

# Bruce McLaren Retirement Village Limited - Bruce McLaren Retirement Village Limited

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Bruce McLaren Retirement Village Limited
<b>Premises audited:</b>	Bruce McLaren Retirement Village Limited
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 September 2022    End date: 28 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	116

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Bruce McLaren facility is part of the Ryman group, and provides rest home, hospital, and dementia levels of care for up to 158 residents. This includes up to 30 serviced apartments approved for rest home level of care. On the day of audit, there were 116 residents including two rest home residents in the serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with Te Whatu Ora – Health New Zealand Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a nurse practitioner.

The village manager (non-clinical) has been in the role for five years and has worked at Ryman for 13 years. The village manager is supported by an experienced clinical manager and a resident services manager. They are supported by the regional manager who has vast experience in the aged care sector and management.

A stable team of unit coordinators, registered nurses, and experienced caregivers and non-clinical staff support the management team. 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 is meeting the intent of the standards.

## 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.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Bruce McLaren provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices.

Care plans accommodate the choices of residents and/or their family/whanau. 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.

Subsections applicable to this service fully attained.

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

which are reviewed on a regular basis. Bruce McLaren 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. Bruce McLaren provides clinical indicator data for the three service levels being provided (hospital, rest home and dementia care). There are human resources policies including recruitment, selection, orientation and staff training and development.

The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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. The registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and nurse practitioner as well as visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The engage programme meets the individual needs, preferences, and abilities of the residents with separate activities calendar for the rest home hospital and dementia level of care residents. The programme includes community visitors and outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. The organisational dietitian reviews the Ryman menu plans. There are nutritious snacks available 24 hours per day.

Transfer between services occurs in a coordinated manner with good communication documented.

## **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. The two dementia units are secure with secure outdoor areas.

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

The facility is secure, and the appropriate processes are in place to ensure the safety of the residents and staff at night.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

A suite of infection control policies and procedures are documented. The pandemic plan has been developed in partnership with Te Whatu Ora- Health New Zealand Counties Manukau. 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.

The infection control officer is the clinical manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources including Bug Control and 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.

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 the clinical manager. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, including 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	27	0	0	0	0	0
Criteria	0	162	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 &amp; Te Tiriti o Waitangi Policy is documented to guide practice and service provided to Kaumātua residing at Bruce McLaren. The service is in the process of developing partnerships with local Māori groups. The organisation has recently employed a Taha Māori navigator who is working in partnership with Māori to strengthen contacts and linkages with local iwi and community groups.</p> <p>The service currently has 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 village manager described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. Management interviewed confirm that Ryman is</p>

		<p>committed to improving labour market outcomes for Māori.</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 principles of Te Tiriti o Waitangi and enabling residents and their whānau to direct their care in the way they choose. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with 29 staff (four unit-coordinators, five registered nurses, 12 caregivers, three activities coordinators, one lead maintenance, one senior lead chef, one assistance chef, one housekeeper and one laundry assistant) described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting Māori residents and their support whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Interviews with the management team (one village manager, one resident services manager and one clinical manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development and cultural awareness as well as safety and spirituality to support the principles of Te Tiriti o Waitangi. Cultural awareness and diversity training sessions were completed in August 2022.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>Ryman (New Zealand and Australia) are working towards developing health plans for all cultures including (but not limited to) Pacific Island. The providing services for Pacific Island 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 and can access the Ministry of Health Pacific Health and Disability Action Plan within policy and procedure.</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>On admission all residents state their ethnicity. The unit coordinators and registered nurses advised that family members of Pacific Island residents are encouraged to be present during the admission process including completion of the initial care planning processes, and ongoing reviews and changes. There are current residents that identified as Pasifika. Individual cultural and spiritual beliefs are documented for all residents in their care plan and activities plan.</p> <p>The organisation is working towards the development of a Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific Health plan. The village manager described how they encourage and support any staff that identified as Pasifika through the employment process. At the time of the audit there were staff who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Resident and relative meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff receive training about the Code (last completed in July 2022), which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire. Seven residents (one hospital and six rest home residents) and seven relatives (two hospital, one rest home and four dementia) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana Motuhake through the development of a Māori specific care plan that promote and respect independence and autonomy. Interactions</p>

