

# Ryman Healthcare Limited - Margaret Stoddart Retirement Village

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## Introduction

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

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

**Premises audited:** Margaret Stoddart Retirement Village

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 1 October 2024 End date: 2 October 2024

**Proposed changes to current services (if any):** A notification to HealthCERT on 18 September 2024 to reconfigure six serviced apartments (LTOs) that were already certified for rest home level of care to rest home studio units. This resulted in a reduction of the number of LTOs from 25 to 19 and increase the rest home beds from 40 to 46. The overall bed numbers remain unchanged at 65. The studio units were verified as suitable to provide rest home level of care.

**Total beds occupied across all premises included in the audit on the first day of the audit: 37**



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

### Key to the indicators

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

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

## General overview of the audit

Margaret Stoddart Retirement Village is part of the Ryman group and provides rest home level of care for up to 46 residents in the care centre, and up to 19 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 37 residents.

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. 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 (registered nurse), administrator/reception, 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. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard 2021 and a continuous improvement award for the improvements made to the activities programme.

## 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.

Margaret Stoddart 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. Margaret Stoddart 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. 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.

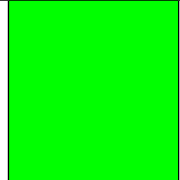
Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Margaret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

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

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent caregivers are responsible for administration of medicines.

The Engage programme meets the individual needs, preferences, and abilities of the residents, with a separate activities calendar for the rest home. 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 centrally located kitchen. Residents' food preferences, likes and dislikes 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.

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. There is an annual planned maintenance schedule in place. Resident rooms have a mix of toilet and hand basin ensuites or full ensuites. There are adequate numbers of communal shower rooms. The facility has wide corridors with sufficient space for residents to safely move around using mobility aids. The outdoor areas were safe and easily accessible. There are policies in place for emergency management. There is a person on duty at all times with first aid training. 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 management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection 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 and influenza outbreaks have been reported since the last audit and were managed effectively.

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.

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

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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 Margaret Stoddart Retirement Village. 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. The service currently has residents who identify as Māori.</p> <p>There were no staff employed at the time of the audit who identify as Māori; however, ongoing recruitment evidence equitable recruitment practices. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. 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.</p> <p>The Ryman Māori cultural advisor (quality lead) who is based in Christchurch provides guidance and support for Māori. The Māori</p>

		<p>cultural advisor has created a dedicated a Nau Mai Haere Mai Māori cultural resource SharePoint page and also developed internal/external collaboration including Kaumātua. Interview with the regional operations manager identified the service is focussed 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 and safety, and spirituality training, which support the principles of Te Tiriti o Waitangi.</p> <p>Interviews with two managers including the clinical manager and regional operations manager and eleven staff including one registered nurse (RN), four caregivers, one resident services coordinator, one activities coordinator, one relief chef, one lead maintenance, one cook's assistant and one administrator/receptionist 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>	<p>FA</p>	<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 clinical manager 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 regional operations 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 the time of the audit there were staff who identified as Pasifika. Margaret Stoddart Retirement Village has links with local Pacific community groups through current staff members who identify as Pasifika. The Ryman Māori cultural advisor has a tikanga Māori and</p>

		Pasifika focus.
<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>Four family/whānau and four rest home residents 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 the RN 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>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	FA	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on 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</p>

<p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice and providing services for Pacific Elders and other ethnic groups. 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, abuse and neglect, advocacy, spirituality/counselling, 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 family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic care plans identified resident's preferred names. Cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Ryman has a zero-tolerance approach to racism and discrimination. The service also aligns with the requirements of HDC and the Code, which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually, staff are trained in recognising clinical bias and ask questions related to prevention of institutional racism. 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 the RN 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 of abuse they may witness and were aware of how to escalate their concerns. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>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 are documented 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 to improve outcomes for Māori. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. 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</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and follow up on any feedback or concerns raised. Policies and procedures relating to accident/incidents, complaints, and open</p>

<p>wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  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>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 documented in the progress notes. A sample of accident/incident forms reviewed identified that 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 was one resident who was unable to communicate in English. Staff interviewed confirmed the use of a staff member and family/whānau members as interpreters, picture charts and online translation tools.</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 specialist services (e.g., 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 clinical manager and RN 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 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</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>There is an advance care policy implemented. In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services</p>

<p>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>wants them to be involved. Discussions with residents and family/whānau 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 HDC and reflects the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. Eleven complaints have been made since the last audit, seven made in 2023 and four received in 2024 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and ongoing communication with the complainants. Complainants are informed of other avenues of support if they are not satisfied with the outcome of their complaint. There were no trends identified.</p> <p>One complaint was made through the HDC in September 2023, the complaint has been investigated and the service awaits a response from HDC. 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 regional operations 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</p>	<p>FA</p>	<p>Margaret Stoddard Retirement Village is a Ryman Healthcare retirement village. There are 40 beds in the care centre, with a further five serviced apartment rooms (certified as rest home level care) currently being</p>



