

# Jane Mander Retirement Village Limited - Jane Mander Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Jane Mander Retirement Village Limited
<b>Premises audited:</b>	Jane Mander Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 2 May 2023      End date: 3 May 2023
<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>	112

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Jane Mander facility is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital (medical and geriatric) and dementia care for up to 142 residents.

On the days of the audit there were 112 residents including seven residents receiving rest home level of care 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 -Te Tai Tokerau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

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

A village manager, who is supported by the clinical manager, manages the service. The residents and family/whānau interviewed spoke positively about the care and support provided.

The village manager has been in the role for twelve months and is supported by an experienced resident services manager and clinical manager. There are robust organisational quality systems and processes being implemented. Feedback from residents and family/whānau were 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.

Continuous improvement rating was awarded for the implementation of the quality and risk programme.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Jane Mander 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 including Pasifika residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Jane Mander 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 /whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

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

Jane Mander 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. Jane Mander provides clinical indicator data for the three services being provided (hospital, rest home and dementia care).

There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included staff 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 fully attained.

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

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

The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, 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 is 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**

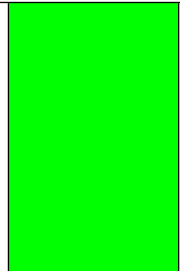
Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service 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, personalised and all have full ensuites. The dementia unit is secure with a safe 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**

<p>Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. There is an outbreak management and pandemic plan in place. 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, benchmarked, evaluated, and reported to relevant personnel in a timely manner.

Infectious outbreak management plans are in place and the service has access to personal protective equipment and supplies. There had been two COVID-19 outbreaks documented since the previous audit, and one other infectious outbreak, all appropriately reported and effectively managed.

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 fully attained.

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



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in kaumātua and their whānau. The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide practice and service provided to kaumātua residing at Jane Mander. The service linked with one of eight iwis and is working towards strengthening their linkage that will encourage further support for the service. The appointment of the Taha Māori navigator recognise the importance Ryman place on Tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The service currently has residents who identify as Māori. There are staff employed who identify as Māori and the onboarding process for new staff evidenced documentation of iwi affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes</p>

		<p>between Māori and non-Māori residents. This is achieved by applying Te Tiriti principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori Health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which ensures 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 [VM], clinical manager [CM], resident services manager [RSM] and regional operational manager [ROM]) and eighteen staff (three registered nurses, one enrolled nurse, eight caregivers, two activities coordinators, acting chef, cleaner, laundry assistant and lead maintenance) described examples of providing culturally safe services in relation to their role. Clinical staff described their commitment to supporting Māori residents and their support to whānau by identifying what is important to them. Self-determination and authority in decision-making that supports residents' health and wellbeing is promoted as reviewed through the care planning and review process.</p> <p>Interviews with the managers identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. All staff have recently completed this updated online training. The service has strong relationship with iwi in Northland through the whakapapa of several staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	<p>FA</p>	<p>Ryman (Australia and New Zealand) developed health plans for all cultures including for Pasifika.</p> <p>The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pasifika linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p>

<p>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>There were no 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/whānau of future Pasifika 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 and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>Taha Māori Kaitiaki (cultural navigator) interviewed explain the Pacific Health plan should be read within the context of the Pacific Elders and Other Ethnicities policy and cultural strategy that sits within the objectives of the 2023 'best continuum of care for ageing well' operations objectives. Taha Māori Kaitiaki supports the service to implement the cultural objectives.</p> <p>The village manager described how they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pasifika staff interviewed stated management is supportive and use their skills within the team to connect with residents and the Pasifika community.</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 and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code 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 in their information pack and on the noticeboards. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to</p>

		<p>the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>The five family/whānau (one rest home, two hospital and one dementia care) and ten residents (six rest home including one from the serviced apartments, and four hospital) interviewed confirmed their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau confirmed they are encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana Motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</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 choose whether they would like family/whānau to be involved.</p> <p>Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided during interviews. There are a range of cultural safety policies in place including access to services for kaumātua, Tikanga Māori (Māori Culture) best practice, services to kaumātua and providing services for pacific elders and other ethnic groups (which includes working with Asian people).</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2022 and 2023 included (but not limited to): sexuality/intimacy, informed consent, Code of Rights, abuse &amp; neglect, advocacy, spirituality, and cultural safety. Staff already receive education on tikanga Māori; the content is in the process of being further reviewed by Ryman Christchurch</p>

