

Edmund Hillary Retirement Village Limited - Edmund Hillary Retirement Village

Introduction

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

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

Legal entity:	Edmund Hillary Retirement Village Limited
Premises audited:	Edmund Hillary Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 29 September 2022 End date: 30 September 2022
Proposed changes to current services (if any):	A letter dated 18 September 2018 from the previous Auckland District Health Board provided permission under clause E3.3 as of the ARC agreement 319432/14 that the specialist dementia unit will operate as one unit (this was not identified at the previous audit).

Total beds occupied across all premises included in the audit on the first day of the audit: 181

Executive summary of the audit

Introduction

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

- ō 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

Edmund Hillary facility is part of the Ryman group, providing care for up to 196 residents in the care centre and up to 40 residents at rest home level in serviced apartments. On the day of audit, there were 181 residents including 5 residents in the serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with the Te Whatu Ora Waitemata. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a nurse practitioner.

The village manager is appropriately qualified and has been in the role for over ten years and is supported by two experienced clinical managers (registered nurses), a facility manager and resident services manager. There are robust organisational quality systems and processes being implemented. Feedback from residents and families were 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 standard.

Continuous improvements rating was awarded for the commitment to maintain a restraint-free environment and improving the dining experience of the residents.

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.

Subsections applicable to this service fully attained.

Edmund Hillary provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and their 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. Edmund Hillary 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. There are effective communication processes at all levels of service delivery. Families are regularly updated of residents' condition including any acute health changes or incidents. Residents and family member interviewed verified good communication during outbreaks.

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 of the facility. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Edmund Hillary 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. Edmund Hillary provides clinical indicator data for the three services being provided (hospital, rest home and dementia care). There is an internal audit schedule and corrective actions are implemented where improvements to service delivery is required.

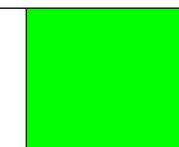
Health and safety is appropriately managed and staff wellbeing is a priority.

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. Staff levels change according to the acuity and health needs of the residents.

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.		Subsections applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurse (serviced apartment unit coordinator) 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 or nurse practitioner.

The engage programme meets the individual needs, preferences, and abilities of the residents with separate activities calendars for the rest home, hospital, and dementia level of care residents. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking 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 is in place.

Transfer between services are coordinated and planned.

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.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness. 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. There is safe access to outdoor areas with seating and shade available. The dementia unit is secure with a secure outdoor space.

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. Fire drills occur six-monthly. Management have planned and implemented strategies for emergency and security management.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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A suite of infection control policies and procedures are documented. The pandemic plan has been developed in partnership with Te Whatu Ora. 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 at executive level.

There are two infection control officers who are the clinical managers. 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 Ryman head office infection control nurse specialist. 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 practices through meetings, and education sessions. All outbreaks since the last audit had been appropriately managed.

There are documented processes for the management of cleaning, laundry, waste, and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is one of the two clinical managers. 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	2	159	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 tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in kaumātua and their whānau. The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to kaumātua residing at Edmund Hillary. The service has linkages with He Kamaka Waiora provider services and is working towards developing a relationship that will encourage sharing information and support. The appointment of the Taha Māori navigator recognise the importance Ryman place on Tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The service currently has no residents who identify as Māori. There are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi and tribal affiliations. The management team described encouraging applicants who identify as Māori and supporting all applicants through an equitable employment process. All staff are encouraged to participate in the education</p>

		<p>programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori Health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the kaumātua and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with five managers (village manager, residential services manager, facility manager and two clinical managers) and twenty-five staff (three unit-coordinators, six registered nurse, ten caregivers, three activities coordinators, one senior lead chef, one administrator and one cleaner) described an example 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, and enabling self-determination and authority in decision-making, that supports their health and wellbeing.</p> <p>Interviews with the management team identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality that support the principles of Te Tiriti o Waitangi. Training contents have been recently reviewed and updated by the cultural navigator and include recognition of east verses west cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services. All staff have recently completed this updated online training.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	Not	Ryman (Australia and New Zealand) are working towards developing health plans for all cultures including Pacific, Māori, and Aboriginal

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Applicable</p>	<p>health plans.</p> <p>The 'providing services for Pacific elders and other ethnicities' policy is documented. The service has Pasifika linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant, to residents' preferences and needs.</p> <p>On admission all residents state their ethnicity.</p> <p>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 current residents that identified as Pasifika. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities including Pacific residents.</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. At the time of the audit there were staff who identified as Pasifika. Pasifika staff employed stated they felt supported by the management team.</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. 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</p>

