

# Hilda Ross Retirement Village Limited - Hilda Ross Retirement Village

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## Introduction

This report records the results of a Surveillance 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Hilda Ross Retirement Village Limited	
<b>Premises audited:</b>	Hilda Ross 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: 8 February 2024	End date: 9 February 2024
<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>	148	



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

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

### Key to the indicators

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

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

## General overview of the audit

Ryman Hilda Ross is part of the Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital, and dementia level care for up to 171 residents, including 20 serviced apartments certified for rest home level of care. At the time of the audit there were 148 residents in total.

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

The village manager has been in the role for three years and is supported by an assistant manager, clinical manager, facilities manager, and four experienced unit coordinators. The management team are supported by a regional operations manager, regional clinical support manager and support staff at head office. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was 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.

There were no shortfalls identified at this surveillance audit.

## Ō tātou 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.

Ryman Hilda Ross provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident's rights and obligations. A Māori health plan is documented for the service. This service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence.

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. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga | Workforce and structure

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

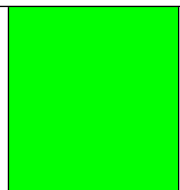
Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operations objectives which are reviewed on a regular basis. The 2024 business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality and risk performance is reported across various

meetings and to the organisation's management team. Ryman Hilda Ross collates clinical indicator data and benchmarking occurs within the organisation and at a national level.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented. Staff have performance appraisals completed as scheduled.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Nutritious snacks are available in all units 24/7.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The

electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner/nurse practitioner.

Transfer between services is coordinated and planned.

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

Includes two 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 holds a current warrant of fitness. There is a maintenance programme in place that includes monitoring of hot water temperatures. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated.


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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A comprehensive organisational infection control programme is implemented. Education is routinely provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed and forwarded to head office for analysis and benchmarking. There have been five outbreaks recorded and reported on since the last audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. At the time of the audit there were no restraints used. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.



## 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	18	0	0	0	0	0
Criteria	0	49	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.

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>	FA	<p>The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Hilda Ross. A Māori health plan is documented for the service. At the time of the audit there were residents who identified as Māori. Interviews with the management team (village manager, assistant manager, and clinical manager) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe.</p> <p>The service has provided training sessions on cultural safety/diversity in August 2023. Thirteen staff (a cleaner, physiotherapist, physio assistant, chef, maintenance, three registered nurses (RN) and five caregivers) were interviewed and described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing.</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>	FA	<p>Ryman Hilda Ross has links with Pacific community groups through staff to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Ryman New Zealand have</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Pacific health plans in place for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. Staff interviewed were knowledgeable around cultural preferences of residents who identify as Pasifika. At the time of the audit there were no residents who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information pack that is provided to new residents and their family/whānau. The village manager, assistant manager, or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Eight residents (six rest home and two hospital) and four family/whānau (one hospital, one rest home and two dementia care) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Ryman Hilda Ross policies prevents any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document; sighted in the staff files. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. 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>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</p>	<p>FA</p>	<p>There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what</p>

<p>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>informed consent was and knew they had the right to choose. Consent forms of residents in the dementia unit were appropriately signed by the activated enduring power of attorney (EPOA). All documentation regarding enduring powers of attorney and activation is on file.</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 complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms and a suggestion box are in a visible location at the entrance to the facility. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. There is a resident advocate available to support residents if required. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. There were three complaints made in 2022, one in 2023, and none in 2024 year to date. The complaints reviewed have been acknowledged and addressed within the required timeframes and demonstrate management in accordance with guidelines set by the Health and Disability Commissioner. There have been no external complaints received since the last audit in June 2022.</p> <p>Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meeting (bimonthly) and family/whānau meetings (bimonthly). Interviews with the management team confirmed their understanding of the complaints process, and that the complaints process works equitably for Māori. Support is available and there is an understanding that face to face meetings with whānau are preferred in resolving issues for Māori. Staff are informed of</p>

		<p>complaints (and any subsequent corrective actions) in the monthly full staff meeting (minutes sighted). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Hilda Ross is a Ryman Healthcare retirement village providing rest home, hospital, and dementia levels of care for up to 151 residents in the care centre. The facility is also certified to provide rest home level of care in 20 serviced apartments.</p> <p>At the time of the audit there were 148 residents in total. There are 42 dedicated rest home beds, 41 hospital beds, and 28 beds certified for dual purpose use. At the time of audit there were 54 rest home level residents, including three residents on respite; and 57 hospital level residents, including one on a long-term support-chronic health contract (LTS-CHC). The dementia unit has 40 beds (two units of 20) and 37 residents in total. All residents (except the respite and LTS-CHC) are on the age-related residential care (ARRC) contract. There are 20 serviced apartments certified to provide rest home level care; however, no residents were in receipt of care at the time of audit.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional operation managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. 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. Board members are given orientation to their role and to the company operations. All Board members are skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch which is made up of leaders from the clinical, quality and risk teams, and includes members of the senior leadership team. Terms of reference are available; this also</p>