<p>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>utilised as rest home rooms with full ensuite facilities. There are 20 serviced apartments (LTO's) certified to provide rest home level care. On the day of the audit there were a total of 37 rest home residents; 32 residents were in the rest home and five residents in the serviced apartments receiving rest home level care. One rest home resident was on respite care. All other residents were under the age-related residential care (ARRC) agreement.</p> <p>A notification was sighted to HealthCERT dated 18 September 2024 to reconfigure six serviced apartments (LTOs) that were already certified for rest home level of care to rest home studio units. This resulted in a reduction of the number of LTOs from 25 to 19 and increase the rest home beds from 40 to 46. The overall bed numbers remain unchanged at 65 as per the previous surveillance audit (one rest home room was decommissioned in October 2022 that reduced the number of overall beds from 66 beds to 65 beds). The six studio beds were verified at this audit as suitable for rest home level of care.</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. 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 weekly. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee focusing on the clinical aspects of operations and including members from the Board. Board members are given orientation to their roles and the company operations. All Board members are already skilled and trained in their role as Board members. The clinical council is held by Ryman Christchurch, which comprises 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</p>
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		<p>all villages.</p> <p>The governance body terms of reference and a Māori cultural advisor, ensure policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman consults with residents and family/whānau into reviewing care plans and assessment content to meet residents' cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Margaret Stoddard Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this, the regional teams develop objectives, and the individual villages develop their operational objectives. The Ryman business plan is based on Ryman values, including (but not limited to) excellence, teamwork, and communication. These align with the village's objectives. Margaret Stoddard Retirement Village's objectives for 2024 include (but are not limited to) promoting a consistent reporting culture, staff retention and skill mix, and improving resident health and wellbeing through clinical excellence. Organisational goals relate to the overall satisfaction of the service.</p> <p>Service performance is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, and resident and staff input through feedback and meetings. All of this is discussed/reviewed from the Board level down to the 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. Ryman Healthcare and Margaret Stoddard Retirement Village continue strengthening relationships with local Māori and Pacific health providers.</p> <p>The village manager at Margaret Stoddard Retirement Village (absent at the time the audit) has been in the village manager role since April 2024 and has worked for Ryman for ten years, previously working at another Ryman facility as a resident services manager. The village manager is</p>
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		<p>supported by an experienced clinical manager who has been in the role since 2019. The management team is supported by a regional clinical support manager, regional operations manager (present at the time of the audit), operations quality lead (also present at the time of the audit) and Ryman Christchurch (head office).</p> <p>The clinical manager has completed more than eight hours of professional development in the past twelve months. The management team, including the village manager and clinical manager 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>Margaret Stoddart Retirement Village is implementing a quality and risk management programme. A strength, 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 their service 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 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 taking place, with corrective actions documented where indicated to address service improvements and evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign off when completed.</p>

		<p>Cultural safety is embedded in the quality and risk management system. Data is benchmarked and critically analysed within the organisation and at a national level to improve health outcomes and ensure equitable services. Staff have completed cultural awareness training. The 2023 family/whānau and 2024 resident satisfaction surveys demonstrated high satisfaction rates in all areas of service delivery. There were no corrective actions required from both surveys. 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. 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. Hazard identification forms and an up-to-date hazard and risk register were sighted. Ryman have an electronic health and safety 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 electronic resident management system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Data is collated 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 regional operations manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been six Section 31 notifications completed to notify HealthCERT since the last audit for three unstageable pressure injuries (January, December 2023, and June 2024) and three for health and safety risks to residents (March, July, and August 2023). There have been five outbreaks (two Covid-19, one gastro and two influenza A) since the last audit, all of which were documented, reported and well managed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. The village manager (non-clinical) works from Monday to Friday. The clinical manager works Sunday to Thursday and a second RN works the two days that the clinical manager is off. The clinical manager is on call after hours for all clinical matters and the village manager is on call after hours for any operational related issues. The rest home, studio units and service apartments are all located on one level, the lay out is non-complex and all the residents can easily be managed under one roster. The rosters reviewed evidence that the service provides appropriate staffing numbers to meet the care needs of the residents. There are always medication competent staff on duty. Residents and family/whānau interviewed reported that there are adequate staff numbers. There are housekeepers, cleaning and laundry staff rostered seven days a week. There are separate gardeners rostered.</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 staff and van drivers have a current first aid certificate. All caregivers are encouraged to complete a recognised New Zealand Qualification Authority (NZQA) qualification. Registered nurses are supported to maintain their professional competency and attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies.</p> <p>At the time of the audit there were five RNs (including three casual), three of the RNs have completed interRAI training (including the clinical manager). 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</p>
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		<p>sharing of high-quality Māori health information. Existing staff support systems include peer support, wellbeing initiatives, an online communication application and provision of education. Staff interviewed reported that the work environment was positive. 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 resource policies including recruitment, selection, orientation, and staff training and development. Eight staff files including one clinical manager, one RN, three caregivers, one activities coordinator, one van driver and one senior lead chef 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 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>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information (both electronically and paper-based) is kept confidential</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>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 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy and procedure to safely guide service provision and entry to the service is in place. Residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and family/whānau at entry with specific information regarding admission to the rest home and hospital. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the aged residential care contract. The seven admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The clinical manager is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori through a process within the power BI system. The service has developed working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven rest home level resident files were reviewed, including one resident on respite care and one in the serviced apartments. All assessments are completed by the RNs and these inform the resident care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has been implemented for all residents. The resident files reviewed had the outcomes from assessments and risk assessments reflected in the care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with the resident or significant others form the basis of the long-term care plans. Care plans are goal orientated and evidence a resident focussed model of care. The long-term care plan (My Ryman) includes sections on personal history and social wellbeing, mobility, continence, activities of daily living, nutrition, pain management, sleep, sensory and communication, medication, skin care, cognitive function and behaviours, resident identity and cultural awareness, sexuality, intimacy, and activities. Interventions meet the needs of the residents. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Progress towards the goals are documented. Short term care plans are used for short term acute issues and signed off when</p>



