

Charles Upham Retirement Village Limited - Charles Upham Retirement Village

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

Legal entity:	Charles Upham Retirement Village Limited
Premises audited:	Charles Upham Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 3 September 2024 End date: 4 September 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	116

Executive summary of the audit




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.

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

Charles Upham Retirement Village 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 150 residents, including 30 serviced apartments certified for rest home level of care. At the time of the audit, there were 116 residents in total.

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

The village manager is supported by a clinical manager, four-unit coordinators, resident services manager, and a team of experienced staff. There are various groups in the Ryman support office who provide oversight and support to village managers, including a regional clinical support manager and regional operations manager.

There are quality systems and processes being implemented. Feedback from residents and family/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.

This certification audit did not identify any areas requiring improvement.

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.

Charles Upham Retirement Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Charles Upham Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 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 village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Charles Upham Retirement Village has a well-established quality and risk management

system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Charles Upham Retirement Village provides clinical indicator data for the three services being provided. There are human resources policies including recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged. There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by the activity coordinator. The activities team, and programme provide residents with a variety of individual, group activities, and maintains their links with the community. The Engage programme meets the individual needs,

preferences, and abilities of the residents, with separate activities calendars for the rest home, hospital, and dementia level of care. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community. All food and baking are prepared and cooked on site in the central kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

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

Includes 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 preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines. Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid-19 outbreaks and a norovirus outbreak have been reported since the last audit, which were managed effectively. Appropriate processes were in place to prevent the spread of infection. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely in locked chemical rooms. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 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.

A registered nurse is the restraint coordinator, supported by the clinical manager, unit coordinator and restraint committee. The clinical governance team at head office oversees all restraint practices and the restraint coordinator (RN) and restraint committee manage this on site. There has been no use of restraint at Charles Upham Retirement Village for several years. The goal of care is to ensure residents needs are met and they are enjoying their lives.

Staff receive training and mentoring on strategies for individual residents to ensure restraint is not 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	27	0	0	0	0	0
Criteria	0	168	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>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Charles Upham. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti o Waitangi partnership with mana whenua.</p> <p>The service currently has no residents who identify as Māori. There are staff employed who identify as Māori, for whom the onboarding process evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Te Tiriti o Waitangi principles and enabling residents and their family/whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure</p>

		<p>the wellbeing of the resident and their family/whānau are enabled. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Charles Upham Retirement Village has connections with the local Tuahiwi Marae and a local school (kapa haka group) performs Māori entertainment on a regular basis. Interviews with the village manager identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi.</p> <p>Interviews with four managers (one village manager, one clinical manager, one resident services manager and one regional operations manager) and twenty-one staff (three unit coordinators (UC), four registered nurses (RNs), six caregivers, one diversional therapist, three activities coordinators, one senior lead chef, one lead maintenance, one housekeeper and one laundry person) described examples of providing culturally safe services in relation to their role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ryman New Zealand has health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>At the time of the audit there were no residents that identified as Pasifika. On admission all residents state their ethnicity, which is recorded in their individual files. The unit coordinators and RNs advised that family/whānau members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed how they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At</p>

		the time of the audit there were staff who identified as Pasifika. Charles Upham Retirement Village has links with local Pacific community churches through current staff members who identify as Pasifika.
<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>	FA	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Five family/whānau (two rest home, one hospital and two special care (dementia) and eight residents (four rest home and four hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p>
Subsection 1.4: I am treated with respect	FA	Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on

<p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>the Code at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua, and providing services for Pacific Elders and other ethnic groups. Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2023 and 2024 year to date includes (but is not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse and neglect; advocacy; spirituality; cultural safety; and tikanga Māori.</p> <p>Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The care planning process is resident focused with resident and whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences, and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service respond to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is</p>
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		holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.
<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>	FA	<p>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The organisational policies align with the Code which supports the residents to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns.</p> <p>Residents have enduring power of attorney for finance and wellbeing documented in their files. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family/whānau members is of a high standard.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not). This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family/whānau members, picture charts and online translation tools, if there were residents who could not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand – Canterbury specialist services (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that</p>	<p>FA</p>	<p>There are policies and procedures fully implemented for informed consent. Eleven resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney/welfare guardians. Consent forms for vaccinations are also on file where appropriate. Residents and family/whānau interviewed could describe</p>