		observed between staff and residents were respectful.
<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>Twelve caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Residents are able to choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place including access to services for Kaumātua, Tikanga Māori (Māori Culture) Best practice, Services to Kaumātua and Providing services for Pacific Elders and other ethnic groups (which includes working with Asian people).</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2021 and 2022 included (but not limited to) sexuality/intimacy, consent, abuse &amp; neglect, advocacy, spirituality, and cultural safety. Staff already receive education on tikanga Māori; the content is in the process of being further reviewed by Ryman Christchurch Cultural 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, and a chaplain is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the</p>

		<p>concepts of personal privacy and dignity. The 2022 resident survey identified a high level of satisfaction around communication.</p> <p>During the development of the resident's care plan on admission residents' values, beliefs and identity are captured as part of initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified residents preferred names. During care planning with the resident and their important people, the resident's values and beliefs are discussed. 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 enables their participation in te ao Māori. The service promotes a service 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 support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life.</p>
<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. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment was held in September 2022. 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.</p> <p>Interviews with registered nurses and caregivers confirmed their</p>

		<p>understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented, and staff training is provided. Staff interviewed could describe signs and symptoms of abuse and were aware of how to escalate any concerns. Maori culture is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. During interviews with care staff, a culture of teamwork and inclusiveness was identified.</p> <p>The service provides education on cultural safety and cultural days are completed to celebrate diversity. Policies are in place around abolishing racism and staff encouraged to report any issues.</p> <p>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. The service promotes a strength based holistic model of care.</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>Comprehensive information regarding the service is provided to residents/family/whānau on admission. Six-monthly resident meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. 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. Twelve 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. 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</p>

		<p>services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team. Resident files documented that residents/family/whānau provide consent for services and a high level of family communication was documented. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Bruce McLaren have focused on improving communication with residents and families by using Ryman online information forums and regular 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 newsletters, and 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 interpreter's, family members, picture charts and online translation tools.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes are discussed with residents and families on admission. Eleven electronic resident files (three rest home including one in the serviced apartments, four hospital residents including one respite and one on an Accident Compensation Corporation (ACC) contract and four in the dementia unit) were reviewed. Written general consents were sighted for photographs. Release of medical information and medical care consents were included in the admission agreement and signed as part of the admission process. Specific consents 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>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The EPOA had been activated in the four dementia care files reviewed.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision the GP/NP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<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. There was a total of eleven complaints in 2021 and five complaints in 2022 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. Two complaints received in 2021 and 2022 were made through the District Health Board (now Te Whatu Ora – Health New Zealand Counties Manukau). The service investigated the complaints and completed quality improvement plans (QIP) as part of the process to improve services. The service received letters from the District Health Board in March 2021 and August 2022 confirming that the complaints had been closed off.</p> <p>All complaints are documented as resolved and no trends were identified. Concerns and complaints are discussed at relevant meetings. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the unit coordinators, registered nurses, or the</p>