		<p>cultural navigator. Matariki and Māori language week are celebrated throughout the village.</p> <p>The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are held.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and 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. Electronic care plans identified resident's preferred names. Cultural assessments and information naturally weave through the care plan.</p> <p>The service responds to tāngata whaikaha needs through annual satisfaction surveys and regular resident meetings and enable their participation in te ao Māori in daily activities. 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 The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination.</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>The service also aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment was held in September 2022.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns.</p> <p>The service provides education on cultural safety, and boundaries. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. Education encourages reflectiveness, self-awareness and thoughtfulness in the team and foster the desire to be effective with people they encounter.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity.</p> <p>Te Whare Tapa Whā is recognised and implemented to improve outcomes for Māori staff and Māori residents. The care plan documentation sighted provide for a strengths-based and holistic model of care where residents (including Māori) input are sought to formulate their own goals. All residents interviewed confirmed their choice and decisions are respected. Family/whānau interviewed confirmed that the care provided to their family member is excellent.</p> <p>The staff survey for 2022 evidence staff satisfaction related to</p>
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		<p>approachable management, positive work environment and great teamwork.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau 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. Fifteen 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 - Te Tai Tokerau specialist services (eg, dietitian, speech and language therapist, mental health and wound nurse specialist). Registered nurses completed education around communication for other specialist services when dealing with residents with a serious or life-threatening illness using an Introduction, Situation, Background, Assessment, Recommendation (ISBAR) tool.</p> <p>The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated</p>



		<p>they receive appropriate timely notification to attend.</p> <p>Jane Mander have focused on improving communication with residents and family/whānau using alternative communication methods to conduct multidisciplinary meetings and resident and family/whānau meetings. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, regular newsletters, and bi-monthly resident meetings.</p> <p>Staff have completed annual education related to communication with residents with sensory loss, speech impediments and cognitive disabilities.</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 family/whānau on admission. Eleven electronic resident files were reviewed. Written general consents sighted for photographs, release of medical information and medical cares, and were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by resident and family/whānau 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 had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau 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. Registered nurses could explain how tikanga guidelines translates into obtaining consent from Māori. The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy provide guidance for the consent process.</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 were ten complaints recorded from September 2020 to 2023 year to date. One complaint was referred by the Nationwide Health and Disability Advocacy Service to the HDC in October 2020. This complaint was resolved and closed in January 2021 without further action required; however, the service implemented their own corrective action plan in relation to the implementation of Te Ara Whakapiri pathway. The corrective actions were implemented and signed off. A further complaint documented in March 2023 has been lodged through HDC; however, this was referred to the Nationwide Health and Disability Advocacy Service. This complaint remains open.</p> <p>The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. All complaints but one were documented as resolved, and no trends were identified. Staff interviewed reported that complaints and resulting corrective actions are discussed at meetings (also evidenced in meeting minutes).</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility with advocacy services information provided at admission and as part of the complaint resolution process.</p>

		<p>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. Residents and family/whānau 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>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>Jane Mander is a Ryman healthcare retirement village in Whangarei. The service provides rest home, hospital (medical and geriatric), and dementia care for up to 112 residents in the care centre. In addition, there were 30 serviced apartments certified to provide rest home level care. The services capacity and types are as follows; (i) a 40-bed dual purpose rest home unit;(ii) 40 bed hospital unit, and (iii) a 32-bed dementia (special care) unit.</p> <p>Occupancy during the audit was 112 residents; 28 rest home level residents (which includes seven in the serviced apartments), and 57 hospital level residents (including one resident on Accident Compensation Corporation {ACC} and one on a respite care contract). There were 27 residents in the dementia level unit including one on respite care. 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 Ngāi 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</p>

