence and safety with proven strategies and initiatives that maintains the restraint free environment. This includes:</p> <p>Individual strategies to respond to specific resident needs including falls prevention, early intervention</p>

		<p>maintained. Meeting minutes reviewed evidenced discussions around strategies to maintain a restraint free environment. Care staff interviewed could explain current strategies that assist to keep the environment restraint free.</p>	<p>to identify changes in behaviour, quality use of medication, safe environment including a dementia friendly design, review of timing of other activities and individual schedules/routine.</p> <p>Ryman is committed to their responsibility of providing adequate staff levels and skill mixes to meet the needs of the residents. Rosters include physiotherapy assistants to promote residents' independence through mobility support and exercise, lounge carers oversee residents in the lounge area to assist with supervision, activities and de-escalation where required, and fluid assistants to ensure residents are hydrated. Education sessions for staff were provided to include dementia related training, restraint minimisation practices and management of challenging behaviours. This resulted in an increased understanding of the importance of early intervention, encourage staff input into residents' cares and empower staff through accountability. Ongoing communication and involvement of the next of kin and with residents improved an understanding of the Ryman strategy to maintain a restraint free environment.</p> <p>The strategies allow for early interventions of distressed behaviour. Staff aim to understand the unmet need, identify trends in times or locations, and incorporate this into the care plans. Pain management includes non-pharmaceutical interventions and medication optimisation ensures cognitive abilities are supported. The data evidenced the service maintained the restraint free environment since the start of the initiative with no incidences of restraint or enablers reported. Quality data related to incidence of challenging behaviour per 1000 occupied bed days has decreased since between October 2020 and February 2022 (2.29-0.85/1000). The village</p>
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End of the report.