<p>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>what informed consent was and their rights around choice. There were appropriately signed resuscitation plans and advanced care plans in resident's files. The service follows best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Residents and family/whānau interviewed confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available and had been activated where necessary.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. Ten complaints have been made since the last audit; three made in 2023, and seven received in 2024 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. No trends were identified.</p> <p>One recent external complaint was received through the Nationwide Health & Disability Advocacy Service and the complaint is currently still open. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The village manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Charles Upham Retirement Village is located in Rangiora and provides care for up to 120 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in serviced apartments. At the time of the audit there were 116 residents in total, including two rest home level of care residents in the serviced apartments. All rooms in the rest home and hospital units are dual-purpose. There were 40 of 40 rest home residents on the second floor, including one resident on respite care under an ACC contract. There were 39 of 40 hospital level residents on the third floor, including one resident on respite care under an ACC contract. The first floor also has two 20-bed dementia (secure) units; there were 35 of 40 dementia residents, including one resident on respite care. All other residents were on the age-related residential care (ARRC) agreement.</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 previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). 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.</p> <p>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 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. The governance body has terms of reference and Taha Māori Kaitiaki – cultural</p>
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	<p>navigator, along with a Māori cultural advisor, ensure policy and procedure within the company and the governance body represents Te Tiriti o Waitangi 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 family/whānau input into reviewing care plans and assessment content to meet resident's cultural values and needs.</p> <p>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 Charles Upham Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha. 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. Charles Upham Retirement Village objectives for 2024 include (but are not limited to): health, safety and wellbeing of residents and staff; clinical measures; staff retention; food services; and sustainability. Organisational goals relate to overall satisfaction of the service.</p> <p>The 2024 objectives are reviewed quarterly with progression towards completion and ongoing work 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. 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. The Ryman organisation and Charles Upham Retirement</p>
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		<p>Village continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager at Charles Upham Retirement Village has been in the manager role for three years. The village manager is supported by a resident services manager (non-clinical) who has worked at Ryman for seven and a half years and a clinical manager who has been in the role for two years. The management team is supported by a regional clinical support manager, regional operations manager (who was present at the time of the audit) and Ryman Christchurch (head office).</p> <p>The village manager and clinical manager have completed more than eight hours of professional development in the past twelve months. The village manager attended a two-day village managers conference in October 2023 and attends management development sessions through Ryman. The management team, including the village manager, clinical manager and unit coordinators are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Charles Upham Retirement Village is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2024 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives. The cultural navigator/Kaitiaki ensures that organisational practices from the Board, down to village operations improve health equity for Māori. A range of meetings are held monthly including full facility meetings, teamRyman (quality), health and safety, infection prevention and control and RN meetings. There are also weekly management meetings. Discussions include (but are not limited to); quality data; health and safety; infection control/pandemic strategies; policy changes; internal audit results; complaints/compliments received (if any); staffing; and education.</p> <p>Internal audits, meetings and collation of data were documented as</p>

		<p>taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed. Data is benchmarked and analysed within the organisation and at a national level. Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2023 resident and family/whānau satisfaction surveys demonstrated an overall satisfaction of 4.38/5.0 and 4.25/5.0, respectively. Corrective actions were implemented to improve the activities programme from the residents' survey and food service from the family/whānau survey. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. 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 resident services manager interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. Ryman have implemented the Donesafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. 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 incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Discussions with the village manager and clinical manager evidenced</p>
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		<p>awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been five Section 31 notifications completed to notify HealthCERT for two pressure injuries (one stage III in January 2024 and one suspected deep tissue in August 2024), one resident on respite care who was admitted to the wrong level of care (March 2023), and two missing residents (October 2023 and June 2024). There have been seven Covid-19 outbreaks and one norovirus outbreak since the last audit; all of which were well managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. The village manager works full time from Monday to Friday. The clinical manager and unit coordinators ensure there is seven days per week clinical management on site. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The village manager is on call after hours for any operational related issues. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers. Residents and family/whānau interviewed reported that there are adequate staff numbers to attend to residents.</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. Twenty-eight caregivers regularly work in the dementia unit, with twenty-two having achieved their dementia standards; four are in progress of</p>

