

# Miriam Corban Retirement Village Limited - Miriam Corban Retirement Village

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## Introduction

This report records the results of a Partial Provisional 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>	Miriam Corban Retirement Village Limited
<b>Premises audited:</b>	Miriam Corban Retirement Village
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 5 April 2024      End date: 5 April 2024

**Proposed changes to current services (if any):** The service has built a new care centre across three floors with serviced apartments included as part of the build. Total number of beds verified at this audit included 71-care centre beds (including 40 dual purpose beds and 31 beds for residents with dementia), and 50 serviced apartments ( 36 verified as suitable to provide rest home

level care and 14 serviced apartments adjacent to the care centre wings verified as dual-purpose). Noting the service will only take up to 30 residents in the serviced apartments at any given time. Ryman Miriam Corban plans to open the care centre and serviced apartments on 6 May 2024.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**

# 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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Ryman Miriam Corban is part of the Ryman group, and intends to provide rest home, hospital, and dementia levels of care for up to 71 residents in the care centre, up to 30 residents across the 50 serviced apartments. The new building has not been opened to date.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with the Health New Zealand Te Whatu Ora - Waitemāta. The audit process included a review of relevant policies and procedures, a review of documentation related to the ongoing build and the transition to operations, observations, and interviews with managers.

This partial provisional audit was completed to establish the level of preparedness for Ryman Miriam Corban applying for certification of a new building. The service has built a new care centre with serviced apartments included as part of the build. Total number of beds verified at this audit included 71-care centre beds (including 40 dual purpose beds and 31 beds for residents with

dementia), and 50 serviced apartments ( 36 verified as suitable to provide rest home level care and 14 serviced apartments adjacent to the care centre wings verified as dual-purpose). Noting the service will only take up to 30 residents in the serviced apartments at any given time Ryman Miriam Corban plans to open the care centre and serviced apartments on 6 May 2024.

The village manager is currently supported by a roaming resident services manager, the regional operations manager and northern operations manager all of whom were available to provide support on the day of audit. There are various groups in the Ryman support office who provide oversight and support to the village manager.

This audit has identified improvements required around preparing for opening the new units.

## **Ō tātou motika | Our rights**

NOT AUDITED

## **Hunga mahi me te hanganga | Workforce and structure**

The village manager and the clinical manager will be responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. The partial provisional audit verified the facility as being suitable for rest home, geriatric and medical hospital services and dementia care (with two units or 20 and 11 beds for residents with dementia).

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document with actions signed off when completed. The village manager, roaming resident services manager, the regional operations manager and northern operations manager each have extensive experience in their respective roles and in working in aged care. The clinical manager has recently been appointed.

There is a staffing and rostering policy with a planned approach to rostering at Ryman Miriam Corban. Staff currently employed are in the process of completing an orientation to the site and training as per the training plan.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

An activities programme is implemented at other Ryman sites including those with residents with dementia, and the programme reviewed during the audit is expected to be used at Ryman Miriam Corban.

All meals are to be prepared on site. There are seasonal menus in place which have been reviewed by a dietician, and the chef will provide oversight of food services. All kitchen equipment is in place. There are spacious dining areas in the care centre including one in each dementia unit and individual lounge/dining areas in each serviced apartment. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan is in place with this verified for all Ryman facilities.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will be required to administer medications. Secure storage for medications is in place. An electronic medication system will be used as per Ryman facility expectations and policy to record administration of medication.

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

The ground floor of the facility includes two dementia/special care units (20 and 11 beds in each), with 20 dual purposes and communal rooms on the second and third floors. All bedrooms are single with en-suites in rooms for residents using hospital or rest home level of care and in some bedrooms in the special care units. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible noting that the outdoor areas for the special care units are in the process of being landscaped. Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and control coordinator will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control. The infection prevention and control coordinator will be responsible for surveillance of infections.

There are documented processes for the management of waste and hazardous substances in place with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place with the managers interviewed confirming application and ongoing monitoring systems in place to evaluate the effectiveness of these services.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator role is delegated to the clinical manager. The service has a policy of maintaining a restraint-free environment with principles included as part of the education and training plan. The service managers described the intended use of the least restrictive practices, with implementation of de-escalation and alternative interventions used.