	<p>contains the aim of the committees.</p> <p>The governance body have terms of reference and the Māori cultural advisor ensures policies and procedures within the company and the governance body represents Te Tiriti partnership and equality. The cultural advisor consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman consult with residents and family/whānau during assessment, and ongoing care planning reviews to ensure resident's cultural values and needs are met. Resident feedback/suggestions for satisfaction and improvements within the service are captured in the annual satisfaction surveys, through feedback forms and through meetings.</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 values, including (but not limited to) excellence, team, and communication. "Good enough for Mum or Dad" and "We do it safely or not at all" are key business goals for the company and are embedded in everything the organisation does from the Board, through to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations. Ryman Hilda Ross objectives for 2023-2024 align with the organisational objectives, are reviewed six-monthly, with progression towards completion and ongoing work to be completed and documented at each review.</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. Ryman invites local communities to be involved in their villages around the country.</p> <p>The Clinical Governance Committee (CGC) is a subcommittee of the Board. It monitors the performance of the villages and assists the Board in discharging its responsibilities. The CGC members are made up of Ryman Board members and senior Ryman leadership team. The CGC supports, monitors, and enhances the quality of Ryman's clinical performance, care and exploring new service provisions, ensuring alignment with best clinical practice, required standards/legislation, and improving resident experience.</p>
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		<p>The committee assists the Board in discharging its responsibilities relative to clinical reporting and clinical legislative compliance across New Zealand and Australia. The senior leadership, and wider leadership team, with Ryman operations, meet regularly to discuss key performance indicators, including quality and risk.</p> <p>The service employs a village manager who has been in the role for three years. They are supported by a clinical manager, assistant manager, and facilities manager. The clinical manager is supported by four unit-coordinators: hospital, rest home, dementia and one for the serviced apartments. The management team are supported by a regional operations manager.</p> <p>The management team have completed over eight hours annually of professional development activities related to managing an aged care facility.</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>	FA	<p>Ryman Hilda Ross is implementing a quality and risk management programme. Quality goals for 2023-2024 are documented and progress towards quality goals is reviewed regularly at Team Ryman management, and full staff meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. A range of meetings are held monthly, including full facility meetings, health and safety, and RN meetings. There are also weekly management meetings and monthly infection control meetings. Discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Quality data and trends in data are posted for staff. The corrective action log is discussed at management meetings to ensure any outstanding matters are addressed, with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. The resident and relative satisfaction surveys were completed in February 2023 and August 2023, respectively. Results from the 2023 resident and relative surveys demonstrated a high level of satisfaction, evidenced by a net promoter score</p>

		<p>(NPS) of 84 (up by 23 from previous years). 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. Policies are regularly reviewed and have been updated to align with Ngā Paerewa 2021 Standard. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The assistant manager, and facilities manager maintain oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. Ryman have implemented the 'Donesafe' health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident's incidents and accidents are recorded on the myRyman care plans and data is collated through the electronic system. The electronic resident incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the management and staff meetings, and at handover.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of stage III or above pressure injuries.</p> <p>Since the previous audit, there have been four Covid-19 outbreaks and one gastro outbreak in September 2023. All the outbreaks were well managed and reported appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The management teamwork full time from Monday to Friday. The managers are</p>



<p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>supported by four unit-coordinators, who also share on-call duties, with support from the clinical manager. The maintenance lead is available for maintenance and property related calls. Staff interviewed stated that the staffing levels are good, there is cover provided for sickness and leave, and that the management team provide good support. There is 24/7 RN cover. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family/whānau interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Sixty-five caregivers are employed. Forty-nine have achieved their level three or above NZQA qualification.</p> <p>All 24 caregivers allocated to the dementia unit have completed their dementia unit standards. Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs and caregivers related to specialised procedures or treatments, including (but not limited to) infection control, wound management medication, medication, and insulin competencies. At the time of the audit there were 36 RNs (including four unit-coordinators), and one enrolled nurse employed at Hilda Ross and 33 have completed interRAI training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health</p>	<p>FA</p>	<p>Twelve staff files (two registered nurses, four caregivers, facilities manager, housekeeper, laundry assistant, gardener, administrator, and an activities coordinator) reviewed and evidenced completed orientation, training and competencies and professional qualifications on file where required. Annual appraisals have been completed for staff who have been employed for more than a year. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained</p>