		<p>completing their dementia standards and two have not completed (all six caregivers are within the 18-month time limit). Registered nurses are supported to maintain their professional competency and attend regular journal club meetings.</p> <p>There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments, including (but not limited to) infection control, wound management, medication, and insulin competencies. At the time of the audit there were 20 RNs in total; 13 of the RNs have completed interRAI training (including the clinical manager and unit coordinators). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. Existing staff support systems, including peer support, wellbeing month, ChattR online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. Ryman as an organisation have initiatives implemented around staff wellness, including the monthly kindness award, wellness days and staff appreciation award.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Fourteen staff files (one clinical manager, two-unit coordinators, one RN, one resident services manager, six caregivers, one lead maintenance and two activities and lifestyle coordinators) reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form, and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN practising certificates is maintained within the facility.</p> <p>Practising certificates for other health practitioners are also retained to provide evidence of their registration. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from</p>

		the e-learning platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling programme.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information (both electronically and paper-based) is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based documents are kept in a locked cupboard in the nurses' hub. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as requiring dementia, rest home or hospital level care. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. In the event the facility had no available room, the prospective resident would be offered a room at another Ryman facility in Christchurch or assisted to find an alternative facility. However, if a prospective resident does not</p>

<p>communicated to the person and whānau.</p>		<p>meet the entry criteria, they would be referred back to NASC and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry. The service has links with local Iwi, and there are staff who identify as Māori who are available to support residents and whānau. At the time of the audit there were no residents who identified as Māori.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eleven resident files were reviewed, including four hospital level (including one funded by ACC for six weeks), four rest home level (including one in a serviced apartment) and three dementia level care (including one resident on a respite contract). An initial assessment is undertaken by a RN on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools.</p> <p>Within three weeks of admission a long-term care plan is developed with input from residents, family/whānau, caregivers, RNs, and activities staff. InterRAI assessments are completed and updated in the timeframes required (except the resident on a short-term ACC contract). The long-term care plans are developed by the RN and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations, and interventions to address medical conditions. The respite resident in the dementia unit had a suite of nursing assessments completed which informed the initial and ongoing plan of care. Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities.</p> <p>Residents and family /whānau interviewed confirmed they are encouraged to participate in care planning and review processes and are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care</p>

	<p>providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and families/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner (GP), but most are registered with a local medical centre. One of the GPs assesses residents within the requirements of the ARRC. A GP visits the facility twice per week to undertake three-monthly resident and medication reviews and to see residents who need to see a doctor sooner than their three-month review. The medical centre provides medical cover after hours and on weekends for urgent care or advice to the RNs. The GP interviewed confirmed the service is multidisciplinary in nature and they work in partnership with the RNs, pharmacist, physiotherapist, and residents and family/whānau.</p> <p>There is a contract with a firm of physiotherapists for two physiotherapists to be on site four days per week. In addition, there is a physical therapy assistant employed. Other allied health professionals involved in the care of residents include a dietitian, a podiatrist, and a wound nurse specialist.</p> <p>Contact details for family/whānau are recorded in the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status or the care plan is being reviewed.</p> <p>The electronic files allow for integration of services with all staff, including caregivers, RNs, activities staff, and the GP involved contributing to the residents' files. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following all unwitnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but are</p>
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		<p>not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning, and food and fluid management. Short-term care plans are in place for short-term needs, such as wounds or infections.</p> <p>There is a wound register maintained showing there are currently eight wounds (including a surgical wound, skin tears, and skin lesions) and three pressure injuries (two in the hospital and one in the rest home). All are being assessed, monitored, and dressed as per the care plan, which is either developed by a RN who has completed training in wound management or on the instructions of the wound nurse specialist. Wound assessments include taking a photograph which is forwarded to the wound nurse specialist, along with a referral as needed.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the RN, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a diversional therapist and assistant in the hospital, an activities coordinator and assistant in the rest home, and lifestyle coordinators (four in the dementia unit), including full-time and part-time coordinators. Activities and lifestyle coordinators are undergoing diversional therapy training. The activities and lifestyle coordinators implement the activities programme in each unit, which reflects the physical and cognitive abilities of the resident groups.</p> <p>The Engage programme is provided to the facility by Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, whānau and EPOAs. These are completed within two to three weeks of admission. A monthly activities plan was posted on noticeboards and each resident receives a copy of the activities calendar.</p> <p>Interested family/whānau are also given a copy of the activities calendar. The planned activities and community connections are suitable for the residents. The activities on the programme included walks; Triple A exercise programme; exercises to music; pet therapy; happy hour; church services; news and views; community library visits;</p>