## 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	10	0	4	0	0	0
Criteria	0	85	0	5	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 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>	FA	<p>Ryman Miriam Corban Retirement Village is a Ryman Healthcare facility located in Henderson, Auckland. This 71-bed care centre is located across three levels. All 40 beds in the hospital (geriatric and medical) and rest home are certified as dual-purpose. There are 20 rooms on level two and 20 rooms on level three. Initially one floor will open at a time. There are two dementia (special care) units (SCU) on level one (ground level), with one unit of 20 beds and the other unit of 11 beds (a total of 31 SCU beds). There are also a total of 50 serviced apartments across level two and three. Thirty-six serviced apartment (across level two and three) were verified at this audit as being suitable for rest home level. There are also a further 14 serviced apartments adjacent to the two dual-purpose units (seven apartments level two and seven apartments level three) verified at this audit as suitable for dual-purpose care. Noting the service will only take up to 30 residents in the serviced apartments at any given time. The service plans to open on 6 May 2024. There is a total of 101 certified beds (71 beds in the care centre and up to 30 across the 50 serviced apartments).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the regional managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic</p>

	<p>systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch and is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>The governance body have terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor ensure policy and procedure 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’s cultural values and needs. Resident feedback/suggestions for satisfaction 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 Ryman Miriam Corban can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</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. These align with the village objectives. The objectives are planned to be reviewed six-monthly, with progression towards completion and ongoing work to be</p>
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		<p>completed and documented at each review. Ryman key business goals are embedded through all processes 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. The organisation has completed reviewing all policies to ensure they align with the Ngā Paerewa Standard. A transition plan is in place to ensure a seamless handover from the builders to the management team to operational management and occupancy of the service.</p> <p>The village manager (non-clinical) at Ryman Miriam Corban has leadership experience in the hospitality industry, has been at Ryman for 11 years prior to this role as the administration resident services manager, and in the village manager role for two years. They are supported by a roaming resident services manager (non-clinical) who has been in varying roles at Ryman for 10 years. The regional operations manager has been in the role for three months and has experience as a village manager at Ryman for 10 years. The northern operations manager has been in the role for a year with experience at Ryman in varying roles for 13 years. A clinical manager has recently been appointed. The management team is supported by Ryman Christchurch (head office).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</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 (numbers and acuity). Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager works Tuesday to Saturday and three-unit coordinators appointed will work five days a week each as lead for the hospital/rest home beds, the dementia (special care) units and for the serviced apartments. The unit coordinator will be covered by the registered nurse on their days off. The clinical manager and the unit coordinators will share on call after hours for all clinical matters. The maintenance lead will be available for maintenance and property related calls.</p> <p>The rosters have been planned for incremental occupancy of the care centre including opening first of the 20-bed special care unit, the first 20 beds on level two, and the serviced apartments as they are required. The initial roster for the 20 dual purpose beds includes the unit coordinator; two caregivers on a morning shift initially with this increasing to three if there are</p>