		<p>management team. Interviews with residents and relatives confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information leaflets attached.</p> <p>Information around the Health and Disability Services Consumer Rights are displayed in English and Māori.</p>
<p><b>Subsection 2.1: Governance</b></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>Ryman Bruce McLaren provides rest home, hospital, and dementia levels of care for up to 158 residents. There are 43 rest home beds on the first floor and 44 hospital level beds on the second floor. All of the rest home and hospital beds are approved for dual purpose. The secure dementia unit is located on the third floor and is separated into two secure units (20 beds, and 21 beds) with a shared nurse's station. Thirty beds in the serviced apartments across four levels have been approved for rest home level of care.</p> <p>There were 116 residents in the facility at the time of the audit. This includes 40 rest home level residents including two in the serviced apartments and 37 hospital level residents, including one hospital resident on an ACC contract and one on respite care. All other residents were on the aged residential care contract (ARCC). Thirty-nine residents were in the two secure dementia units, including four dementia residents on respite care</p> <p>The Board oversees all operations from construction to village operations. 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. A clinical council is held by Ryman Christchurch. The council is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. From this there is a clinical governance sub-committee whose focus is the clinical aspects of operations and includes members from the board. As per the terms of reference of the sub-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 recently 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 ensure these can be addressed. The Ryman organisation is focused on improving delivery of services that improve outcomes and achieve equity for Tāngata Whaikaha. This includes ensuring meaningful representation at management level.</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 characteristics including (but not limited to) excellence, team, and communication. Bruce McLaren’s objectives for 2022 include (but are not limited to) promotion of safe practise within the village, improve the activities programme delivered to residents and develop a strong, positive, kind, and respectful team. The 2022 objectives were reviewed as planned in April and August 2022 with progression towards completion and ongoing work to be completed documented at each review.</p> <p>‘Good enough for mum or dad’ and ‘We do it safely or not at all’ are the 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. This is reported on/monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from board level down to village level, with corrective action being filtered through all committees at all levels.</p> <p>Ryman involves the communities in their villages round the country. Shareholders are invited to meetings, villages (residents and staff) raise money for a charity of the village’s choosing, events are held where schools (Covid restrictions allowing) are invited. The</p>
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		<p>organisation focusses on providing culturally safe equitable services that benefit all residents and communities, to ensure positive health outcomes for all. Ryman Christchurch collaborates with the community on business planning and service development.</p> <p>The village manager (non-clinical) has been in the role for five years and has worked at Ryman for 15 years. The village manager is supported by an experienced clinical manager (registered nurse) who has been in the role for four years and a resident services manager who has worked at Ryman for six years. They are supported by the regional manager who has experience in the aged care sector and management. A stable team of 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-19 management, and management development sessions through Ryman. The clinical manager maintains 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). Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, feedback forms and through meetings. When developing a significant change to a service, residents and, as appropriate, next of kin are asked for feedback during focus groups.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>FA</p>	<p>Bruce McLaren is fully implementing the Ryman quality and risk management programme. 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 data. Clinical indicator data (e.g., falls, skin tears, infections, episodes of challenging behaviours) is entered into the electronic resident management system and</p>

<p>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>analysed at head office, where the data is benchmarked within the organisation and results are shared in staff meetings.</p> <p>The Cultural Navigator/Kaitiaki role commenced in July 2022, this person ensures 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 were documented as taking place with corrective actions documented where indicated to address service improvements. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data and trends in data are posted in the staffroom.</p> <p>The resident satisfaction survey completed in February 2022 identified a high level of satisfaction around laundry, communication, care, safe from Covid-19, and housekeeping. Comparison with the previous year identified an increase in all areas except for a small decrease in satisfaction around building/grounds from the 2021 survey.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed by Ryman Christchurch, and the leadership team has updated policies to meet the 2021 Ngā Paerewa Health and Disability Service Standards. New policies or changes to policy are communicated to staff. Health and safety policies are implemented and monitored by the health and safety committee.</p> <p>A health and safety system is in place with identified health and safety goals. The resident services 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. There are regular manual</p>
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	<p>handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Ryman have implemented an electronic health and safety electronic system. The electronic health and safety system assists in capturing reporting of near misses and hazards. The health and safety committee meet monthly and is representative of the facility. The internal audit schedule includes health and safety and environmental audits.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available for 25 hours a week and is assisted by a physiotherapy assistant four 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 12 accident/incident forms reviewed for August and September 2022 (witnessed and unwitnessed falls, challenging behaviour incidents, skin tears and bruising) evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations were consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in 2022 for six pressure injuries (three unstageable, two stage 2 and one stage 1) and in 2021; for six pressure injuries (four unstageable and two stage 2) and two police</p>
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		<p>involvement for two missing residents. There has been one respiratory outbreak in November 2020 and four Covid-19 outbreaks between March and end of May which were notified appropriately to the public health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. The policy defines staffing to resident ratios. Rosters implement the staffing rationale. The village manager works full time from Monday to Friday and is supported by a clinical manager who works full time from Tuesday to Saturday. The clinical manager and two-unit coordinators (both RNs) share on call after hours for all clinical matters. The village manager is available for non-clinical calls</p> <p>In the Hospital Unit (44 beds with 37 hospital and 7 rest home residents).</p> <p>One unit coordinator from 8:00am-4.30pm Sunday to Thursday.</p> <p>AM shift: Three RNs from 7.00am-3.30pm, who are supported by eight caregivers (two from 7.00am-3.30pm, two from 7.00am-3.00pm, two from 7.00am-1:30pm and two from 7.00am-1.00pm) and a fluid assistant from 9.30am-1.00pm.</p> <p>PM shift: Two RN's; one from 3.00pm-11.00pm and one from 3.00pm-11:30pm, who are supported by six caregivers (two from 3.00pm-11.00pm, two 3:00pm-9.00pm and two from 4.00pm-9.00pm). A lounge carer works from 4:00pm-8:00pm.</p> <p>Night shift: One RN from 10:45pm-7.00am and three caregivers (from 11.00pm-7.00am).</p> <p>One activities and lifestyle coordinator from 9.30am-4.30pm.</p> <p>In the Rest Home Unit (43 beds with 31 rest home residents)</p> <p>One unit coordinator from 7:00am-3.30pm Tuesday to Saturday.</p> <p>AM shift: one RN from 7:30am-3.30pm supported by five caregivers</p>