		<p>bingo; floor games; table games; van outings; karaoke; and art and craft. There are regular outings and drives twice a week for each level of care (as appropriate). Bimonthly resident meetings provide a forum for feedback relating to activities. Registers recording activity participation are completed daily. Residents were observed participating in a variety of activities on the audit days.</p> <p>Dedicated lifestyle coordinators work in each of the 20-bed dementia units and there is a lounge carer from 5.00pm to 8.00pm providing a seven day a week programme.</p> <p>Each resident has an identity map completed in conjunction with family/whānau soon after admission. There were resident engagement plans, which included strategies for distraction and de-escalation, completed for residents in the dementia unit. Engagement activities for residents in the dementia unit are tailored to meet the needs of the residents. Activities are offered at times when residents are most physically active and/or restless. The lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with the community, kapa haka groups, and by celebrating national cultural events and Māori language week. Māori artwork and words are displayed throughout the facility. Family/whānau and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by RNs and caregivers; all of whom are required to pass an annual competency. Staff have completed training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. Controlled drugs are stored in locked metal cabinets in the rest home and hospital and are secured to the wall.</p> <p>The controlled drug registers were reviewed and showed weekly counts</p>

		<p>and each administration is signed by a RN and either another RN, or a medication competent caregiver. Six-monthly stocktake and reconciliation is completed as required. The medication room and refrigerator temperatures are recorded daily and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the GP. Medications are reviewed three-monthly by the GP, in collaboration with the RN and resident and family/whānau.</p> <p>Twenty-two electronic medication charts were reviewed. All had photographic identification and any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was sighted. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. There are no standing orders. There are two residents who self-administer their medications. They have been competency assessed as safe to do this and their medicines were seen to be stored in a locked cabinet in their room. There are no vaccines kept on site. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their 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>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is prepared and cooked on site. The dining rooms in each area provide a quiet relaxed environment where residents are supported to enjoy meals that meet their individual preferences. The kitchen is managed by a senior kitchen lead (chef), assisted by three chefs, cooks' assistants, a baker, fluid assistants, and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The custom food control plan expires on 9 May 2025. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention and control measures during food preparation and serving. Current food</p>

		<p>handling certificates were available in staff records. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau and EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by the organisation's registered dietitian in March 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight losses. Snacks and drinks are available for residents throughout the day and night when required. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The senior lead chef reported that the service prepares food that is culturally specific to different cultures. There are menu options available which are culturally specific to te ao Māori. There are no current residents who identify as Māori; however, the kitchen lead reported they were able to provide boil ups, Māori bread and other individual options if required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to hospital. Relevant documentation is sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Any potential risks are communicated to the referred health service by the RN. Where resident's wish or need to be</p>

<p>coordinate a supported transition of care or support.</p>		<p>seen by another health service, referral is made; examples sighted included a referral to the wound nurse specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 30 January 2025. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists, and clinical equipment. The calibration of clinical equipment has been checked with the expiry date of September 2025. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. There is a covered swimming pool on site. The door to access the pool is locked and has a fob access. Swimming pool water temperature checks are monitored twice per day. The lead maintenance works full time from Monday to Friday. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The care centre is across three levels; the dementia unit is on the first floor, the rest home unit on the second floor and the hospital unit is on the third floor. The serviced apartments are across the three floors. There are lifts between the floors. The front section on the first floor of the facility has offices, reception area, and toilets that can be utilised by the visitors and front office staff. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective units with mobility aids. There is adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and communal areas. The ensuites are spacious and safely accessible with the use of a hoist, as observed on the day of audit. There is a call bell at the head of each bed space.</p> <p>All ensuites have external windows to provide natural light and have appropriate ventilation and central heating. The warrant of fitness for the facility vans used to transport residents for outings were current. There are comfortable lounges and seating for communal gatherings and</p>

		<p>activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area. Furniture is well maintained, and seating is appropriate for the residents. Residents' rooms are personalised according to the resident's preference. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. Each level of care area has a small kitchen that can be utilised by staff and residents to make drinks for residents. There is a nurses' hub in the rest home and hospital units and two nurses hubs in the dementia unit.</p> <p>On each floor there are large dining and lounge areas, private areas or quiet rooms. All communal toilets have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas. The grounds and external areas were well maintained. External areas are independently accessible for residents in the rest home, hospital, and serviced apartments. Outdoor deck areas have seating and shade. There is safe access to all communal areas. Residents interviewed reported they were able to move around the facility and staff assisted them when required. In the dementia unit, residents have access to safe outside areas. The courtyard areas have raised gardens, seating, and shade.</p> <p>The service has no current plans to build or extend the care centre. Taha Māori Kaitiaki employed by Ryman had consultation with local Māori providers to ensure aspirations and Māori identity were included. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</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>	FA	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and 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. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service on 7 November 2016. Fire evacuation drills are conducted every six months and these are added to the training programme. The latest fire evacuation drill was last completed on 11 June 2024. The staff orientation programme includes fire and security training. Fire exit doors</p>