	<p>the Board. Board members are given orientation to their role and to the company operations. All Board members are culturally competent, skilled and trained in their role as a Board member. Terms of reference are available; this also contains the aim of several subcommittees. As per the terms of reference of the clinical governance committee, they review and monitor, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The governance body have terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor ensure policies and procedures within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident cultural values and needs.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this the regional teams develop objectives, and the individual villages develop their own 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. The operational objectives include a cultural strategy. Jane Mander objectives for 2023 include (but are not limited to) clinical objectives related to: reduction in pressure injuries; reduction of falls; business objectives related to promoting staff wellbeing; staff retention; and organisational goals related to overall satisfaction of the service.</p> <p>The business plan for 2023 describes annual goals and objectives that support outcomes to achieve equity for Māori and addressing barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training. The 2023 objectives were reviewed as planned in April and August with progression towards completion and ongoing work to be completed and documented at each review. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve</p>
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	<p>equity for Māori. The Māori Health policy and procedure reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</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 actions being filtered through all committees at all levels.</p> <p>Ryman involves the local communities to be involved in their villages. When developing a significant change to a service, residents and, as appropriate, next of kin are asked for feedback during focus groups. Ryman Jane Mander has established relationships with local Māori and Pasifika health providers.</p> <p>The village manager (non-clinical) has been in the role for twelve months. The village manager is supported by an experienced resident services manager who assists with education and human resource matters. An experienced clinical manager had been in the role since December 2022 and oversees the clinical aspects of the service.</p> <p>They are supported by the regional operational manager who has vast experience in the aged care sector and management. A 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 has been stable with a group of caregivers that have been at Jane Mander for more than two years.</p> <p>The village manager attended various professional development sessions through Ryman. The clinical manager is experienced in the aged care completed online learning from Ryman academy. Managers are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and participate in</p>
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		<p>the Ryman Leaders WRAP (Watch, Read and Progress).</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 Jane Mander can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Jane Mander is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals are documented and progress towards these 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.</p> <p>Internal and external benchmarking occurs for all quality data and provide the opportunity to improve health equity through critical analysis of organisational practices. The cultural navigator/Kaitiaki role reviews organisational practices to ensure health equity for Māori.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any). Staffing; and education are also discussed. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident satisfaction surveys completed in August 2022 demonstrate an overall satisfaction of 4.16/5.0 within service delivery.</p>

	<p>Corrective actions were implemented to improve any of the areas of concern.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by Ryman Christchurch. New policies or changes to policy are communicated to staff. Policies are accessible on the intranet.</p> <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 in the absence of the resident services manager. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all key areas. Health and safety policies are implemented and monitored by the health and safety committee. There are regular moving and handling training sessions for staff. The noticeboard in the staffroom keeps staff informed on health and safety. Ryman have implemented an electronic health and safety management system, which assists in capturing and reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs.</p> <p>This system also includes meeting minutes. The health and safety committee meet monthly and is representative of the facility. The resident services 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>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist and physiotherapist assistant (employed) are available for 20 hours a week. Strategies implemented to reduce the frequency of falls include intentional rounding, regular toileting of residents who require assistance and physiotherapist reviews. Sensor mats, perimeter guards, pendant and watch alarms and bed sensors are utilised for residents who identify as high risk of falls. Lounge carers also provide monitoring of</p>
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		<p>residents and falls prevention training is held regularly.</p> <p>All resident incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The 15 accident/incident forms reviewed (witnessed and unwitnessed falls, behavioural incidents, pressure injuries, skin tears, and bruising) evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager and unit coordinators. The service was awarded a continuous improvement rating for a quality initiative in the reduction in bruising.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT; seven since August 2021 -2023 (year to date) related to five pressure injuries and two related to change in clinical and village manager. There have been two COVID-19 outbreaks recorded; one in July 2022 and one in January 2023. A scabies outbreak in February 2023 was also notified to Public Health.</p> <p>Cultural safety is embedded within the documented quality programme and staff training. 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>Tāngata whaikaha have meaningful representation through bimonthly resident meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</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</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, which defines the staff to resident ratios. Rosters implement the staffing rationale. The village manager and resident services manager</p>