	<p>(two from 7.00am-3.30pm, two from 7.00am-1.30pm and one from 7.30am-1:00pm).</p> <p>PM shift: one senior caregiver from 3.00pm-11.00pm supported by four caregivers (one from 3.00pm-11.00pm, one 3.00pm-9.00pm, one from 4.00pm-9.00pm and one from 5.00pm-8.30pm).</p> <p>Night shift: one senior caregiver from 10:45pm-7:15am and one caregiver from 11.00pm-7.00am.</p> <p>One activities and lifestyle coordinator from 9.30am-4:30pm.</p> <p>In the Dementia Unit (41 beds, two separate units of 21 and 20 beds with 39 residents in total).</p> <p>One unit coordinator from 7:30am-4.00pm Tuesday to Saturday.</p> <p>AM shift: one RN from 7:00am-3.30pm supported by three caregivers (two from 7.00am-3.30pm and one from 7.00am-1.30pm). A lounge carer works from 9:00am-4:00pm.</p> <p>PM shift: one RN from 3:00pm-11.00pm supported by four caregivers (two from 3.00pm-11.00pm and two from 3.00pm-9.00pm). A lounge carer works from 4:00pm-8:00pm.</p> <p>Night shift: one senior caregiver from 10:45pm-7:15am and two caregivers from 11.00pm-7.00am.</p> <p>One activities and lifestyle coordinator from 9.30am-6:00pm.</p> <p>Serviced apartments (30 certified with two rest home residents)</p> <p>One unit coordinator from 8.00am-4.30pm Sunday to Thursday.</p> <p>AM shift: one senior caregiver from 8:00am-4.30pm supported by two caregivers (one from 7.00am-3.30pm and one from 7.30am-1:00pm).</p> <p>PM shift: one senior caregiver from 4.00pm-11.00pm supported by</p>
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		<p>one caregiver from 4.30pm-7.00pm.</p> <p>One activities and lifestyle coordinator from 9.30am-4.00pm.</p> <p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit, were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member electronic record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. Existing staff support systems including peer support, ChattR (online communication app) and provision of education, promotion of health care and staff wellbeing. The education schedule identified that mandatory cultural training, including understanding health equity has been provided to staff. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, activities and lifestyle staff, van drivers have a current first aid certificate. Approximately 67 caregivers are employed. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Fifty-four staff have achieved their level four (or equivalent) Careerforce health and wellbeing qualification, seven have achieved level three or equivalent and one has completed level two.</p> <p>There are 18 caregivers working across the dementia units; 15 have completed training in dementia standards and three are in training and are new to the unit (less than four months since employment). Registered nurses are supported to maintain their professional competency. Registered nurses attend regular (two-monthly) 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 15 RNs</p>
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		(including the unit coordinators and clinical manager) employed at Bruce McLaren. Twelve RNs have completed interRAI training. Staff interviewed report a positive work environment.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Thirteen staff files reviewed (one clinical manager, one resident services manager, two-unit coordinators, two RNs, five caregivers, one activities and lifestyle coordinator and one senior lead chef) included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member, 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 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. 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. 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>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse including designation.</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>Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years then are transferred to an offsite secured location to be archived for 10 years.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<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 manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Resident agreements contain all detail required under the aged residential care contract. The eleven admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The village manager is available to answer any questions regarding the admission process. The service communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile; however, the facility does not currently identify entry and decline rates for Māori and is working on a process to collate this information. The village manager reported they are in process of developing partnerships working 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</p>	<p>FA</p>	<p>The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans. The service</p>