		<p>receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>The ten relatives (six hospital, one rest home, three dementia care unit) and eight residents (four rest home, including one from the serviced apartments, and four hospital, including one on respite care) 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 make their own choices. Interactions observed between staff and residents were respectful.</p> <p>The service recognises Māori mana Motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy.</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>	FA	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Caregivers 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 portal. Residents choose whether they would like family/whānau to be involved.</p> <p>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 kaumatua, 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 and 2022 included (but not limited to) sexuality/intimacy, intimacy and consent, abuse & neglect, advocacy, spirituality, and cultural safety. Staff already receive education on tikanga Māori; the content is in the</p>

		<p>process of being further reviewed by Ryman Christchurch Cultural Navigator. 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.</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.</p> <p>During the development of the resident's care plan on admission, residents' values, beliefs and identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. 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. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Caregivers and registered nurses interviewed described how they</p>
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		<p>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 and routine.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination.</p> <p>The service also aligns with the Code of Residents Rights and follows the Code of Health & 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.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. 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. The service implements a process to manage residents' comfort funds.</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>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p> <p>The service provides education on cultural safety, and boundaries.</p>

		<p>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 wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twenty-five accident/incident forms reviewed identified family/whānau are kept informed, this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The younger person with physical disabilities is supported to maintain communication with families and friends and has a mobile phone, laptop, and tablet available. Wi-Fi is available to residents and guests.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora specialist</p>

	<p>services (eg, dietitian, speech and language therapist, psychogeriatrician, older adult mental health mental health and wound nurse specialist). Registered nurses completed education around communication for other specialist services when dealing with residents with serious or life-threatening illness, using an Introduction, Situation, Background Assessment, Recommendation Tool (ISBAR). There are monthly mental health clinics to manage a faster response for referrals to manage distressed behaviour safely and effectively (Link CI 6.1.1).</p> <p>The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family members interviewed stated they receive appropriate timely notification to attend.</p> <p>The village has an increased number of residents who identified as Chinese, Thai, and Russian ethnicity. Staff support residents through a special translator device.</p> <p>Edmund Hillary have focused on improving communication with residents and families by using Ryman online information forums and weekly communication with family as per residents and next of kin preferences. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, regular Edmund Hillary connection newsletters and bi-monthly resident meetings.</p> <p>Staff have completed annual education related to communication with residents with sensory loss, speech impediments and cognitive disabilities. During the audit there were residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreters, family members, picture charts and online translation tools.</p>
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<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. Fourteen electronic resident files (four rest home, six hospital, and four dementia) were reviewed. 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 appropriately for two hospital and the dementia files reviewed.</p> <p>Advance directives for health care including resuscitation status had 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</p>	<p>FA</p>	<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 up-to-date complaints register. Concerns and complaints are discussed at relevant meetings.</p> <p>Seven complaints have been lodged for 2021 to 2022 (year to date). One complaint was lodged with Te Whatu Ora and has been closed following an internal investigation. The family were satisfied with the outcome. One complaint has been lodged with the Health and Disability Commission (HDC). A letter dated September 2022 confirmed the complaints investigation is still ongoing, the complaint</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>remains open. A response to HDC has been submitted and quality improvements (reported at the previous audit) linked to this complaint have been fully embedded including Te Ara Whakapiri guidelines, regular pain checks and updating of care plans to reflect changes in health care needs.</p> <p>The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants within the policy timeframe requirements. All complaints are documented as resolved within timeframes set out by the HDC, 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).</p> <p>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, and confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information provided at admission (Edmund Hillary care centre welcome pack) and as part of the complaint resolution process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Edmund Hillary is a Ryman healthcare retirement village. The care centre is modern and spacious. It provides rest home, hospital, and dementia levels care for up to 236 residents. This includes 40 of the 60 serviced apartments certified to be able to provide rest home level care. The units are broken down into the following. (i) Aoraki unit is a 43-bed dual-purpose unit; (ii) Olivier unit is a 42-bed hospital unit; (iii) Kathmandu unit is a 30-bed hospital unit; (iv) Himalaya unit is a 50-bed dual purpose unit; (vi) Tibet special care unit (total of 30-beds). One room in the dual-purpose wing has been verified at the previous audit as suitable for use as a double (shared) room for either rest home or hospital level of care. This room was a day care room, the reconfiguration would allow couples to share the space. This increased bed numbers from 235 to 236. The village manager confirmed that this room has never been used since verification.</p>

