

# Yvette Williams 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>	Yvette Williams Retirement Village Limited
<b>Premises audited:</b>	Yvette Williams Retirement Village Limited
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 5 December 2022      End date: 6 December 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>	83

# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this are 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 are partially attained and of low risk

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

## General overview of the audit

Yvette Williams facility is part of the Ryman Group, providing rest home, hospital, and psychogeriatric care for up to 122 residents. There are 32 serviced apartments certified to provide rest home level. On the day of audit, there were 83 residents, including one resident in the serviced apartments.

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

There have been no significant changes to the facility or services since the last audit.

The village manager has been in the role for nine years and is supported by a clinical manager (registered nurse) and an assistant manager. There are robust organisational quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

This certification audit identified the service is meeting the intent of the Standard.

## 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 are fully attained.

Yvette Williams 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. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities.

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

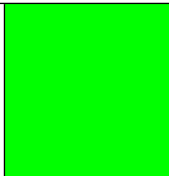
Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis.

Yvette Williams 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. Yvette Williams provides clinical indicator data for the three services being provided (hospital, rest home and psychogeriatric 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 family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents 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 are fully attained.
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the nurse practitioner and visiting allied health professionals.

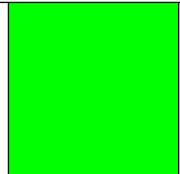
Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurse (serviced apartment unit coordinator) and medication competent caregivers are responsible for administration of medicines. The electronic medicine charts

reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner. Transfers between services are managed in a coordinated manner.

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

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

## **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 are fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised, all have full ensuites. The psychogeriatric unit is secure with a secure enclosed outdoor area.

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

Security of the facility is managed to ensure safety of residents and staff.

## 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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate for the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment and supplies. There have been five Covid-19 exposure events, and these were appropriately reported and effectively managed. A further Covid outbreak was identified on day two of the audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 subsections 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 are fully attained.
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The restraint policy confirms a philosophy to work towards minimising restraint. The restraint coordinator is a registered nurse. There were two residents using restraint. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort. Staff monitor and report restraint related adverse events while restraint is in use. Regular quality review of restraint processes occurs.



## 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	29	0	0	0	0	0
Criteria	0	170	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

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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 future Māori residents who reside at Yvette Williams. The service has a link with a local iwi liaison officer based at Te Whatu Ora Health New Zealand- Southern and is working towards strengthening their linkage in order to encourage further support for the service. Ryman Christchurch has employed a Taha Māori Kaitiaki – Cultural Navigator, who works in partnership with a Māori cultural advisor and with Māori to ensure updating of policy and procedure within the villages and the company represents Te Tiriti partnership and equality for Māori. The appointment of the Taha Māori kaitiaki recognise the importance Ryman place on Tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The service has visited the local marae and made contact in order to form a relationship for the future.</p>

	<p>The service currently has no residents who identify as Māori. There are no staff employed at Yvette Williams who identify as Māori; however, there are a number of staff who identify as Māori employed throughout the Ryman organisation. The onboarding process for new staff evidenced optional documentation of ethnicity. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Interviews with the village manager and regional operations manager identified the service and organisation are focused on equitable recruitment processes that include encouraging Māori employment as part of a diverse workforce.</p> <p>The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service uses the Ryman Māori Health Plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the kaumātua and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with four managers (village manager, assistant manager, clinical manager, and regional operations manager) and twenty-seven staff (three unit-coordinators (including one enrolled nurse), five registered nurses, eight caregivers, three activities coordinators, one lead chef, one kitchen assistant, two cleaners, three laundry assistant and lead maintenance) described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting future Māori residents and their support to 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 village manager and regional operational manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. Consultation with resident and whānau input into reviewing care plans and assessment content to meet residents'</p>
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		<p>cultural values and needs continues. The Taha Māori Kaitiaki – Cultural Navigator is currently reviewing assessments to ensure they have embedded culturally safe and appropriate language, and linkages within the community, ensuring services are equitable for Māori.</p> <p>The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, that support the principles of Te Tiriti o Waitangi. Training contents have been recently reviewed and updated by the cultural kaitiaki and include recognition of east versus west cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services. All staff have recently completed this updated online training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ryman (Australia and New Zealand) are working towards developing health plans for all cultures including Pacific and Aboriginal health plans. Reference to the Ministry of Health Pacific Health and Disability Action Plan is included in the Providing Services for Pacific Elders and Other Ethnicities policy documented and includes information on each of the Pacific nationalities. The service has Pacific linkages through Team Ryman with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs. Ryman ensures the team has access to Pacific health professionals, including translators as needed.</p> <p>There were no current residents that identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The unit coordinators and registered nurses advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural values, community links and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The organisation is working towards the development of an organisational Pacific health plan and is in the process of forming partnerships with Pacific groups to have input into the Pacific health</p>