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>explained that they work with residents and family to ask' what is important to you and work with the resident and family to provide service around this.</p> <p>Eleven resident files were reviewed (three rest home including one in the serviced apartments, four hospital level, including one respite 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 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 ACC client had all assessments, interRAI and long-term care plan completed as per other ARRC residents.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan includes sections on personal history and social wellbeing, mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function and behaviour, resident identity, and 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 were reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others contribute to the long-term care plans. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic</p>
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		<p>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.</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 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 care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through Te Whatu Ora- Health New Zealand Counties Manukau service. The physiotherapist is contracted to attend to residents twenty-five 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, GPs, 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</p>
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		<p>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> <p>There were fifty wounds logged across the service There were eight pressure injuries at the time of the audit; one suspected deep tissue injury (facility acquired), one unstageable (hospital acquired), three stage 2 and three stage 1. An electronic wound register has been fully maintained. Ten wounds were selected at random for review.</p> <p>When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The serviced apartment coordinator and clinical manager act as wound care champions to ensure consistency is maintained in product use, assessment, and management of all wounds. Both have completed formal wound care management training. There is regular documented wound care nurse specialist input into chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts including observations, behaviour charts, bowel chart, blood pressure, weight, food, and fluid chart, turning charts, intentional rounding, blood sugar levels and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p>
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<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 five activity and lifestyle coordinators (two qualified DTs) 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 unit is seven days a week (9.30am-5.30pm- hospital).</p> <p>The dementia unit's programme is till 6pm. There is a lounge carer that assist with activities in the hospital and dementia unit in the later afternoon 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. 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 competencies and first aid required.</p> <p>The activity staff support Māori residents in meeting their health</p>

	<p>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 program. The June programme included cultural activities and included Filipino, Kiwiana, Pasifika and Chinese specific events, which was implemented successfully. Te reo is promoted daily through a word/phrase of the day. The promotion of te reo is evident through signage throughout the care facility.</p> <p>The activities programme (Engaged programme) was recently reviewed by Ryman Christchurch and the cultural navigator to ensure it includes opportunities in the programme for residents to participate in te ao Māori.</p> <p>The service supports Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. There was a recent trip to the Marae, Māori group singing and poi.</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 and Christmas and theme days are celebrated. Volunteers visiting resumed and include K9 friends, Queen Margaret preschool visits, piano player, and dancers.</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 annual surveys.</p> <p>Residents in the secure dementia areas have 24-hour activity plans</p>
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		<p>which include 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. 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, EN and RNs complete medication competencies and 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 (rest home) self-medicating 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 three medication rooms (hospital, rest home, dementia unit) and one medication cupboard for the service apartments.</p> <p>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-two</p>



		<p>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. Discussion and consultation with residents occurs during medication 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 working in partnership with the current Māori residents 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>	<p>FA</p>	<p>The meals at Ryman Bruce McLaren are all prepared and cooked on site. The lead chef oversees the operations of the kitchen and is supported by another chef, 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 6 October 2022. There was a food control plan audit booked for the 5 October 2022. 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 current Māori residents' cultural values and beliefs are incorporated into their nutritional profiles and considered during the meal preparation and provision. Caregivers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines available to staff and mirrors the intent of tapu and noa.</p> <p>The lead chef receives resident dietary information from the RNs and</p>