		<p>resolved.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GPs visit twice weekly and provide out of hours call services. The GP (interviewed) commented positively on the quality and consistency of the care provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, and wound care specialist nurse is available as required through Health New Zealand-Te Whatu Ora. Physiotherapists are available as required.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. The RN documents at least weekly and as necessary for rest home residents. There was evidence the RN add to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>A sample of wounds reviewed across the service (including chronic wounds, a pressure injury, skin tears and lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed.</p> <p>At the time of audit, there was a resident with a pressure injury. The service has documented an action plan for the management of the</p>
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		<p>pressure injury. The plan (in the process of implementation) includes skin care, monitoring, and training for staff. The clinical manager ensures there is adherence to care plan interventions.</p> <p>Caregivers and the RN described handovers which included discussion of residents with wounds and care needed. There is regular documented wound care with nurse specialist input into chronic wounds and the pressure injury. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The electronic system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight, food, and fluid chart; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities.</p> <p>Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Long-term care plans had been updated with any changes to health status following the multidisciplinary team (MDT) case conference meeting. Family/whānau are invited to attend the MDT case conference meeting.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs one activities coordinator who has a diversional therapist qualification. This role works alongside the resident services coordinator who provides the activities programme for the serviced apartments and village. Residents from all areas of the facility are able to join in with the activities programme that is offered. The activities programme reflects the physical and cognitive abilities of the resident groups. The programme is overseen by the group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These were completed within two</p>

		<p>to three weeks of admission.</p> <p>The management team and the activity coordinator have been further developing the activities programme to better meet the needs of the residents. A continuous improvement award has been awarded.</p> <p>The monthly activities plan was posted on noticeboards and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired.</p> <p>The planned activities and community connections were suitable for the residents. Activities on the programme included walks, exercises to music, pet therapy, happy hour, church services, news and views, community library visits, housie, floor games, table games, walks, van outings, music, cooking, movies, art, and craft. There are regular outings and weekly drives. Monthly resident meetings provide a forum for feedback relating to activities. The activity coordinator completes daily attendance registers. Residents were observed participating in a variety of activities on the days of the audit.</p> <p>The activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility.</p> <p>Family/whānau and EPOAs, 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</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room which is also the RNs office. Caregivers and RNs complete medication competencies which were all current. Regular medications and ‘as required’ medications are delivered in prepackaged packs. Medication packs are checked by the RN against the electronic and paper-based medication charts (for respite residents) with a record of medication reconciliation maintained. Discrepancies are fed back to the supplying</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>pharmacy with a completed incident report. Expired medications are returned to the pharmacy in a safe and timely manner. There were three residents self-administering their medications. All assessments, reviews, storage, and procedures relating to self-administration of medications had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by the RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. The registered nurse and the GP are available to discuss treatment options to ensure timely access to medications.</p> <p>The medication fridge and room air temperatures are checked daily and recorded. The temperatures were within the acceptable temperature ranges. Eye drops were dated on opening and within the expiry date. Fourteen medication charts were reviewed, thirteen electronic and one paper chart. The medication charts met the prescribing requirements with photographic identification and allergy status completed. The GP had reviewed the medication charts three-monthly and discusses any changes with the resident and family/whānau where required. All 'as required' (PRN) medications had prescribed indications for use. The effectiveness of PRN medications had been documented in the medication system.</p> <p>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system. The RN interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff have received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs,</p>	<p>FA</p>	<p>The food is prepared and cooked on site. On the days of the audit the kitchen was managed by a relief lead chef, assisted by a cook's assistant 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 22</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>December 2024. 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 measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. 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. There is a four week cycle seasonal menu being implemented. The menu in use was reviewed by a 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 loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. The kitchen has a servery which opens to the spacious dining room where residents are served by kitchen staff. For residents who choose to dine in their room food is served with an insulated cover. 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.</p> <p>The relief lead chef reported that the service prepares food that is culturally specific if required. The menu included ‘boil ups,’ Māori bread and pork, and these are offered to Māori residents on special occasions when national cultural events are celebrated. Residents were observed in the dining room and the environment was pleasurable, with minimal background noise.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of</p>