		<p>plan.</p> <p>Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were no staff who identified as Pasifika. The village manager described how they support any staff that identified as Pasifika through an equal employment process. Staff interviewed stated management are supportive and inclusive of all cultures.</p> <p>Staff interviewed stated management is supportive of all nationalities and use their skills within the team to connect with residents who are from the same ethnic background and able to speak the same language, if the elder prefers this.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>The eleven relatives (five psychogeriatric and five hospital and one rest home) and three residents (one hospital and two rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses interviewed described how they</p>

		<p>support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through care plan processes, which promote and respect independence and autonomy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place including: access to services for kaumātua; tikanga Māori (Māori Culture) best practice; and providing services for Pacific elders and other ethnic groups.</p> <p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Rights at orientation and through the Ryman e-learning portal. Residents interviewed reported they choose whether they would like family/whānau to be involved.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2021 and 2022 included (but not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse &amp; neglect; advocacy; spirituality; and cultural safety. Staff receive education on tikanga Māori; this in-service education has been reviewed and updated by the Taha Māori Kaitiaki – Cultural Navigator. Matariki and Māori language week are celebrated throughout the village. Ryman management encourage the use of te reo Māori in everyday interactions. The Ryman online staff culture and equity resource page is being further developed to provide staff with current and up-to-date information.</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.</p>

		<p>Spiritual needs are identified, and weekly church services are held.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. The files of a married couple included a social, spiritual and intimacy assessment and care plan which ensured the residents were provided opportunity for time together. The residents enjoy sharing meals together in one of the residents' rooms. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessments and care plans are being further developed to ensure this information naturally weaves through the care plan.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature, through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Kindness and care are foundations within Ryman Yvette Williams. Ryman have a zero-tolerance approach to racism/discrimination. The professional boundaries policy is implemented.</p> <p>The service aligns with the Code of Residents Rights and follows the Code of Health &amp; Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and</p>