	<p>more than 10 residents; one caregiver on afternoon shift until there are seven residents when a second caregiver will be added; and one caregiver overnight. A registered nurse is rostered onto each shift.</p> <p>The initial roster for the 20-bed SCU includes the unit coordinator; one caregiver on the morning and afternoon shifts with an additional caregiver added to each shift when there are eight residents; and one caregiver overnight who will be supported by staff in the care centre. The serviced apartments will be staffed by the unit coordinator in the morning; one duty lead in the afternoon; and staff from the dual-purpose areas overnight. The serviced apartment call system is linked to their pagers.</p> <p>The village manager, clinical manager, three-unit coordinators and five registered nurses have been employed to date. Staffing for the care centre is not yet complete.</p> <p>There is a documented training programme which 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 already employed have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers will be expected to have a current first aid certificate.</p> <p>All caregivers will be encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Caregivers are yet to be appointed including caregivers allocated to the dementia unit who may have or will be enrolled in the dementia unit standards.</p> <p>Registered nurses will be supported to maintain their professional competency through attendance at regular journal club meetings; implemented competencies for RNs, and caregivers related to specialised procedures or treatments including infection control, wound management medication and insulin competencies. The clinical manager has completed interRAI training. Staff will be expected to complete 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. All training has yet to be completed by staff employed and those yet to be recruited.</p> <p>The staff survey evidenced questions related to staff satisfaction around</p>
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		<p>approachable management, training opportunities, positive work environment and teamwork.</p> <p>Ryman systems are already established to encourage collecting and sharing of high-quality Māori health information. This includes documentation of ethnicity of staff and residents.</p>
<p><b>Subsection 2.4: Health care and support workers</b></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>	PA Low	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Four staff files (two unit-coordinators and two RNs) reviewed included a signed employment contract, job description, police check (in progress), induction paperwork relevant to the role the staff member is in, application form and reference checks. 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. There are policies and systems in place to review staff performance.</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 who have recently been employed have either completed or are starting their orientation. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Māori staff files included iwi affiliation.</p> <p>There are policies to guide debriefing and follow-up action after an incident/accident has taken place. Managers interviewed stated that wellbeing support is provided to staff and is a focus of the health and safety team. They also stated that staff wellbeing is acknowledged through regular social events with examples given from other facilities. Employee assistance programmes are made available where indicated.</p>
<p><b>Subsection 3.3: Individualised activities</b></p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	FA	<p>Activities coordinators who yet to be recruited (link 2.3.1). Caregivers will provide activities for any residents in the SCU (20 bed), and they will be support by the activities coordinator when appointed.</p> <p>The activities programmes for a similar Ryman facility with residents requiring rest home, hospital and dementia care were reviewed. The</p>

<p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>managers stated that the programmes were operationalised in other areas and would be ‘tweaked’ to accommodate needs of specific residents and the Ryman Miriam Corban site/area.</p> <p>The SCU and rest home/hospital activities coordinators are rostered to provide activities over seven days per week. The SCU has two units, and an activities coordinator is rostered to be on each side. The SCU programme allows for flexibility according to residents’ mood and attention span. The managers stated that residents in the secure dementia areas would have 24-hour activity plans which would include strategies for distraction and de-escalation. The SCU activities calendar has activities adapted to encourage sensory stimulation and residents will be able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.</p> <p>There is a whiteboard in the lounge areas and a daily activity programme will be documented. Residents will have the choice of a variety of activities in which to participate as per programmes documented including triple A exercises; individual walks; chats; hand massage/pampering board games; quizzes; music; reminiscing; sensory activities; craft and van trips, and one-on-one visits if needed. A van is available at the village for weekly outings.</p> <p>The managers stated that staff will support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. There are culturally appropriate activities including Māori language week identified as part of the documented programmes. There are also various denominational church services to be held in the care facility with entertainers visiting regularly. The programme notes that special events such as birthdays, Matariki, Easter, Father’s Day, Anzac Day, King’s birthday, Christmas, and cultural theme days would be celebrated.</p> <p>Policies describe residents having an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. The policy states that resident files would include the activity plan (incorporated into the myRyman care plan) based on the assessment, with at least six-monthly review occurring at the same time as the review of the long-term care plan. Resident and relative meetings and satisfaction surveys are scheduled on the audit and meeting calendar.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each unit have a locked treatment room already in place with locked cupboards to store special medication. Caregivers who have completed medication competencies, and RNs will be responsible for medication administration. The five RNs have completed medication competencies with numbers of med-competent staff rostered onto each shift in readiness for opening the 20 care beds (dual purpose) and the 20-bed SCU. Regular medications and 'as required' medications are delivered in blister packs. The RNs will check the packs against the electronic medication chart and a record of medication reconciliation will be maintained as described by managers interviewed. A process for returning expired medications to the pharmacy in a safe and timely manner is described and documented in policy (with a contract with the pharmacy detailing this sighted). Processes are in place to support any resident who self-medicates.</p> <p>The managers stated that the service will provide appropriate support, advice, and treatment for all residents. Registered nurses and doctors will be available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms (hospital, SCUs, serviced apartments). There are processes in place to check air temperatures with air conditioning operational in each room.</p> <p>The managers stated that standing orders will not be in use; that all medications would be charted either regular doses or as required (prn); and over the counter medications and supplements would be prescribed on the electronic medication system as occurs in other Ryman facilities.</p> <p>Managers interviewed described processes for working in partnership with Māori residents and whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>FA</p>	<p>The service plans to employ a qualified chef manager to oversee food services and sufficient kitchen staff (link 2.3.1). There is a fully functional kitchen, and all food will be cooked on site. The rosters reviewed indicates</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>that the chef manager will be supported by a weekend cook and kitchen hands. The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level and will be implemented at Ryman Miriam Corban. The kitchen will receive resident dietary forms and notification of dietary changes for residents once the facility is occupied. The managers interviewed stated that dislikes and special dietary requirements will be accommodated including food allergies, cultural preferences, residents requiring texture modified diets and other foods, or pureed/soft meals. All food goes directly to dining rooms in temperature-controlled scan boxes with these already in place during the audit. The food will be served directly from these with residents being able to choose to have their meals in their rooms. Food going to rooms will be placed on trays with covers to keep the food warm. There are facilities in the kitchenettes in each area to store nutritious snacks which will be available 24/7.</p> <p>The food control plan has been registered until 8 May 2024. Processes are in place to record daily temperature checks for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods are yet to be stored. Cleaning schedules are documented. There are safe storage areas for chemicals and managers interviewed stated that. Chemical use and dishwasher efficiency would be monitored daily.</p> <p>The facility will implement Saffron – an advanced digital menu ordering system into the service. The staff education plan includes kitchen food service and safe food handling, nutritional needs and special diets, and Saffron training.</p> <p>Residents will have the opportunity to feedback around satisfaction with food services through the planned resident/family/whānau meetings, satisfaction surveys and through discussions with the chef.</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</p>	<p>PA Low</p>	<p>The building has not yet received a certificate of public use. The lead maintenance person who will work full time and be on call as required and other maintenance staff are yet to be appointed (link 2.3.1). The annual preventative maintenance schedule is online. This comes from head office and tasks will be signed off monthly. A process to record reactive</p>