		<p>Occupancy during the audit was 181 residents; 47 rest home level residents (which includes five in the serviced departments and two residents on respite), 107 hospital level residents (including seven residents on respite, one resident on ACC, and one younger person with a disability (YPD) and 27 dementia level residents. The remaining residents were on the age-related residential care services contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. 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 includes 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 is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The organisation has employed a Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor who have been working in partnership with Māori. The role of these staff is to ensure policy and procedure within the villages and the company represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to</p>
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		<p>ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their 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. Edmund Hillary’s objectives for 2022 include (but are not limited to) clinical objectives related to reduction in pressure injuries, a food focus approach for exceptional resident experience; business objectives related to promoting staff wellbeing, specific health and safety and organisational goals related to overall satisfaction of the service.</p> <p>The 2022 objectives were reviewed as planned in April and August with progression towards completion and ongoing work to be completed and 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>Overall performance is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, and resident and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels.</p> <p>Ryman encourages the communities to be involved in their villages around the country. Shareholders are invited to meetings, villages (residents and staff) raise money for a charity of the villages choosing, and events are held where schools (Covid restrictions allowing) are invited. The Ryman organisation and Edmund Hillary are working</p>
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		<p>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 (non-clinical) has been in the role for more than 10 years. The village manager is supported by two clinical managers (both registered nurses and been with Ryman Edmund Hillary for more than two years). One clinical manager transitioned to the role in June 2022.</p> <p>They are supported by the regional manager, who has many years experience in the aged care sector and management. A stable team of six-unit coordinators, registered nurses, and experienced caregivers and non-clinical staff support the management team. The village manager reports a low turnover of staff.</p> <p>The village manager attends the virtual ARRC meetings and has attended training on cyber security, Covid management, and management development sessions through Ryman. The clinical managers maintain their professional development and attends conferences and training through Health NZ and Ryman academy. Both managers are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and participate in the Ryman Leaders WRAP (Watch Read and Progress).</p> <p>Residents and tāngata whaikaha have opportunities to provide feedback through surveys, feedback forms and meetings to achieve equity and improve outcomes. When developing a significant change to a service, residents and next of kin (as appropriate) are asked for feedback during focus groups.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to</p>	<p>FA</p>	<p>Edmund Hillary is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2022 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>data. The cultural navigator/Kaitiaki role commenced in July 2022. The cultural navigator/Kaitiaki 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, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to); quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place. Corrective actions were documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Ryman head office has implemented a project and working with Ryman villages to 'reduce pressure injuries related to the pandemic'. 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>Staff received a wide range of culturally diverse training including cultural sensitivity awareness, with resources made available on the intranet to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>The 2022 resident satisfaction surveys completed in May 2022 demonstrate an overall satisfaction of 4.27/5.0 with service delivery. Comparison with the previous year identified a small decrease in satisfaction in communication from the 2021 surveys. Corrective actions were implemented to improve the areas of concern.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by Ryman Christchurch, and the leadership team is working towards updating policies to meet the 2021 Standard. New</p>
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		<p>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 facility manager (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 facility 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 implemented the Donesafe health and safety electronic system. The Donesafe health and safety system assists in capturing reporting of near misses and hazards. Reminders are set on the system automatically to 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 facility manager job description includes health and safety matters and attends the organisational health and safety forums. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available for five sessions a week and is assisted by three physiotherapy assistants five days a week. Strategies implemented to reduce the frequency of falls include intentional rounding, regular toileting of residents who require assistance and physiotherapist reviews. Sensor mats, perimeter guards, pendant and watch alarms and bed sensors are utilised for residents who identify as high risk of falls. Lounge carers also provide monitoring of residents and falls prevention training is held regularly.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The 25</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing and rostering policy in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. Staff 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. The serviced apartment call system is linked to the pager system.</p> <p>A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The village manager works Monday – Friday. The two clinical managers both work across Monday to Sunday to ensure weekend</p>