		<p>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. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for future Māori staff and Māori residents. A strength-based model is documented in the Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy to ensure wellbeing outcomes for future Māori. The registered nurses could explain how wellbeing outcomes for Māori are incorporated in the care planning process.</p> <p>Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</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.</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>FA</p>	<p>Information is provided to residents/family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints,</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>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. The 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.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Te Whatu Ora- Southern specialist services (eg, dietitian, speech and language therapist, Te Whatu Ora- Southern mental health and addiction services, and wound nurse specialist). Registered nurses completed education around communication for other specialist services when dealing with residents with serious or life-threatening illness using an Introduction, Situation, Background, Assessment, Recommendation tool (ISBAR).</p> <p>The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family members interviewed stated they receive appropriate timely notification to attend.</p> <p>Yvette Williams have focused on improving communication with residents and families by using zoom meetings and face to face meetings for multidisciplinary meetings and resident/relative meetings. 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, quarterly newsletters from both Ryman Head office and Yvette Williams, and six-monthly resident family meetings.</p>
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		<p>Staff have completed annual education related to communication with residents with sensory loss, speech impediments and cognitive disabilities. During the audit there were no residents who were unable to communicate in English. Staff interviewed discussed communication methods if required and confirmed the use of staff as interpreters, 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 informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families on admission. Eleven electronic resident files were reviewed. Written general consents sighted for photographs, release of medical information and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident/relatives for procedures such as influenza and Covid vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>Enduring power of attorney (EPOA) evidence is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Copies of enduring power of attorneys (EPOAs) were available on resident's files. Where EPOAs had been activated, letters to confirm this was on file as evidenced in the three dementia files reviewed.</p> <p>Advance directives for health care including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family members identified that the service actively involves them in decisions that affect their relative's lives.</p> <p>The service incorporates relevant best practice tikanga guidelines in relation to consent will be included in the review of the Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy.</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 within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>There was a total of seven complaints in 2021, and seven complaints in 2022 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints are documented as resolved, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings (also evidenced in meeting minutes). Residents and relatives interviewed are aware of the complaint process and reported they felt comfortable discussing any issues with the unit coordinators, registered nurses, or the management team.</p> <p>One complaint has been lodged with the Health and Disability Commission (HDC) in December 2021. The service has responded with all required information within stated timeframes. The service has investigated the complaint internally and have not identified corrective actions as a result of the complaint. The service is awaiting feedback from HDC.</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The village manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
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<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Yvette Williams is part of the Ryman Healthcare organisation. The service provides rest home, hospital, and psychogeriatric levels care for up to 90 residents. In addition, there are 32 serviced apartments certified to provide rest home level care. The units are broken down into the following: a 60-bed dual purpose hospital unit and rest home and a 30-bed psychogeriatric unit (special care unit).</p> <p>Occupancy during the audit was 83 residents; five rest home level residents (which includes one in the serviced apartments (funded by ACC) and one resident on respite), and 54 hospital level residents. There were 24 residents in the psychogeriatric unit, including one resident funded by ACC. The remaining residents were on the age-related residential care services contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. All board members are given orientation to their role and to the company operations and cultural training. All Board members are already skilled and trained in their role as a Board member. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The organisation has employed a Taha Māori Kaitiaki – cultural navigator and a Māori cultural advisor ensure policy and procedure within the company and the governance body represents Te Tiriti</p>
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	<p>partnership and equality. The cultural navigator consults with the senior executive members and Board and reports on any barriers to ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet residents' cultural values and needs.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their own operational objectives. The Ryman business plan is based around Ryman characteristics including (but not limited to) excellence, team, and communication. These characteristics are built into the village objectives. Yvette Williams has site specific objectives for 2022 and include organisational goals related to overall satisfaction of the service. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by Ryman Christchurch, and the leadership team is working towards updating policies to meet the 2021 Standard.</p> <p>The 2022 objectives were reviewed as planned in April and August, with progression towards completion and ongoing work to be completed and documented at each review.</p> <p>“Good enough for Mum or Dad. We do it safely or not at all.” These are key business goals for the company and are embedded in everything they do from the Board, down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective action being filtered through all committees at all levels.</p> <p>Ryman involves the local communities in their villages throughout the country. Karakia are performed in partnership with local tāngata whenua prior to commencing construction of any new village, as a way of safeguarding the wellbeing of the workers, the wellbeing of the</p>
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		<p>kaumātua who would make the village home, and also a way of showing support to the whenua and the community. The Ryman organisation and Yvette Williams are working towards strengthening relationships with local Māori and Pacific health providers.</p> <p>The village manager (non-clinical) has been in the role for nine years. The village manager is supported by an experienced clinical manager (in the role for ten years) and an assistant to the manager. They are supported by the regional operational manager who has vast experience in the aged care sector and management. A stable team of three-unit coordinators, registered nurses, enrolled nurses, experienced caregivers, and non-clinical staff support the management team. The village manager reports that staff turnover is challenging; however, a core group of caregivers have been at Yvette Williams since the facility was purchased by Ryman eleven years ago.</p> <p>The village manager attends the virtual ARRC meetings and has attended training on: Done Safe; duty management; infection prevention; fortnightly masterclass webinars; Covid management; and management development sessions through Ryman. The clinical manager has attended external training in infection, palliative care, Covid management and wound care, in addition to Ryman Leadership initiatives. Both managers have completed over eight hours of training related to management.</p> <p>Resident feedback/suggestions for satisfaction with and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Yvette Williams can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>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 The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Yvette Williams is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>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. 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 clinical meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings, to ensure any outstanding matters are addressed with sign off when completed.</p> <p>Staff received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>The 2022 resident satisfaction surveys completed in February 2022 demonstrated an overall satisfaction of 3.62/5.0 with service delivery. Comparison with the previous year identified a small decrease in satisfaction in communication from the 2021 surveys; however, this may have been related to a low response rate. Corrective actions were implemented to improve the areas of concern. The relative satisfaction surveys in July 2022 evidenced an increased in satisfaction on the previous year.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by Ryman Christchurch, and the leadership team is working towards updating policies to meet the 2021 Standard (link 2.1.11). New policies or changes to policy are communicated to staff.</p>
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	<p>A health and safety system is in place with identified health and safety goals. The village manager interviewed maintains oversight of the health and safety and contractor management on site with the assistance of the assistant manager. A health and safety representative (an experienced caregiver with external health and safety training) was interviewed and confirmed management support and ongoing training for the role. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. The village manager reported that there have been few staff incidents and there is a focus on reporting of near miss incidents. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented the Donesafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The health and safety committee meet monthly and is representative of the facility. The assistant manager's job description includes health and safety matters and they have attended the organisational health and safety forums. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Neurological observations were consistently recorded. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators.</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</p>
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		<p>completed to notify HealthCERT; two for 2021 (related to one facility acquired and one non facility acquired pressure injuries) and nine in 2022 year to date, all related to pressure injuries (including three non-facility acquired and six facility acquired pressure injuries). There have been five Covid outbreaks (between April and August 2022) since the previous audit, which were notified appropriately. A sixth Covid outbreak was identified on the second day of audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday – Friday. The clinical manager works Tuesdays to Saturdays.</p> <p>The clinical manager and unit coordinators share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers.</p> <p>A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered including in-services, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>Approximately 75 caregivers are employed. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA)</p>