<p>Māori-centred and culturally safe for Māori and whānau.  As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>maintenance requests is in place and these will be documented on an i-pad at each nurse's station and reception. The lead maintenance person will sign off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Call bells were sighted in each bed room, communal areas and in toilet/shower areas. These were operational on the day of audit. The call bell checks are in place with new equipment in place throughout the facility. A plan for ongoing electrical testing and tagging and calibration of medical equipment is in place. Hot water temperatures have been checked and monthly checks will continue. The last of the equipment was arriving during the audit and the care centre and serviced apartments viewed had equipment in place relevant to the needs of residents, staff, and services.</p> <p>Dementia units (SCU)</p> <p>The ground floor of the building includes two special care units (dementia level). One has 20 beds, and the other unit has 11 beds with each having access to its own communal areas and outdoor area. Entry to the special care unit is by password door code. The two units have a shared nurse's station in the middle. Each side has a lounge and dining room. The dining rooms have small kitchenettes where residents may obtain snacks and drinks. There is also a quiet room in the 20-bed SCU. Resident rooms have different coloured doors. There is ample room for residents to walk freely and safely. The two units are not yet separated by a door. The unit is connected via an external entrance foyer, before entering through a secure door into each dementia unit. There are handrails in ensuite and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia unit's also includes the Austco security system, which includes sensor lights in resident rooms. So, when a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways and outdoor area. The unit's design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. There is also plenty of natural light with large windows.</p> <p>The new unit has carpet tiles with vinyl surfaces in bathrooms/toilets and</p>
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	<p>kitchen areas. There is adequate space in the new unit for storage of mobility equipment. Access to a nurse's working/computer office is via this nurse's station. The nurse's station is situated adjacent to the open plan dining and lounge areas of the two units. This design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>The dementia units have a spacious outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area is to include directional paths with raised gardens, seats, and gates. Outdoor areas are in the process of being landscaped.</p> <p>Dual purpose unit (level two and three)</p> <p>The dual-purpose wings are located on level 2 and level 3. Each floor has 20 dual purpose beds with lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. There is a kitchenette in each dining room where residents can help themselves to drinks. There is a library and a quiet room. There are balconies off the lounges with 1.5 metre fencing in place.</p> <p>All dual-purpose rooms are single rooms with ensembles. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms are able to be personalised. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care. The external area and balconies for the residents using the dual-purpose rooms have seating, shade and raised garden beds or pots.</p> <p>Serviced Apartments</p> <p>Serviced apartments are across level two and three and have well-situated lifts and sitting areas in hallways. There are seven serviced apartments on the 2nd floor and seven on the 3rd floor adjacent to the care centre were verified as dual-purpose. All others were verified as being able to provide rest home level of care.</p> <p>There is thermostatically controlled electrical heating. Residents are able to control the temperature in their rooms. The facility is non-smoking. Each</p>
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		<p>residents room has at least one external window. The organisation has sought Māori advice to ensure their aspirations and identity is included in the new building as confirmed in the building plans and in discussions with the management team. The environment was suitable and maintained at a comfortable temperature on the day of audit.</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>PA Low</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 scheme is not yet in place that has been approved by the New Zealand Fire Service. A fire evacuation drill has been completed by staff already employed (attendance records sighted), and plans are in place to complete this for all new staff employed. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>The service also has a generator available in the event of a power failure for emergency power supply. There are also extra blankets available. There is a civil defence cupboard. A number of water tanks are available that meets the requirements of the local civil defence guidelines.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills are scheduled for staff during the induction weeks prior to opening. All registered nurses who do not have current first aid certificates will complete current first aid certificates at induction (link 2.4.4).</p> <p>The “Austco Monitoring programme” call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, and to the clinical manager. The system software is able to be monitored. Call bells are operational and have been tested. Call</p>