		<p>coverage.</p> <p>The clinical manager and unit coordinators share on call after hours for all clinical matters. The facility manager is available for maintenance and property related calls.</p> <p>Aoraki wing (occupancy 34 hospital and 1 rest home level residents) is staffed with a unit coordinator/RN Tuesday – Saturday. Two staff RNs cover both the AM and two RN for PM shifts and one RN covers the night shift. The am shift is staffed with four long and four short shift caregivers, the PM shift is staffed with four long and three shorter shift caregivers and the night shift is staffed with two long shift caregivers. In addition, a fluid assistant is rostered 0930 – 1300, physio-assistant 9 am-12pm and a lounge carer is rostered 1600 – 2000.</p> <p>Olivier wing (occupancy 38 hospital level residents) is staffed with a unit coordinator/RN Tuesday – Saturday. Two RNs cover the AM and the PM shifts. One RN covers the night shift. The AM shift is staffed with four long and four short shift caregivers, the PM is staffed with four long and three shorter shift caregivers and the night shift is staffed with two caregivers. In addition, a fluid assistant is rostered on the AM shift and a lounge carer is rostered on the PM shift.</p> <p>Kathmandu wing (occupancy 30 hospital level residents) is staffed with a unit coordinator/RN Sunday – Thursdays. One RN covers the AM shift with a second RN staffed the two days the unit coordinator is not available. One RN is staffed on the PM shift and one RN is staffed on the night shift. The AM shift is staffed with three long and two short shift caregivers, the PM shift is staffed with two long and three short shift caregivers and the night shift is staffed with two caregivers. In addition, a fluid assistant and physio assistant is rostered on the AM shift and a lounge carer is rostered on the PM shift.</p> <p>Tibet wing (occupancy 27 dementia level residents) There is a unit coordinator/RN Tuesday – Saturday. One staff RN covers the AM shift rostered on the two days that a unit coordinator is not available. One RN covers the PM shift from 1500-2300. The AM shift is staffed with two long and two short shift caregivers and dining room assistant, the</p>
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		<p>encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Forty-nine staff have achieved their level four (or equivalent) Careerforce health and wellbeing qualification, thirty-seven have achieved level three or equivalent and three have completed level two.</p> <p>Twenty-one of the twenty-three caregivers allocated to the dementia unit have completed their dementia unit standards. Two recently employed (last six months) are enrolled and in the process of completing the standards.</p> <p>Registered nurses are supported to maintain their professional competency. RNs attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management, medication and insulin competencies. At the time of the audit there were 27 RNs (including the unit coordinators and CMs) employed at Edmund Hillary. Eighteen RNs (including the clinical managers and unit coordinators) have completed interRAI training.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. The staff survey for May 2022 evidence staff satisfaction related to approachable management, positive work environment and great teamwork.</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</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Seventeen staff files reviewed (two clinical managers, one unit coordinator (Special Care Unit), two RNs, eight caregivers, two activities and lifestyle coordinator, one senior lead chef and a kitchen assistant) 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</p>

<p>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>practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform.</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. Māori staff files included iwi affiliation.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through 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>	<p>FA</p>	<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 off-site secured location to be archived for 10 years. The service is not responsible for National Health Index registration of people receiving services.</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</p>	<p>FA</p>	<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 managers screen all</p>

<p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>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 details required under the aged residential care contract. The fourteen admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement. Short-term respite residents had specific short-term admission agreements on file.</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, with the facility being able to identify entry and decline rates for Māori through a process within the power BI system. The village manager reported they have made links and are developing working partnerships with 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>FA</p>	<p>Fourteen resident files were reviewed (four rest home including one in the serviced apartments, six hospital level, including one respite, one young person with disability – physical (YPD) and one ACC, 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</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The respite resident had initial assessments and part one and two of the initial care plan on file, as had been in the service less than two weeks. The YPD resident had the initial assessments and initial care plans completed, which were then used to formulate the long-term care plan. The ACC client had all assessments, interRAI and long-term care plan completed as per other ARRC residents.</p> <p>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, cultural awareness, spiritual, sexuality, intimacy, social 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 supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>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. Ryman delivers training that is responsive to the diverse needs of people accessing services including (but not limited to), training around effective communication with residents with cognitive disabilities and speech</p>
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		<p>impediments.</p> <p>All residents had been assessed by a general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The GP/NP reviews the residents at least three-monthly or earlier if required. A group medical practice specialising in eldercare provides medical oversight and after-hours support when needed. The NP visits three times weekly and a GP from the practice will visit on the other days and as required. The practice provides out of hours call services. The NP (interviewed) commented positively on the quality and consistency of the care provided, and also about the high standard of leadership within the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse is available as required through the local Te Whatu Ora service. The physiotherapist is contracted to attend to residents 25 hours per week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the NP, GP, and allied health professionals. There was evidence the RN has added to 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 GP/NP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p>
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		<p>unwitnessed falls as part of post falls management.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. 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>A team of thirteen activity and lifestyle coordinators implement the Engage activities programme in each unit that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. The rest home and serviced apartments programme is Monday to Friday and the hospital and dementia unit is seven days a week (9.30am-5.30pm). There are four lounge carers that assist with activities in the three hospital units and the dementia unit in the later afternoon from 4-8 pm.</p> <p>There is a monthly programme for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of Engage activities in which to participate including (but not limited to), triple A exercises, Tai Chi, board games, quizzes, music, reminiscing, sensory activities, crafts, poets' corner, women's and men's club, pet therapy and word games.</p> <p>The rest home residents in the serviced apartment can choose to attend the serviced apartment or rest home activity programme. Those residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a chat. The village has two vans available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access village vehicles safely. There are dedicated van drivers with the appropriate</p>