		<p>through Careerforce. Sixty-four caregivers have achieved their level three or four (or equivalent) Careerforce health and wellbeing qualification. All others are either enrolled or working towards a next level qualification.</p> <p>Twenty-six caregivers allocated to the psychogeriatric unit have completed their dementia unit standards. Recently employed staff (last six months) are enrolled and in the process of completing the standards.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management medication and insulin competencies. At the time of the audit, there were 18 RNs (including the unit coordinators and clinical manager) and four ENs employed at Yvette Williams. Sixteen RNs have completed interRAI training.</p> <p>Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment and confirmed management are supportive, including supplying staff with fruit and snacks during recent Covid outbreaks. The staff survey for May 2022 evidence staff satisfaction related to appreciation and respect, training and opportunities, safety at work, and great teamwork.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Twelve staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files</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. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>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 and monitored from the e-learning platform.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Documentation relating to staff profiles includes iwi affiliation.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available where indicated.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse, including designation. Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an off-site secured location to be archived for 10 years. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</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</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>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 and families with specific information regarding admission to the rest home, hospital, and psychogeriatric unit. The admission information pack outlines access, assessment, and the entry screening process. Comprehensive information about the service is made available to referrers, potential residents, and their families. Resident agreements contain all details required under the aged residential care contract. The ten 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 family/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. 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 an established partnership with Te Whatu Ora- Southern Māori health services liaison officer who the service can contact to provide support for future Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>Ten resident files were reviewed (two rest home, including one in a serviced apartment funded by ACC, and one on respite care; four hospital level; and four from the psychogeriatric /special care unit). A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. 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>whānau to support wellbeing.</p>	<p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plan development and reviews have been completed within the required timeframes. InterRAI re-assessments are completed at a time of significant health change or when a change in the level of care is required. The long-term care plan is holistic and covers all aspects of Te Whare Tapa Whā model of care. Risk assessments are conducted on admission, and a specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from interRAI assessments and other risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family is invited to attend the MDT case conference meeting. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p> <p>The resident on respite and ACC had initial assessments and part one and two of the initial care plan on file, as both had been in the service less than two weeks.</p> <p>Residents in the special care unit (SCU) all have behaviour assessment and a behaviour plan with associated risks and support strategies needed and includes strategies for managing/diversion of behaviours. Care plans describe how the behaviour of the resident is best managed over a 24-hour period.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The GP provides after-hours</p>
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	<p>support when needed. There are two GPs that visits weekly and more when required. The GP (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 services nurse practitioner, local hospice and wound care specialist nurse is available as required through Te Whatu Ora-Southern. The physiotherapist is contracted to attend to residents fourteen 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 in progress notes. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>The family members interviewed reported their whānau needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>There were 22 wounds across the service at the time of audit. Assessments and wound management plans, including wound measurements and photographs were reviewed. There were three pressure injuries at the time of the audit (one unstageable, and two stage II (hospital acquired). An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The unit coordinators act as wound care champions to ensure consistency is maintained in product use, assessment, and management of all wounds. All have</p>
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		<p>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; repositioning 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.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A team of four activity and lifestyle coordinators (one a qualified occupational therapist) implement the Engage activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by an organisational diversional therapist at Ryman head office. The programme in the rest home and hospital is facilitated Monday to Friday and the SCU is seven days a week. There are plenty of resources available for caregivers to use over the weekends.</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): daily triple A exercises; board games; quizzes; music; reminiscing; sensory activities; crafts; and walks outside. The rest home resident 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 a van available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. The service ensures that their staff can support Māori residents in meeting their health needs,</p>