		<p>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. Cultural, religious and food allergies are accommodated. 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 that particular 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 five dining areas (one for the rest home, one for the hospital, one for the service apartment residents and two for the special care units) via temperature-controlled boxes to maintain delivery temperature. Caregivers and kitchen assistants' plate and serve the meals. The lead chef creates a sample plate to ensure consistency in food presentation. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries. Cleaning schedules are maintained. Staff were observed assisting residents with meals in the dining rooms. 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 service 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 4.0/5.0 during the February 2022 survey and showed a slight increase in satisfaction from the previous year.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>manner. The residents and their families were involved for all transfers or referrals 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>	<p>FA</p>	<p>The Bruce McLaren Retirement Village is located in Auckland. The facility is modern, spacious and extends across a sloping section. There are 128 beds in the care centre along with an additional 30 serviced apartments certified for residents assessed at rest home level of care. The facility has three levels. Level one (ground floor) and level two have serviced apartments and dual-purpose beds. Level three has serviced apartments with a secure entrance to both dementia units (special care unit). There are 41 beds across two separate secure dementia units (with a shared nursing station).</p> <p>The current building warrant of fitness that expires 12 October 2022. The environment, art and décor supports inclusivity of all cultures.</p> <p>The residential services manager oversees maintenance of the site and contract/contractors' management. There is a full-time lead maintenance person and team of gardeners.</p> <p>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 annual</p>

		<p>maintenance plan.</p> <p>Essential contractors such as plumbers and electricians are available as required. Testing and tagging of electrical equipment was completed in August 2022. Checking and calibration of medical equipment, hoists and scales was also completed and again due in January 2023.</p> <p>External areas are safe and accessible with sufficient seating and shade. The kitchen is situated near the rest home (first floor) and the laundry near the hospital (second floor).</p> <p>All units, communal bathrooms with disability access have privacy locks, and are situated near the lifts, dining rooms and throughout the facility. 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 on each floor. There is visual and physical access between inside and outside. There is a secure deck with a high fence that do not allow for climbing and plants are used to distract residents.</p> <p>There is a lift and stair access between the floors. The lift is spacious enough for ambulance transfer equipment. There are evacuation chairs located near the stairs.</p> <p>There is underfloor heating throughout the facility and central ventilation in communal spaces and corridors. Temperatures can be changed centrally for each area via the switchboard.</p> <p>There are flowing soap, paper towels and alcogel available throughout the facility.</p> <p>There are no plans for further refurbishments however when arises, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori</p>
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		<p>providers to ensure aspirations and Māori identity are included</p> <p><b>Rest home and Hospital</b></p> <p>Level one and level two are a mirror image of one another. The rest home is located on the first floor and the hospital is located on the second floor.</p> <p>Access to the rest home is via a glass door which means this area can safely be closed off in case of an outbreak and safely separated from the kitchen, reception, and independent serviced apartments.</p> <p>All rooms are spacious, with wide doors and full ensuite facilities. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Rooms are spacious to deliver safe care.</p> <p>Each unit has a central open nurse's station with an adjacent secure medication room. The nurses' station looks out over both lounge and dining areas to maximise the visibility and supervision of residents. Activities are held in the bigger lounges. There are quiet, smaller lounge/library centrally located on each floor with a reflection room (for church services) near the reception. The living spaces are homelike. Each unit has a dining room with a kitchen area.</p> <p>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.</p> <p><b>Dementia unit (SCU)</b></p> <p>The dementia unit is divided in two separate units (20 beds and 21 beds). Both units are secure, located on the third floor and there is access via a secure keypad. Corridors are easy to navigate, without dead ends and promote purposeful walking.</p> <p>All rooms are spacious, with wide doors and have full ensuite facilities. Residents are encouraged to personalise their bedrooms as</p>
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		<p>viewed on the day of audit. There are visible cues for toilets and residents' rooms have coloured photo boxes to ensure easy navigation.</p> <p>There are sensor lights in the rooms and bathrooms to provide adequate lighting.</p> <p>There is a central open nurse's station with an adjacent secure medication room that looks out to both areas` lounge/dining areas that maximise the visibility and supervision of residents.</p> <p>Activities are held in the bigger lounges, which is homelike. The internal space allows for maximum movement and promote safety for those that pace. There are quieter smaller lounge areas located in each unit to ensure a space for residents who do not want to participate in activities. There is an activities storage area with plenty resources available.</p> <p>Serviced apartments</p> <p>The serviced apartments are across four floors and built around an atrium.</p> <p>A central nurse's station situated on level one with its own medication cupboard; controlled medication is kept in the rest home treatment room. Rooms are spacious to provide rest home level of care. There is a spacious lounge and dining area. Lifts are spacious to accommodate ambulance transfer equipment and evacuation chairs are available at the stairs.</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>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 are 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</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>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 6 November 2014. A recent fire evacuation drill has been completed 27 April 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 uses a contracted evacuation specialist to conduct these fire drills. 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 onsite 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 (3924 litres circulating water) and (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. 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 and door 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 close proximity or have a pendant. Residents (including on in the service apartments) and families interviewed confirmed that call bells are answered in a timely manner.</p>
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<p><b>Subsection 5.1: Governance</b></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 Te Whatu Ora- Health New Zealand Counties Manukau who can supply the 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 know 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 is appropriate for the size and complexity of the service.</p> <p>There is an infection control committee that meets bimonthly to 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 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.</p>