<p>care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>for all health professionals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. The caregivers interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Appraisal and development meetings occur three months after commencement of employment and have been held according to schedule.</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>Eight resident files were reviewed: three rest home, including one resident on a respite contract; three hospital level residents, including one on a LTS-CHC contract; and two from the dementia unit. A registered nurse (RN) is responsible for conducting all assessments and for the development of care plans both electronic and paper based. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic myRyman system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. Seven of the eight files had interRAI assessments, re-assessments, care plan development and reviews have been completed within the required timeframes. The respite resident is not required to have interRAI assessments completed. This resident had a range of appropriate risk assessments completed.</p> <p>A wide range of assessments on the myRyman electronic system available for the RNs to utilise. The myRyman electronic long-term care plan is holistic and aligns with the organisational model of care. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident, family/whānau or significant others, form the basis of the long-term care plans.</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 nurse practitioner (NP) or general practitioner (GP) within five working days of admission. The GP/NP reviews the residents at least three-monthly or earlier if required. An urgent care centre provides after-hours support when needed. The GP (interviewed) commented positively on the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health nurse specialist, local hospice and wound care specialist nurse is available as required through Te Whatu Ora – Waikato. The physiotherapist (interviewed) is contracted to attend to residents five mornings per week and they employ a physiotherapy assistant (interviewed) twenty hours a week.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP/ NP, and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP/NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau members.</p> <p>There were 43 wounds, including two stage II pressure injuries. 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</p>
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		<p>forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is a wound care champion to ensure consistency is maintained in product use, assessment, and management of all wounds. They have completed formal wound care management training. There is regular documented wound care nurse specialist input into chronic wound. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight, food, and fluid; 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>Resident incidents are entered onto the electronic myRyman system and evidence timely RN follow up. 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 multidisciplinary case conference meeting. Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	FA	<p>Policies and procedures are in place for safe medicine management. Medications in each unit are stored safely in locked treatment rooms. Caregivers, EN and RNs responsible for medication administration complete medication competencies annually. Regular medications and 'as required' medications are delivered in blister packs. The RNs check the packs against the electronic medication chart and a record of medication reconciliation is</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>maintained. Any discrepancies are reported back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were eight residents self-administering medications on the days of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by an RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GP/NP are available to discuss treatment options to ensure timely access to medications.</p> <p>Each floor has a secure room where medications are stored. Medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Sixteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP/NP had reviewed the medication charts three-monthly and discussion and consultation with residents and family/whānau takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Staff have received training in medication management and pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their</p>	<p>FA</p>	<p>The chef manager receives resident dietary information from unit coordinators and RNs and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The 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 pureed, pre-moulded foods for residents who require that. Residents confirmed their individual preferences and needs were accommodated. Nutritious snacks are available in all units 24/7. An</p>

health and wellbeing.		implemented and verified food control plan is in place and a menu review has been completed November 2023.
<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 discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures are in place to ensure discharge or transfer of residents are undertaken in a timely and safe manner. The residents and their family/whānau were involved for all discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan.</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 8 May 2024. The lead maintenance person works full time (Monday to Friday) and oversees maintenance of the site, and contractor management. They are supported by a maintenance person and gardeners. Essential contractors such as plumbers and electricians are available 24 hours a day as required.</p> <p>Maintenance requests are logged into an electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging, 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. Testing and tagging of electrical equipment was completed 10 November 2023. Checking and calibration of medical equipment, hoists and scales was completed 22 November 2023.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</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 RN oversees infection control and prevention across the service. The infection control coordinator has completed infection control training. The infection control coordinator has access to Bug Control information and education and all organisational policies are available to staff.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed three yearly, with input and approval by the relevant leadership teams and senior executive team members.</p> <p>The organisation 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 at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Hand hygiene competencies and infection prevention and control training are completed by staff and were sighted in the staff files reviewed. Resident education occurs as part of the daily cares.</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 manual. The infection control committee meets every two months to discuss relevant policy or document changes, relevant education, audits, and any infection control concerns. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the individual resident infection register on the electronic myRyman system. Surveillance of all infections (including organisms) occurs in real time; this data includes ethnicity and is monitored and analysed for trends monthly and annually. Benchmarking occurs monthly within the organisation. Internal infection control audits are completed, with corrective actions implemented for areas of improvement. The service receives email notifications and alerts from Ryman Healthcare support office and Te Whatu Ora - Waikato for any community concerns.</p> <p>Staff are informed of infection surveillance data through meeting minutes (clinical meetings, weekly management meetings, and monthly full staff</p>

		<p>meetings) and notices. Residents and family/whānau are informed of infections and these are recorded in the progress notes.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Since the previous audit, there have been four Covid-19 outbreaks and one gastro outbreak. Outbreaks are notified to Public Health and have been well documented and managed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator 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 restraint coordinator (clinical manager) confirmed the service is committed to providing services to residents without use of restraint. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Restraint training was last completed in October 2023.</p>



## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.