		<p>and aspirations in the community. Opportunities are created for residents to participate in te ao Māori. This is through learning te reo Māori through games, participation in Māori language week, poi as part of exercises and Māori waiata with Māori entertainers. Opportunities are created to ensure community links are maintained. The facility is situated next to a primary school and the children recently performed jump jam in the courtyard.</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, Matariki, Easter, Father's Day, Anzac Day, Melbourne Cup, Christmas, and theme days are celebrated.</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, 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 and relative meetings and annual surveys.</p> <p>Residents in the secure SCU had 24-hour activity plans which included strategies for distraction and de-escalation. The 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. There is a sensory room for quiet time and sensory packs, tactile games and sensory CDs for individual therapy available.</p> <p>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.</p>
Subsection 3.4: My medication	FA	There are policies and procedures in place for safe medicine



<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>management. Medications in each unit are stored safely in a locked treatment room. All staff responsible for medication administration complete medication competencies. 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 were no self-medicating residents on the day of audit. 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 and the general practitioners are available to discuss treatment options to ensure timely access to medications.</p> <p>There are two medication rooms and one medication cupboard for the service apartments. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within the expiry date. Twenty electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>The registered nurses interviewed could describe the process for working in partnership with any potential 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>
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<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 Yvette Williams are all prepared and cooked on site. The kitchen was observed to be clean and well organised, and a current approved food control plan was in evidence. There is a four-weekly seasonal menu that is designed and reviewed by a registered dietitian at an organisational level. The summer menu was reviewed on 16 November 2022. The chef receives resident nutritional information from the RNs and is notified of any changes to nutritional 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 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 dining rooms (rest home/ hospital, SCU and serviced apartments residents) via temperature-controlled scan boxes to maintain delivery temperature. Meals are plated and served from a bain-marie. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries.</p> <p>Cleaning schedules are maintained. Staff were observed assisting residents with meals in the dining rooms and modified utensils are available for residents to maintain independence with meals. Caregivers assisting with meals in the SCU were sitting down and calmly communicating with residents.</p> <p>Caregivers interviewed are knowledgeable regarding a resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Food services staff have all completed food safety and hygiene</p>