<p>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>works Monday – Friday. The clinical manager works Tuesdays to Saturdays</p> <p>The clinical manager and three-unit coordinators share on call and the resident services manager and village manager share on call after hours for all non-clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>Residents and staff are informed through meetings of any changes in staff levels. Unit coordinators interviewed confirm they can discuss increase in staffing levels with the VM and CM when acuity levels changes. There are allowances incorporated in the roster to manage changes in acuity levels of residents.</p> <p>The dual-purpose unit and hospital are overseen by a unit coordinator (RN) five days a week with a RN on the unit manager`s days off.</p> <p>(i)The 40-bed dual purpose unit (occupancy of 21 rest home level residents and 19 hospital level residents. A registered nurse on mornings, afternoon and nights is rostered seven days a week. They are supported by six caregivers in the morning, six in the afternoon and two at night.</p> <p>(ii)The 40-bed hospital unit (occupancy of 38 hospital level residents) is overseen by two RNs in the morning, two in the afternoon and one at night seven days a week. They are supported by eight caregivers on mornings shift, six in the afternoon and two at night.</p> <p>(iii)The 32 bed (occupancy of 27 dementia level residents) is overseen by a unit coordinator (RN) in the mornings and one RN rostered on the unit coordinator`s day off. One RN is rostered for the afternoon shift and one senior caregiver for the night. They are supported by four caregivers in the morning, three in the afternoon and one at night.</p> <p>(iv)The 30 serviced apartments certified for rest home level of care (occupancy of 7 rest home residents) is overseen by a unit coordinator (EN) in the mornings and a senior caregiver on the EN's days off and another on afternoon shifts. They are supported by two caregivers in the morning and one caregiver working till 8.30 p.m. After this time the serviced apartments are overseen by a caregiver</p>
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		<p>from the hospital.</p> <p>The hospital RNs have input into the care plan process of the service apartment residents.</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>There is separate laundry, housekeeping, maintenance, gardeners, activity coordinators, van drivers, lounge carers, dining assistants to support the roster.</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 include in-service sessions, competency questionnaires, online learning, and external professional development. All senior caregivers, enrolled nurses and registered nurses have current medication competencies. Registered nurses, enrolled nurses' senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>Approximately 82 caregivers are employed. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Fifty-five caregivers have achieved their level three or four (or equivalent) Careerforce health and wellbeing qualification. Fourteen caregivers are qualified at level two. All others are either enrolled or working towards a next level qualification.</p> <p>Seventeen of twenty-one caregivers allocated to the dementia unit have completed their dementia unit standards. Four recently employed caregivers (last twelve months) are enrolled to complete the standards.</p> <p>Registered nurses are supported to maintain their professional</p>
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		<p>competency. Registered nurses attend regular webinar (closing the loop and clinical excellence) and 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 20 RNs (including the unit coordinators and clinical manager) and five enrolled nurses employed at Jane Mander. Twelve RNs and two ENs have completed interRAI training and one are in the process of completing their competency.</p> <p>Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems including peer support, wellbeing month, ChattR (a Ryman developed online communication application) and provision of education to promote health care and staff wellbeing. Staff interviewed report a positive supportive work environment. The staff survey for May 2022 evidence staff satisfaction related to approachable management, positive work environment and great teamwork.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Fourteen staff files reviewed (one clinical manager, four RNs, five caregivers, two activities and lifestyle coordinator, kitchen assistant and maintenance lead) included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN 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. Staff appraisals are completed annually and monitored through an online schedule; these were all up to date.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Māori staff files included iwi affiliation.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events, peer support and an employee assistance programmes for counselling when required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse, including designation. There is an archiving policy in place. Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years then are transferred to an offsite secure 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>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</p>	FA	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the prospective resident. The service</p>

<p>care. 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>has an information pack available for residents and family/whānau at entry with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the aged residential care contract (ARRC). The eleven admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The village manager and the clinical manager are available to answer any questions regarding the admission process. The service communicates with potential residents and whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service collects ethnicity information at the time of admission from individual residents. This is recorded on the admission form and on the lifestyle profile. Ethnicity data collation and analysis is occurring. The village manager reported they are working with local Māori health organisations to improve health outcomes for future Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eleven resident files were reviewed; three rest home (including one resident in the serviced apartments and one married couple (where one was in the rest home and their spouse was in the serviced apartments), four hospital level, including one respite and one ACC resident; and four dementia unit residents including one respite resident.</p> <p>A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p>

	<p>All residents have admission assessment information collated 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. The respite residents had initial assessments and part one and two of the initial care plan on file. The ACC client had all assessments, interRAI and long-term care plan completed as per other ARRC residents.</p> <p>The long-term care plan includes sections on personal history and social wellbeing; mobility; continence; activities of daily living; nutrition; pain management; sleep; sensory and communication; medication; skin care; cognitive function and behaviours; resident identity; cultural awareness; spiritual; sexuality; intimacy; social; and cultural activities. Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. The care plan identifies resident focus goals. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and supports needed and includes strategies for managing/diversion of behaviours.</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. A group medical practice provides after-hours support when needed. The GP visits twice weekly and as required. The GP (interviewed) commented very 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</p>
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	<p>mental health team, local hospice and wound care specialist nurse is available as required through the local Te Whatu Ora -Te Tai Tokerau service. The physiotherapist is contracted to attend to residents 20 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. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau 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 /whānau.</p> <p>There were 23 wounds across the service including chronic wounds, skin tears, lesions and one stage two pressure injury to the left heel at the time of audit. Assessments and wound management plans including wound measurements and photographs were reviewed. 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 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</p>
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		<p>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; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours including re-direction and activities.</p> <p>Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>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/whānau are invited to attend the MDT case conference meeting.</p> <p>Short term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A team of three full time activity and lifestyle coordinators implement the Engage activities programme (one 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 Christchurch. The rest home programme is Monday to Friday and the hospital and dementia units are seven days a week.</p> <p>There is a monthly programme for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of Engage activities in which to participate including (but not limited to): triple A exercises; board games; quizzes; music; reminiscing; sensory activities; crafts; and walks outside. Rest home residents in the serviced apartment can choose to attend the serviced apartment or</p>