		<p>competencies and first aid required.</p> <p>The activity staff support Māori residents in meeting their health needs, aspirations in the community and facilitating opportunities for Māori to participate in te ao Māori. Cultural celebrations including Māori language week and Matariki is part of the programme. They implement a separate special cultural programme with a variety of cultural activities including Filipino, Kiwiana, Pasifika and Chinese specific events, which was implemented successfully. Te reo is promoted daily through a word/phrase of the day.</p> <p>The Engage programme was recently reviewed by the Ryman Christchurch team and the cultural navigator and includes opportunities for residents to participate in te reo and community activities for Māori.</p> <p>The service support Māori residents in meeting their health needs, aspirations in the community and facilitating opportunities for Māori to participate in te ao Māori. The local school visits performing Kapa Haka and Poi performances.</p> <p>There are various denominational church services held in the care facility weekly. There are regular entertainers visiting the facility. Special events like birthdays, St Patricks day, Commonwealth games, Melbourne Cup, Chinese New Year, Easter, Father's Day, Anzac Day, Christmas and theme days are celebrated. Volunteer visiting and external agencies resumed visits post Covid and is getting back to normal.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the residents past hobbies and present interests, likes and dislikes, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly, at the same time as the review of the long-term care plan. Residents have the opportunity to provide feedback though resident meetings and</p>
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		<p>annual surveys.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia (SCU) activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.</p> <p>Interview with the activity's coordinator demonstrated a clear understanding and knowledge of each resident. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents and relatives interviewed expressed satisfaction with the activities offered. Overall satisfaction results related to the activities programme for 2022 is positive (4.26/5.0).</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers' complete medication competencies. EN and RNs are responsible for medication administration. Regular medications and 'as required' medications are delivered in blister packs. The RNs and/or EN check the packs against the electronic medication chart and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There was one self-medicating (hospital) resident on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, nurse practitioner and the general practitioners are available to discuss treatment options to ensure timely access to medications.</p>

		<p>There are six medication rooms (hospital, rest home, dementia unit, serviced apartments) for which medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Twenty-eight electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP/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 (prn). Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with the any future Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The meals at Ryman Edmund Hillary are all prepared and cooked on site. The lead chef oversees the operations of the kitchen and is supported by three other chefs, kitchen hands and kitchen assistants. The lead chef has weekly meetings with the regional chef for support. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence which expires 9 May 2023. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The spring menu for 2022 was reviewed and approved 11 July 2022. The kitchen team provide food in line with cultural themes held by the activities staff, and are accommodating of cultural, religious requirements and food allergies.</p>

		<p>Caregivers interviewed understands tikanga guidelines in terms of everyday practice. Tikanga guidelines available to staff mirror the intent of tapu and noa.</p> <p>The lead chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The lead chef (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious preferences. The service utilises pre-moulded pureed foods and fortified smoothies for those residents' requiring modification. There are 24/7 snacks including fruit available throughout the facility. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the electronic kitchen management system which has oversight from the regional lead chef. Food temperatures are checked at all meals. These are all within safe limits. Meals are delivered to the six dining areas (one for the rest home, three for the hospital wings, one for the service apartment residents and one for the special care unit) via temperature-controlled boxes to maintain delivery temperature. Care staff serve the plated meals. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries. Cleaning schedules were maintained. Staff were observed assisting residents with meals in the dining rooms and modified utensils are available for residents to maintain independence with meals. Care staff interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Food services staff have all completed food safety and hygiene education.</p> <p>The residents can offer feedback on a one-to-one basis at the resident meetings and through resident surveys. Food satisfaction was rated 4.64/5.0 during the May 2022 survey and showed an increase in satisfaction from the previous year. A continuous</p>
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		improvement rating is awarded for the improved dining experience.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned 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 facility participates in the local Te Whatu Ora 'yellow envelope' scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. 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>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>	FA	<p>The Edmund Hillary Retirement Village is located in Auckland. The facility is modern and spacious and extends across a flat section. There are 196 beds in the care centre along with an additional 60 serviced apartments, 40 of which are certified for residents assessed at rest home level of care.</p> <p>The facility comprises of three blocks. The main block is three stories, entered through the reception area on level one. All resident rooms are single occupancy.</p> <p>Level one comprises of Aoraki Unit (hospital, 43 dual purpose beds). As the previous certification audit, one room in the dual-purpose wing has been verified as suitable for use as a double (shared) room for either rest home or hospital level of care. This room was a day care room and will allow couples to share the space. This increased the bed numbers from 235 to 236, however the village manager confirmed that this room has never been used for the purpose for which it was verified for. The provider wants to maintain the number at 236.</p> <p>There are two lounge areas, dining area, sluice room and a nurse</p>