		<p>courses.</p> <p>The residents and families can offer feedback on a one-to-one basis, at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families are advised of options to access other health and disability services, social support or Kaupapa Māori agencies when required. The registered nurses interviewed explain a comprehensive handover occur between services. Transfer forms include next of kin details, EPOA documents and medication charts.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness that expires 14 October 2023. The lead maintenance person works full time (Monday to Friday). This role oversees maintenance of the site, and contractor management. They are supported by a full-time maintenance person and a part-time gardener. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</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, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted and added to a register. Testing and tagging of electrical equipment, and checking and calibration of medical equipment, hoists and scales are completed annually as scheduled.</p> <p>There is lift and stair access between floors. The lift is spacious to include ambulance transfer equipment.</p>

	<p>The environment is inviting. The reception area, hair salon, well equipped kitchen, spacious dining room, bar, library area and lounge for apartment residents are situated on the ground floor. There is a serviced apartment nurses' station and medication cupboard. The serviced apartments are located on the second floor.</p> <p>The dual-purpose hospital and rest home units is located on the first floor. The area is divided into two wings. Each with its own nurses' station overseeing a dining and lounge area, and one secure medication room.</p> <p>Each unit has its own kitchenette. Rooms are spacious and fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. All rooms are single occupancy and have ensuites. There are additional communal bathrooms, staff, and visitor toilets with privacy locks. Toilet/shower facilities have handrails and are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.</p> <p>The corridors in all units are suitable for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. Seating and shade are available. Caregivers interviewed stated they have adequate equipment and space to safely deliver care for rest home, hospital and psychogeriatric level of care residents.</p> <p>The secure psychogeriatric unit is located on the ground floor and accessible by keypad entry and exit.</p> <p>There are 30 rooms, all single occupancy with ensuite facilities.</p> <p>There is a central nurse's station that overlooks the lounge/dining area, that maximise the visibility and supervision of residents. The unit has a dining room/kitchen area and a big lounge for activities. The living spaces are homelike. There are wall murals and wallpaper to distract residents from doors. Personalised memory boxes on the doors to promote easy navigation. There is a smaller lounge, sensory room and whānau room available.</p>
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		<p>The corridors are wide with appropriate handrails for safe mobility. The residents were observed to move safely and freely. The unit has doors that open out onto a secure deck/courtyard with a high fence. There is seating, shade and raised gardens. There is an indoor and outdoor walking pathway.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There is underfloor heating throughout the facility and heat pumps in communal spaces.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the Taha Māori Kaitiaki employed by Ryman will liaise with local Māori providers to ensure aspirations and Māori identity are included. This would be coordinated by the head office in Christchurch.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 4 April 2011. Fire evacuation drills have been completed 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 centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores in holding tanks to provide residents and staff with at least three litres per day for a minimum of</p>

		<p>three days. There are two generators on site. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. An external defibrillator device (AED) is available in the reception area.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells or pendants in close proximity. There are bed sensors in the dementia units. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>There are call bells in the serviced apartments linked to staff pagers.</p> <p>The building is secure after hours and staff complete security checks at night. All external doors are alarmed, and an external security company performs patrols overnight. The basement parking and front door automatically close at night and key areas are monitored through CCTV.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The registered nurse (unit coordinator) undertakes the role of infection control coordinator with the support and oversight of the clinical manager. The job description outlines the responsibility of the role. Infection prevention and control 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. Ryman have as part of their senior management team personnel with expertise in infection control and AMS. Expertise can also be accessed from Ryman head office, Public Health, and Te Whatu Ora- Southern who can supply the facility with infection control resources. There is a documented pathway for reporting infection control and AMS issues to the Ryman Board. The Board and senior management team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection prevention and</p>