		<p>bell response times can be monitored, all caregivers/RNs have a pager.</p> <p>The special care units are secure at all times (link 4.1.1). The doors of the village automatically lock down at 1800 to 0700 with keypad access after-hours. There are documented security procedures and CTV cameras at the entrance, medication room and external areas.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually by head office. Infection control audits are conducted at other facilities and managers stated that these would be implemented at Ryman Miriam Corban. Policies described that infection rates are presented and discussed at infection control, quality, and staff meetings. Infection control data is also sent to head office where it is reported at Board level. The data is also benchmarked with other Ryman facilities. Results of benchmarking are presented back to the facility electronically (PowerBI) and results would be discussed with staff. Staff noticeboards are already in place to display information. Infection prevention and control is part of the strategic and transition plan.</p> <p>The service has access to an infection prevention clinical nurse specialist from head office and they may also contact Health NZ infection control specialist. The service monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, medical notes, as well as the prescribing patterns of the medical and general practitioners as described in policy.</p> <p>There are hand sanitisers strategically placed around the facility.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></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</p>	FA	<p>The clinical manager (RN) oversees infection prevention and control and the antimicrobial stewardship programme across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The service has a comprehensive pandemic plan and a Covid-19 response plan which includes preparation and planning for the management of lockdown,</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>screening, transfers into the facility and positive tests. Personal protective equipment, with extra stocks are available as for the facility.</p> <p>The infection prevention and control coordinator has completed infection control education. External support will be provided by the GP, laboratory, Bug Control, and the head office and local Health NZ infection prevention and control nurse specialists. The infection prevention and control coordinator has input to purchasing supplies and equipment as confirmed by the managers interviewed. The managers stated both they and the head office infection prevention and control specialist have had input the new building with this confirmed in the plans reviewed.</p> <p>The online infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by head office in consultation with infection control coordinators.</p> <p>There are policies and procedures in place around reusable and single use equipment. The facility has access to handwashing posters in te reo Māori which will be displayed in all appropriate bathrooms. Māori protocols were described, and managers stated that these would be adhered to, while acknowledging the spirit of Te Tiriti o Waitangi. Reusable medical devices will be decontaminated according to manufacturing recommendations and best practice. Managers stated that single use items would not be reused.</p> <p>The infection prevention and 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 (link 2.4.4). Residents and families would be kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails as stated by managers interviewed.</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</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates will be monitored weekly and monthly and reported to the quality and infection control meetings as</p>