		<p>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. The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. This is through activities and active links with the community.</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, Easter, Matariki, Father's Day, Anzac Day, 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 can provide feedback through resident and family/whānau meetings and annual surveys.</p> <p>Residents in the secure dementia areas had 24-hour activity plans which included strategies for distraction and de-escalation. The dementia (SCU) activities calendar has activities adapted to encourage sensory stimulation and residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Senior caregivers, ENs and RNs responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered. The</p>

<p>access appropriate medication and blood products.  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>RNs and/or EN check the medications 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 three medication rooms (hospital, rest home, dementia unit).</p> <p>Medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date.</p> <p>Twenty-two electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly, and verified discussion and consultation with residents takes place during these reviews 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. Adverse events are reported and responded to appropriately.</p> <p>Standing orders are not in use. All medications are charted either regular doses or as required (prn). Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>The registered nurses interviewed could describe the process for working in partnership with 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 and pain management as part of their annual scheduled training</p>
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		programme.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The meals at Ryman Jane Mander were all prepared and cooked on site. The kitchen was observed to be clean and very well organised, and a current approved food control plan was in evidence. There is a four-weekly seasonal menu that was designed and reviewed by a registered dietitian at an organisational level in March 2023. The chef receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The acting 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 modified diets. 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 boxes to maintain delivery temperature. Staff were observed wearing correct personal protective clothing in the kitchen and in the serveries. Cleaning schedules are maintained. Staff were observed assisting residents with meals in the dining rooms and modified utensils are available for residents to maintain independence with meals. Caregivers interviewed were knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirmed 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 courses.</p> <p>The residents can offer feedback on a one-to-one basis, at the resident meetings and through resident and family/whānau surveys. Residents and family/whānau interviewed responded favourably to</p>

		the food that is provided.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services, social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness that expires 17 January 2024. The lead maintenance person works full time (Monday to Friday). This role oversees maintenance of the site, and contractor management. They are supported by one full-time and one part time maintenance person and a team of gardeners. Essential contractors such as plumbers and electricians are available 24 hours a day every 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 compliance testing, resident 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. Compliance testing of electrical equipment was completed in October 2022. Checking and calibration of medical equipment, hoists and scales is next due in July 2023.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. The rest home, hospital and dementia unit are all on separate levels. There is access to serviced apartments also. There is lift and stair access. The service includes well equipped</p>

	<p>service areas, laundry, kitchen, maintenance workshop, chemical and cleaning storage, and staffrooms.</p> <p>Each unit has a nurses' station with its own secure medication room. 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 have ensuites and there are additional communal bathrooms, staff, and visitor toilets with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.</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. Caregivers interviewed stated they have adequate equipment and space to safely deliver care for rest home, hospital, and dementia level of care residents.</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.</p> <p>Dementia care (SCU) unit:</p> <p>There are 32 rooms, all single occupancy with ensuite facilities.</p> <p>There is a central open nurse's station with a secure medication room that looks out to lounge and dining areas that maximise the visibility and supervision of residents. The unit has a dining room/kitchen area and a large lounge for activities. There is a smaller lounge and whānau room available. On the day of the audit, activities involving reading aloud and one on one activities were observed.</p> <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 high fence, area with seating, shade and raised gardens.</p>
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		<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.</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 14 January 2010. 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 four holding tanks to provide residents and staff with at least three litres per day for a minimum of three days. There are four 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 always available.</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 sensors mats in the dementia units. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p>

		<p>There are call bells in the serviced apartments.</p> <p>The dementia unit is secure. 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.</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 enrolled nurse (service apartment coordinator) undertakes the role of infection control coordinator and has been appointed to the role in the last six months. 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 -Te Tai Tokerau who can supply 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 control programme are appropriate for the size and complexity of the service.</p> <p>There is an infection control committee that meets 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 Ryman 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 IPC events. Any significant events are managed using a collaborative approach and involve the infection control officer (IC), the senior management team, the GP, and the Public Health team. External</p>