		<p>hub. Adjacent to this is an office area in which they secure resident files and a locked treatment room with two medication trolleys. The allied health room, clinical managers office and staffroom is also located on this floor. The rooms on level one has underfloor heating, with ensuite facilities. These rooms are well ventilated and have access to either internal atrium or garden areas.</p> <p>Level two comprises of Olivier Unit (hospital level, 42 beds). There are two lounge areas, dining area, sluice room and nurse hub. Adjacent to this is an office area in which they secure resident files and a locked treatment room with two medication trolleys. The rooms on this level are heated by wall heaters, with ensuite facilities and the rooms are well ventilated.</p> <p>Level three comprises of Himalaya Unit (50 rest home beds, with 10 dual purpose beds), nurse hub, secure treatment room and medication storage area. There are two lounges, one of which opens onto a patio and dining area. The rooms on this level are heated by wall heaters, all have ensuite facilities and the rooms are well ventilated.</p> <p>The dining areas in this block all have a kitchenette with tea making facilities, where meals are delivered from the main kitchen in hot boxes and served by the care staff. This block is serviced by two lifts (one of which is a service lift) and two stairways.</p> <p>The second block is two story, level one being accessed via the ground floor reception area. The second floor is accessed via Aoraki hospital wing.</p> <p>Level one comprises of Tibet Secure Dementia Wing (30 beds) and is access via secure keypad. Corridors are easy to navigate, without dead ends and promote purposeful walking. All rooms are spacious, with under floor heating, wide door openings and have full ensuite facilities. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Rooms are spacious to deliver safe care. There are visible cues for toilets and residents' rooms have coloured photo boxes to ensure easy navigation. There are sensor lights in the</p>
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		<p>bathrooms to provide adequate lighting. Residents had access to a large, shaded patio area where they could walk freely and a smaller seated garden where they could enjoy a quieter outdoor environment with family.</p> <p>There is an open nurse's station with an adjacent secure medication room that looks out to both lounge/dining areas, that maximise the visibility and supervision of residents.</p> <p>Activities are held in the bigger lounge, which is homelike. The internal space allows for maximum movement and promote safety for those that pace. There is a quieter smaller lounge to ensure a space if residents do not want to participate in activities or minimal disruption without noise. There is an activities storage area with plenty resources available.</p> <p>Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate mobility equipment, transfer equipment, commodes and a shower stool. Caregivers interviewed reported that they have adequate space to provide cares to residents. There is plenty of storage for equipment. There is visual and physical access between inside and outside. A camera system has been installed to assist in monitoring the resident both inside and in garden areas. All bedrooms and communal areas have external windows, sufficient natural light, and ventilation.</p> <p>Level 2 comprises of Kathmandu Unit (30 hospital level beds), two lounges, sluice, dining area, nurse hub, secure treatment room and medication storage area. The dining area in this block has a kitchenette with tea making facilities, where meals are delivered from the main kitchen in hot boxes and served by the care staff. All rooms are spacious, wide door openings and have full ensuite facilities. Rooms are spacious to deliver safe care and are well ventilated.</p> <p>Located in the third block are the serviced apartments (60 units with 40 certified to provide rest home level care). This block also included chapel, coffee shop, hair salon, library, lounge, and dining area. The</p>
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		<p>serviced apartments are across three floors and built around an atrium. A nurse reception/ station is situated on level two with its own medication cupboard.</p> <p>All rooms are spacious, wide door openings and have full ensuite facilities. Rooms are big enough to deliver safe care and are well ventilated. There is a spacious lounge and dining area. The residents were observed to move safely and freely. The physical environment promotes safe mobility. The corridors are wide with appropriate placed handrails. There is safe access to all communal areas and external spaces. Lifts are spacious to accommodate ambulance transfer equipment and evacuation chairs are available at the stairs. External areas are safe and accessible with sufficient seating and shade. The kitchen, laundry and maintenance area are located on level two (block two).</p> <p>The current building warrant of fitness expires 13th August 2023. The environment, art, and décor support inclusivity of all cultures.</p> <p>The facility manager oversees maintenance of the site and contract/contractors' management. There is a full-time lead maintenance person and team of gardeners. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and testing of hot water temperatures. Hazard identification is an ongoing process and actions are taken to remedy where necessary. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Manufacturers guidelines for new equipment are followed and implemented. Vehicle checks are completed as part of the annual maintenance plan. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital level and dementia level of care.</p> <p>Essential contractors such as plumbers and electricians are available 24 hours a day as required. Testing and tagging of electrical equipment and calibration of medical equipment is completed</p>
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		<p>annually.</p> <p>There are no renovations and new designs planned. The village manager stated that Māori and whānau feedback are important to Ryman Edmund Hillary to ensure services are culturally safe.</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 clinical and non- clinical emergencies. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is up-to-date resident evacuation lists for each area. All staff are required to complete first aid certificates and there is at least one person on each shift across the care centre and apartments with a current first aid certificate.</p> <p>A fire evacuation plan is in place that has been approved and updated by the New Zealand Fire Service on 15 August 2007 and amended on 11 January 2012. A recent fire evacuation drill has been completed in April and May 2022 (including serviced apartments) and this is repeated every six months. Fire warden training occurs for all senior caregivers, RNs, and night staff. The facility manager facilitates these fire drills with the external contractor. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in each area and checked at regular intervals.</p> <p>In the event of a power outage, there is a generator on site to provide power to the care facility and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores in header tanks in the roof above hospital wing three to enable circulating water. There is 1000 litres of bottled water to provide residents and staff with three litres per day for a minimum of three days. External contractors maintain the generator. 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 first aid is available at all times. An external defibrillator device (AED) is available in the reception area.</p>