		<p>External resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora-Health New Zealand Counties Manukau when required. The facility management team monitors overall effectiveness of the programme.</p> <p>The CM is the Infection Control officer (IC) and has completed training for the role; AMS, e-learning including `closing the loop` monthly clinical excellence webinars, induction to Bug Control programme. A documented and signed role description for the IC is in place. The IC reports to the VM.</p> <p>There are adequate resources to implement the infection control programme at Ryman Bruce McFarlane. The IC who is 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 IC has 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>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The designated infection control officer has been in the role for the last four years and is supported by Ryman infection control nurse specialist. During Covid-19 lockdown there were regular meetings with Ryman head office and Te Whatu Ora- Health New Zealand Counties Manukau 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 which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>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</p>

		<p>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 sanitizers.</p> <p>There are policies and procedures in place around reusable and single use equipment. The service IPC 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. 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 six-monthly meetings. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident</p>
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		<p>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 was 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 showed overall satisfaction in managing Covid in the village with rating 4.47/5.0 in February 2022.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antibiotic use and stewardship policy that covers leadership commitment, accountability, drug expertise, action, tracking, reporting and education. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Compliance on antibiotic and antimicrobial use is 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 bimonthly infection control committee meeting. Infection rates are analysis of antibiotic use 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, and rational use of monotherapy. Registered nurses have completed AMS training through the Ryman journal club.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</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 data base. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The clinical manager completes a comprehensive six-monthly review, and this is reported locally to all staff and to and head office. Infection control surveillance is discussed at clinical meetings, weekly management meetings, and full facility meetings. Staff are</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>informed through the variety of meetings held at the facility and also electronically.</p> <p>The infection prevention and control programme links with the quality programme. The infection prevention and control officer 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 Health - Health New Zealand Counties Manukau for any community concerns.</p> <p>There has been one respiratory outbreak in November 2020 and four Covid exposure events in 2022 (between March and end of May). The outbreaks were documented with evidence of comprehensive management, regular outbreak meetings and lessons learned debrief meetings. The IC 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 constrained workforce proved 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. Surveillance ethnicity data is not yet collected and analysed however the Ryman outbreak logs had been amended to include ethnicity data and Power BI system has the capability to do this in the future.</p>
<p>Subsection 5.5: Environment</p>	<p>FA</p>	<p>The facility implements Ryman waste and hazardous management policies that conform to legislative and local council requirements.</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>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 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 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 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 (satisfaction score 4.53/5.0[laundry] and 4.32/5.0[housekeeping] in February 2022).</p> <p>There is consultation with Ryman IPC nurse specialists when</p>
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		required.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the two-monthly quality meetings. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant 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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.