		<p>resources and support are available through external specialists, microbiologist, GP, wound nurse, and Te Whatu Ora -Te Tai Tokerau when required.</p> <p>Visitors are asked not to visit if unwell. Visitors 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, 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>An enrolled nurse 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.</p> <p>There are adequate resources to implement the infection control programme at Ryman Jane Mander. The infection control coordinator is responsible for implementing the infection control programme and liaises with the infection control committee (each department representative) who meet monthly and as required.</p> <p>During the COVID-19 outbreaks there were regular contact with Te Whatu Ora -Te Tai Tokerau and Ryman clinical advisors which provided a forum for discussion and support related to the Covid response framework for aged residential care services.</p> <p>The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>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 Bug Control Infection Control Manual is used as reference for best practice around infection control. Staff have access to SharePoint with clinical pathways for different responses and communication related to stages of an outbreak.</p>



	<p>The infection control coordinator has completed online Te Whatu Ora -Te Tai Tokerau infection prevention and control training. There is good external support from the GP, laboratory, microbiologists, and Te Whatu Ora -Te Tai Tokerau 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. 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 monthly infection control committee meeting.</p> <p>An organisational infection prevention and control manual is available and include a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. A suite of infection control policies is available and accessible to staff. Aseptic techniques are promoted through handwashing, the use of sterile single use packs for catheterisation and promotion of an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There were no residents identified with multi-resistant organisms. Residents are kept informed around their own infections and treatment.</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 infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti.</p> <p>Hand hygiene posters in te reo Māori were sighted. 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. The cleaning of reusable items, disposal of waste/sharps, and cleaning of medical equipment is a topic at the bi-</p>
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		<p>monthly infection control committee meeting. Infection control audits are completed, and visual checks are performed to ensure the procedures and processes are carried out. The outcomes are documented at the infection control committee meeting.</p> <p>The infection control coordinator confirmed discussions around day-to-day infection control matters occurs related to the building and plant. The IPC matters related to the environment and building is discussed at the quality meeting minutes (sighted) and include internal audits. The Ryman IPC adviser is available to support major IPC decisions during refurbishments for example flooring.</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 hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on COVID19 policies and procedures through emails, regular phone calls and the newsletter.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 Mach 2023.</p> <p>The Medication Advisory Committee (MAC) provides guidance on</p>

		<p>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. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the 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 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. Benchmarking occurs.</p> <p>The service incorporates ethnicity data into surveillance methods and 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 - Te Tai Tokerau for any community concerns.</p> <p>There have been two COVID-19 outbreaks recorded; one in July 2022 and one in January 2023. A scabies outbreak in February 2023 was also notified to Public health. This was appropriately managed with daily communication with Te Whatu Ora -Te Tai Tokerau and Public Health.</p> <p>Outbreak logs were completed, and the service incorporated ethnicity data into the Ryman surveillance outbreak form. The infection control</p>

		<p>coordinator confirmed that the implementation of the COVID-19 outbreaks and pandemic plan proved to be successful. Staff and residents were successfully treated for scabies. Staff confirmed resources including PPE were adequate and their wellbeing has been looked after. Daily outbreak management meetings occur (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>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. Sharps 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>All personal clothing and linen are laundered on site. The laundry is operational till 10 pm at night. 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.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Governance bodies demonstrate commitment toward eliminating restraint in the objectives of the 2023 'best continuum of care for ageing well' operations objectives. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant 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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The service has conducted several quality improvement projects where a review process has occurred, including analysis and reporting of their findings. There is evidence of action taken based on the findings that has made improvements to service provision. The projects implemented led to improved outcomes on resident’s health and safety including improved resident satisfaction.</p>	<p>Quality data reviewed evidence an overall rate below benchmarking for skin tears; however, the rate of bruising prior to January 2022 were above the group target rate. An example of one initiative was to focus on improving the hydration, skin management and strategies to manage falls of residents to reduce the incidence of bruising. The fluid assistants’ responsibilities and tasks were refined. Implementation of food and fluid charts, include regular RN monitoring and dietician reviews where required. Quality indicator data reviewed from January 2022-March 2023 evidence minimal bruising that is below the group target. The reduction in overall bruising rate improved the wellbeing of residents by preventing discomfort. The resident satisfaction survey for 2022 evidence an increase in satisfaction in the service delivery from 2021.</p>

End of the report.