		<p>First aid kits are available at the reception area, nurses' stations, kitchen, maintenance workshops and kitchen.</p> <p>There are call bells in the residents' rooms and ensuites, service apartments, communal toilets, and lounge/dining room areas. Residents in the secure dementia unit have bed sensors in place, attached to the call bell system. Indicator lights are displayed above resident doors and on annunciator panels in hallways to alert care staff to who requires assistance. Staff also have smart pagers to communicate. Residents were observed to have their call bells in proximity or have a pendant. Residents (including one in the service apartments) and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>Visitors are required to sign in and is provided with an identification label. The building is secure after hours, and afternoon and night staff complete security checks. There is a contracted security company that provide security checks at night.</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>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Ryman strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>Ryman have as part of their senior management team personnel with expertise in IPC and AMS. Expertise can also be accessed from Ryman head office, Public Health and the Te Whatu Ora Waitemata who can supply Ryman with infection control resources.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Ryman Board. The Board and senior 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.</p> <p>There is an infection control committee that meets bi-monthly to</p>

		<p>discuss various topics related to the IPC programme. The clinical and full facility meetings receive a report on infection prevention and control matters at their monthly meetings.</p> <p>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 (power BI) is completed and reported to governing body.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control officer (IC), the senior management team, the GP/NP, and the public health team. External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora Waitemata when required. The facility management team monitors overall effectiveness of the programme.</p> <p>The two CMs are the infection control officers (IC) and have completed training for the role. Training includes AMS, e-learning including 'closing the loop', monthly clinical excellence webinars, and induction to Bug Control programme. A documented and signed role description for the ICs is in place. The ICs report to the village manager.</p> <p>There are adequate resources to implement the infection control programme at Ryman Edmund Hillary. The two IC officers are responsible for implementing the infection control programme, liaises with the infection control committee (each department representative) who meet monthly and as required.</p> <p>The two IC officers have access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme</p>
Subsection 5.2: The infection prevention programme and	FA	The two designated infection control (IC) officers have been in the role for the last 18 months and are supported by Ryman infection control

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>nurse specialist. During Covid-19 lockdown, there were regular meetings with Ryman head office and Te Whatu Ora which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan, including an easily accessible infections disease management pathway on SharePoint. This includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>Both the infection control officers have completed Bug Control training and Ryman infection control training. There is good external support from the GP, laboratory, microbiologist, and gerontology nurse. There are outbreak kits readily available and a personal protective equipment cupboard. There are supplies of extra PPE equipment as required. The Ryman infection control nurse specialist and the IC has input into the procurement of good quality PPE, medical and wound care products. Consumables are checked for expiry dates.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed annually by Ryman head office in consultation with infection control coordinators. Policies are available to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens. There are adequate accessible handwashing facilities with flowing soap, paper towels and hand sanitisers.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The organisational infection control policies acknowledge importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti. Infection control practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service is working towards including the</p>
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		<p>checking of these processes in the cleaning and environmental audits. All staff received training in cleaning protocols and procedures related to the cleaning of reusable medical equipment and high touch areas.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by ChattR, handovers, myRyman communication channel and meetings. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares and bi-monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p> <p>There is infection prevention and control policies and procedures that outlines direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit. There is consultation with Ryman IPC nurse specialists when required.</p> <p>Resident survey results of May 2022 showed satisfaction in managing Covid in the village.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use are evaluated and monitored by collating data from medication prescribing charts, prescriptions, and medical notes. The analysis of prescribing patterns and summaries are presented and discussed at the bi-monthly infection control committee meeting. Infection rates are analysed for antibiotic use and are reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Electronic charts reviewed evidence judicious, careful,</p>

to the needs, size, and scope of our services.		and rational use of monotherapy. Registered nurses have completed AMS training through the Ryman journal club.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>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 database. 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 head office. Infection control surveillance is discussed at clinical meetings, weekly management meetings, and full facility 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 ICs 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 GPs 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 Te Whatu Ora for any community concerns.</p> <p>There has been one Gastroenteritis outbreak in July 2021 and four Covid exposure events in 2022 (between March and August). The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The ICs interviewed described the daily update and debrief meeting that occurred. The service completed a 'lessons learned' after each event to prevent, prepare for and respond to future infectious disease outbreaks. The IC confirmed that the screening process, cohorting of residents and care delivery within a constraint</p>