		<p>were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. The facility is well prepared for civil emergencies, with civil defence supplies in each unit (checked monthly) and sufficient storage of emergency water (seven large ceiling holding tanks and 310 litres of bottled water on site); which is adequate supply for three litres per resident per day, for three days. There are two BBQs and gas hobs in the kitchen available for alternative cooking.</p> <p>Emergency food supplies sufficient for at least seven days are kept in the kitchen. There is a generator (diesel) located on site to run essential services. Emergency lighting is available and is regularly tested. There is a first aid trained staff member on duty 24/7. The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell and these are checked monthly by the lead maintenance. Residents and family/whānau confirmed that staff responds to call bells promptly. Appropriate security arrangements are in place. The service utilises security cameras located outside the facility entrances. There are security checks provided by an external provider throughout the night. Entry and exit in the dementia unit is by a secure keypad. The doors are set to automatically release in case of fire. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through the infection prevention and control lead at the head office, Public Health, and the geriatric nurse specialist at Health New Zealand - Canterbury. Infection control and AMS resources are accessible. The infection prevention and control committee meetings are held every month. Infection rates are presented and discussed at infection prevention and control and staff meetings. The infection</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>prevention and control lead at the head office has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention and control lead, the senior management team, and the GP. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPC programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and AMS were reviewed annually by the infection prevention and control lead at the head office. The annual review was completed and documented in July 2024. The infection prevention and 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 by Ryman head office, in consultation with infection prevention and control lead. Policies are available to staff. The facility infection prevention control coordinator is new to the role and is supported by the clinical manager. The job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The infection prevention control coordinator has completed external infection prevention and control education in March 2024 and July 2024.</p> <p>The service has access to a national infection prevention control lead at head office. The infection prevention control coordinator described the outbreak management plan in place to manage previous Covid-19 and norovirus outbreaks within the facility. On interview, staff were familiar with infection prevention and control practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective clothing. The infection prevention and control coordinator monitors the effectiveness of education and infection control practices. The infection prevention control coordinator has input in the procurement of infection prevention and control consumables and personal protective equipment (PPE). Sufficient infection prevention and</p>

		<p>control resources, including PPE, were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information and hand hygiene posters in te reo Māori.</p> <p>The clinical team stated that when the service has Māori residents, they would work in partnership with them and their family/whānau for the protection of culturally safe practices in infection prevention and control, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The clinical teamwork in collaboration with the GP, and the pharmacist to monitor the use of antibiotics. Quantity of antibiotic usage is monitored monthly. Staff and residents and family/whānau have received education on antibiotic usage.</p>

		Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the infection prevention control lead reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually.
<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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection, and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at monthly infection prevention and control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes were available for staff. Action plans were completed as required. Internal infection prevention and control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. There were seven Covid-19 and one norovirus outbreaks reported since the last audit. Appropriate infection prevention and control measures were implemented. Debrief meetings were held with evidence of identified improvements to future practice. The service was previously awarded a continuous improvement around reducing urinary tract infections. The service continues to review data which remains below the benchmark.</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</p>	FA	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE were available.</p> <p>Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. On interview, a housekeeper identified an understanding of infection prevention practices. All laundry is completed on site. There are at least two laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Staff come to the main linen cupboard to replenish trolleys. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The infection prevention control coordinator oversees the implementation of the cleaning and laundry audits.</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 policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. The facility has been restraint free for several years. The restraint coordinator is a RN with a documented job description for the role. There is a restraint committee in place consisting of the restraint coordinator (RN), clinical manager, village manager, activities coordinator, GP, and the hospital unit coordinator. The committee meets six-monthly and minutes of meetings were sighted for 2023 and 2024. A restraint audit report was sighted for August 2024 that specified compliance with the policy and procedures, including exploring all alternatives.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention.</p>

		Staff complete an annual competency test.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.