<p>culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>well as Ryman head office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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. Monthly infection data is described as being collected for all infections based on signs, symptoms, and definition of infection. Infections will be entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) will be entered onto a monthly infection summary with the data monitored and analysed for trends, monthly and six monthly. Infection control surveillance will be discussed at quality, staff and infection control meetings and sent to Ryman head office. Infection control reports including benchmarking will be sent back to the facility electronically on Power BI. Meeting minutes and graphs will be displayed for staff with notice boards available for this to occur. Action plans are required for any infection rates of concern. The service will capture ethnicity data on admission and incorporates this into surveillance methods and data captured around infections. Internal infection control audits will be completed with corrective actions for areas of improvement. The service receives email notifications and alerts from Ryman head office and the local hospital for any community concerns.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are secure areas to store cleaning chemicals with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms (in dual purpose care centre service apartments and dementia unit). Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme.</p> <p>There is PPE and equipment available, such as aprons, gloves, and masks.</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>Sharp’s containers are available and meet the hazardous substances regulations for containers.</p> <p>There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service’s policies and procedures. Laundry and cleaning audits are to be conducted as per the quality assurance programme.</p> <p>Gloves, aprons, and masks are available for staff.</p> <p>There are two sluice rooms on each floor, one on each wing. Sinks and separate hand washing facilities are in place. Equipment including sanitisers is to be installed.</p> <p>A housekeeper will supervise the cleaning service once employed (link 2.3.1).</p> <p>The laundry is divided into clean and dirty areas and is situated on the ground floor in the service areas. Laundry will come in on ‘dirty’ trolleys but is distributed back on ‘clean’ trolleys. Personal laundry will be placed in named baskets. There are large linen storage areas on each floor.</p> <p>Cleaning and laundry services will be monitored through the internal auditing system (schedule sighted). The infection coordinator and the maintenance person will be responsible for the oversight of the facility testing and monitoring programme for the built environment. They will report to management and the quality meeting.</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>The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>There are process described in policy stating that 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</p>

		<p>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 (link 2.4.4).</p> <p>Reports on restraint usage within the group are reported to the board and clinical governance committees, along with strategies in place to reduce the use of restraint. Ryman policy is 'Restraint is used as a last resort,'</p> <p>Villages liaise with the clinical quality team around restraints in use to ensure this is appropriate, any other appropriate strategies have been tried and all required documentation is in place.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are currently 10 staff employed including the village manager, clinical manager, three-unit coordinators (hospital/rest home, SCU, serviced apartments) and five RNs. Recruitment of staff including appointment of caregivers is underway. The 20 care beds (dual purpose) and the 20-bed SCU will be the first to open and once full, other beds will be opened (a further 20 dual purpose beds and an 11-bed SCU). The managers are not intending to offer serviced apartments to those requiring rest home or hospital care until there is a full complement of staff able to support residents in apartments.</p>	<p>A full complement of staff is not yet employed to cover the initial opening of the 20 dual purpose beds or special care unit.</p>	<p>Recruit staff into relevant positions as per roster to support residents initially in the 20 care beds (dual purpose) and the 20-bed SCU (prior to occupancy).</p> <p>Prior to occupancy days</p>
Criterion 2.4.4	PA Low	The service is still recruiting staff who will be	Advised that the newly	Ensure that staff are

Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.		rostered to support residents initially in the 20 care beds (dual purpose) and the 20-bed SCU. The 10 staff already employed have either completed or are in the process of finishing their orientation.	employed staff commencing will all receive induction/training at the facility the days before opening which includes completing competencies.	orientated to the service.  Prior to occupancy days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	Level one, two and three are complete, but the service has not yet received a Certificate of Public Use. There are two SCUs which will operate independently. The two units have back-to-back communal lounge and dining areas separated by a wall and door. The two units are not yet separated by a locked door.	(i). The building has not yet received a Certificate of Public Use.  (ii) The two SCU units are not yet separated by a secure door.	(i). Ensure a Certificate of Public Use is obtained.  (ii) Ensure that the two SCUs are able to operate as separate units.  Prior to occupancy days
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	PA Low	Each unit has its own outdoor area with a circular path. The outdoor areas for both SCUs have yet to be landscaped and have outdoor furniture and shading put in place.	The outdoor areas for the two SCUs have yet to be landscaped with shade and seating put in place.	Complete landscaping in outdoor areas for the two SCUs with shade and seating put in place  Prior to occupancy days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.	PA Low	A fire evacuation scheme is in draft but has not yet been approved by the New Zealand Fire Service.	The draft fire evacuation scheme is yet to be approved by the New Zealand Fire Service.	Ensure that a fire evacuation scheme is in place that has been approved by the New Zealand Fire Service.  Prior to occupancy days