		<p>workforce prove to be challenging but successful. Staff confirmed that during the Covid exposure period resources including PPE were adequate.</p> <p>Currently, visitors are controlled through a screening process and health declaration at entry. Visitors are required to sign in electronically at the door and wear N95 masks in care wings. Ethnicity data is not yet collected and analysed, however Ryman's new outbreak logs had been amended to include ethnicity data and Power BI (electronic data collection and analysis system) has the capability to do this in the future.</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>The facility implements Ryman waste and hazardous management policies that conform to legislative and local council requirements. Policies include but are not limited to considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry, and cleaning storerooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE use is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. There are sluices located in each area with aprons, goggles, and gloves available. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked storerooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled. Chemicals</p>

		<p>are stored securely, and a spill kit is available.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All laundry inclusive of resident's clothing is done on site. Visual inspection, of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these items. There is a sluice cycle programmed in one washing machine. Residents' clothing is labelled and personally delivered to their rooms. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>There is infection prevention and control policies and procedures in place, which outlines direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit. There is consultation with Ryman IPC nurse specialists when required.</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 had been restraint free since April 2021.</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 to Ryman head office and in the monthly RN and staff/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>

		The service has been awarded a continuous improvement rating for maintaining a restraint-free environment.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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>Project Delicious -Residents Food Delight and satisfying nutrition is about improving the dining experience through taste and presentation. Since December 2020, Ryman Edmund Hillary refined the dining experience of residents through improving on the feedback process, food safety and compliance.</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 services could be made. A plan was developed and implemented to improve the food service which included:</p> <p>Nutritional needs for each resident are assessed at admission. Residents are also asked about their food preferences and restrictions on admission. The chef is informed of any special diets, cultural preferences and/or religious restrictions. Residents are provided with a menu with an array of options a week prior and asked to indicate their choice. Residents are provided with three options including a vegetarian option for midday meal. If the resident cannot choose or indicate their preferences, family were encouraged to choose for them.</p>

			<p>Plating of residents' meals in the kitchen has been implemented to improve presentation and consistency. The chef visits each dining area and obtains feedback for what was not being enjoyed and makes changes. Weekly food surveys are circulated to provide feedback on resident food preferences and changes made were indicated.</p> <p>Weekly zoom meetings with the food service team/ management including the lead chef are held to discuss food concerns. Communication and training opportunities have improved with the introduction of ChattR channel for chefs to share food tips. Food and diet menus are discussed at the two-monthly resident meetings, any comments made are passed to the hospitality service manager at Ryman Christchurch for consideration when planning the menu.</p> <p>Bar menu and a host service is in place for families to use. Implementation of a chef's table described as a special dining experience for residents and families has been introduced. These are delivered particularly to residents who were experiencing renovation work or temporary disturbance within the facility. Improved food safety with the introduction of safe FoodPro has been implemented.</p> <p>Residents are formally surveyed annually, and the survey includes questions to assess whether they enjoy the meals. Documented outcomes achieved include residents enjoy a dining experience that includes good nutrition, variety, a pleasant environment, and the company of their choosing. Staff completed education and training in improved dining experience. Resident staying longer in the dining room once lunch is finished and great results from surveys show this is acknowledged by the residents.</p> <p>As a result of these interventions, residents' surveys identified an overall improvement in meal satisfaction and greatest improvement in meal satisfaction from a</p>
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			<p>score of 3.7 in February 2021 to 4.64 in May 2022. This compares to the Ryman average in May 2022 of 4.3.</p> <p>There has been positive feedback on the weekly food reviews (sited) and all areas identified a happier dining experience. Independent resident survey in May 2022 evidenced a result of serviced apartment 3.66/5.0, 4.0/5.0 for RH and 4.4/5.0 for hospital and 5.0/5.0 for SCU.</p>
<p>Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>A review of the clinical indicator data indicated Edmund Hillary Retirement Village to be restraint free from April 2021 to date. The unit coordinators, clinical managers and village manager interviewed confirmed that a range of initiatives are implemented to ensure the restraint-free environment is 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>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 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 ensures residents are hydrated. Education sessions for staff were provided to include dementia related training, restraint minimisation practices, distressed behaviour management and behavioural and psychological symptoms of dementia (BPSD) management. This resulted in an increased understanding of the importance of early intervention, encourage staff input</p>

			<p>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. Quality data related to incidence of challenging behaviour per 1000 occupied bed days has decreased since between April 2021 and September 2022 (5.6 – 1.2/1000). During the same period, the village falls rates have been consistently lower compared to the group average. The resident survey for May 2022 ratings for overall satisfaction have increased and are consistently above the target range of 4.0.</p> <p>Residents have been able to enjoy a safer and more comfortable home experience with less distress and anxiety. This had promoted the quality of life for residents.</p> <p>Positive feedback from residents and relatives around care were noted. These findings were discussed at clinical and quality meetings, and in monthly residents' newsletters.</p>
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End of the report.