		<p>control programme are appropriate for the size and complexity of the service.</p> <p>There is an infection control committee that meets bi-monthly to discuss various topics related to the infection control programme. The clinical and full facility meetings receive a report on infection prevention and control matters at their monthly meetings. The programme is set out annually from head office and directed via the quality programme. The programme is reviewed annually, and a six-month analysis (power BI) is completed and reported to the governing body.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control officer, the senior management team, the GP/NP, and the Public Health team.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening, and health declarations continues for visitors and contractors, and all are required to wear masks.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid vaccinations (logs sighted), with all staff and all residents being fully vaccinated against Covid-19.</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. 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. 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>A registered nurse (unit coordinator) is the designated infection control coordinator. A documented and signed role description for the infection control coordinator role is in place. The infection control coordinator is supported by the clinical manager, who reports to the village manager.</p> <p>There are adequate resources to implement the infection control programme at Ryman Yvette Williams. The infection control coordinator is responsible for implementing the infection control programme and liaises with the infection control committee (each department representative) who meet bi-monthly and as required. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations.</p>

	<p>Staff interviewed demonstrated an understanding of the infection prevention and control programme. The Bug Control Infection Control Manual is used as reference for best practice around infection control. Advice around infection control matters is also sought via regional operations manager (RN) and operations manager (RN) and the local infection control specialist team at Te Whatu Ora - Southern, Public Health and liaising with GPs. Staff have access to SharePoint with clinical pathways for different responses and communication related to stages of an outbreak.</p> <p>During Covid-19 lockdown there were regular contact with Te Whatu Ora- Southern portfolio manager and Ryman clinical advisors, which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The organisational pandemic plan includes preparation and planning for the management of lockdown, business contingency plan, screening, transfers into the facility and management of positive tests. The pandemic policy in place includes a decision matrix (based on current traffic light system). Decision matrix is used by the team to make decisions on day to day running of the village during the pandemic. A fogging machine has been purchased by Ryman and is available for village use if required, to sanitise rooms.</p> <p>The infection control coordinator has completed online Te Whatu Ora - Southern infection prevention and control training. There is good external support from the GP, laboratory, microbiologists, and Te Whatu Ora- Southern. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. Stocks levels for all villages are reviewed on a weekly basis and more frequently if an increased need. There are supplies of extra PPE equipment available and accessible. The infection control coordinator has input into the procurement of good quality PPE, medical and wound care products. Product evaluation occurs as an agenda topic for discussion at the bi-monthly infection control committee meeting.</p> <p>An organisational infection prevention and control manual is available and includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight,</p>
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		<p>the infection control team and training and education of staff. A suite of infection control policies is available and accessible to staff. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There were no residents identified with multi-resistant organisms.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The service's infection control policies highlight the importance of te reo information around infection control for Māori residents and acknowledges safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Infection control policies and 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. Residents have their own slings for hoists. The cleaning of reusable items, disposal of waste/sharps, and cleaning of medical equipment is discussed at the bi-monthly infection control committee meeting. Infection control audits are completed, and visual checks are performed to ensure the procedures and processes are carried out.</p> <p>The clinical manager confirmed involvement in discussions in relation to infection control matters related to potential changes to the building, amenities, and purchases of equipment.</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 noticeboards, ChattR communication channel, handovers, and toolbox talks. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through emails, regular phone calls and the newsletter.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Changes to the infection prevention &amp; antimicrobial stewardship (IPAS) policy was updated in August 2022. The policy refers to a set of commitments and actions that the village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use". Infection control and antimicrobial stewardship education was held in March 2022. A zoom meeting in September 2022 evidenced discussion on antimicrobials and health quality.</p> <p>The Medication Advisory Committee (MAC) commenced an antimicrobial stewardship project with reviews and trials underway. The aim is to develop an audit tool to be used by the Ryman Christchurch IPC/AMS committee to analyse antimicrobial prescribing and develop further guidance as needed and improve village data analysis on antibiotic usage.</p> <p>Site specific infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator records antibiotic use (duration and quantity) as part of the monthly quality report. Antimicrobial prescribing is reported monthly and discussed at the bi-monthly infection control committee meeting.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Discussions with the GP resulted in discontinuing the charting of 'as required' antibiotics.</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>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly, six-monthly, and annually. Infection control data is benchmarked along with all quality data.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, management, and full facility meetings. Meeting minutes and graphs are displayed for staff. 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 regular notifications and alerts from Te Whatu Ora- Southern for any community concerns.</p> <p>There have been five Covid-19 exposure outbreaks between the end of April to mid-August 2022. All outbreaks were appropriately managed and Te Whatu Ora- Southern and Public Health were appropriately notified. There was daily communication with the portfolio manager of Te Whatu Ora-Southern. Daily outbreak management meetings occur (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks.</p> <p>The facility has implemented surveillance testing of all hospital residents every three days. On day one of audit, there were two residents in precautionary isolation (one rest home resident in the apartments and one in the hospital). On day two of the audit the facility restricted access to the hospital/rest home area and declared an outbreak with two different residents identified in the hospital area.</p> <p>Outbreak logs were completed, and the service incorporates ethnicity data into the Ryman surveillance outbreak logs. Outbreak logs include surveillance methods and data captured around infections. The service is working towards meaningful analysis of the data. The infection control coordinator confirmed that the screening process, cohorting of residents to reduce risk, and care delivery within a constraint workforce proved to be challenging but successful. Staff confirmed resources, including PPE, were adequate and their wellbeing has been looked after.</p>
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<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There are cleaning and laundry policies with task lists. The service provides cleaning services seven days a week. Cleaning trolleys are well equipped and kept in locked areas when not in use. There is a cleaning manual available. Effectiveness of the cleaning and laundry services are monitored by the facility through the internal auditing system and annual resident satisfaction surveys. An external provider regularly services the commercial washing equipment. There is input from the infection control coordinator relating to cleaning, laundry, and environmental audits.</p> <p>There is a large laundry situated in the basement accessible by lift and stairs. All personal clothing and linen are laundered on site. There are dedicated laundry staff. There is a clear clean and dirty flow and residents’ clothing is labelled and sorted in baskets for easy identification. Clean laundry is delivered to each area in sealed trolleys. There was sufficient clean linen available on the day of audit. On interview, laundry staff confirmed knowledge and understanding of infection control, including outbreak and infectious linen management.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>The restraint policy confirms a philosophy to work towards minimising restraint. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered,</p>

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>the facility works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were two residents using restraint: one hospital resident using bedrails when in bed and a resident in the special care unit using a chair brief.</p> <p>The unit manager of the special care unit (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported in the clinical, and quality meetings. A monthly restraint summary is completed which is shared with Ryman head office.</p> <p>Maintaining restraints, managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.  Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.  As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Completed assessment templates were sighted for the resident's using restraint, evidencing assessment, monitoring, evaluation and included GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Alternatives to restraint include sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process. Review of documentation and interviews with staff confirmed that restraint monitoring is conducted in line with the organisations policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the quality, staff, and clinical meetings.</p>

		<p>Debrief requirements are documented in the restraint policy and refer to the restraint coordinator and clinical manager to be best placed to have these discussions. The restraint coordinator interviewed said emergency restraint is not used or supported.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. Staff monitor and report restraint related adverse events while restraint is in use.</p> <p>A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs. All restraints are reviewed and evaluated as per policy and requirements of the Standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a review of the process and documentation, including the resident's care plan and risk assessments, future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the national restraint committee meetings.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and caregivers) confirmed that the use of restraint is only used as a last resort.</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.