<p>what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>residents is undertaken in a timely and safe manner. The facility utilises the Health New Zealand-Te Whatu Ora 'yellow envelope' scheme to ensure sufficient detail is shared with other agencies to ensure a safe transition. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current warrant of fitness that expires on 30 January 2025. The facility employs a part-time maintenance person who works between two sites, 12 hours per week at both Margaret Stoddart Retirement Village and Woodcote. The maintenance lead ensures daily maintenance requests recorded in the register are addressed. The full-time gardener also assists with maintenance requests. There are preferred contractors available for essential services. An annual planned maintenance schedule has been maintained and includes electrical testing and tagging (last completed in November 2023), calibration and functional checks of medical equipment (last completed in December 2023), call bells checks and resident hot water temperature monitoring. Temperature recordings reviewed were below 45 degrees Celsius. The maintenance schedule includes the studio units and serviced apartments.</p> <p>The facility has wide corridors with sufficient space for residents to safely move around using mobility aids. There are paved areas in the courtyard and there is safe access for residents to the outdoor areas. Seating and shade are provided. Resident rooms have a mix of toilet with hand basin ensembles or full ensembles. Toilets have privacy locks. General living areas and resident rooms are appropriately ventilated and heated with heat pumps/air conditioners in all the lounges. All rooms have external double-glazed windows with natural sunlight. There is</p>

		<p>underfloor heating in the resident rooms and hallways. There are adequate communal showers available with privacy locks and privacy curtains in place. There is a call bell at the head of each resident's bed space.</p> <p>The warrant of fitness for the facility van used to transport residents for outings was current. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares. All residents' rooms were of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms as viewed on the days of the audit. The rest home has a large communal combined dining room for rest home and serviced apartment residents. The large main lounges (rest home and serviced apartments) has seating placed to allow for individual or group activities. A smaller lounge opens out onto an internal courtyard. The lounge is available for quieter activities such as reading and also for any visitors.</p> <p>Six studio units were verified as suitable for rest home level of care. The studio units are located in close proximity to all the communal areas and RN's office. There is safe access to the outdoors. All rooms and ensuites are spacious for safe mobility and manoeuvring of equipment. All studio units have suitable heating, ventilation and ample natural light. There are handrails in the shower and toilet and call bells within the ensuite and bed area of the apartment. There is a call bell at the head of each resident's bed space.</p> <p>The service has no current plans to build or extend the rest home. The cultural navigator 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>FA</p>	<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</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>scheme is in place and was approved by the New Zealand Fire Service on 27 October 2000. Fire evacuation drills are conducted every six months and these are added to the training programme. The fire evacuation drill was last completed on 3 April 2024. The staff orientation programme includes fire and security training. Fire exit doors 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 available (checked monthly) and sufficient storage of emergency water (six large ceiling holding tanks and also 80 litres of bottled water on site) which is adequate supply for three litres per resident per day for three days. There are three BBQs available for alternative cooking.</p> <p>Emergency food supplies sufficient for at least seven days are kept in the kitchen. There is a generator located on site to run essential services. Emergency lighting is available and is regularly tested. A first aid trained staff member is on duty 24/7. First aid kits were located in the van, nurses' station, kitchen, laundry and at reception. 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 by the maintenance lead. Residents and family/whānau confirmed that staff respond to call bells promptly. Appropriate security arrangements are in place. The service utilises security cameras located outside the facility entrances. There are two security checks provided by an external provider throughout the night. 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 they need to access to the facility after hours. The visitors' policy and guidelines are available to ensure residents' 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</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Ryman'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</p>



<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>Zealand-Te Whatu Ora. Infection prevention and control and AMS resources are accessible.</p> <p>The infection prevention and control committee meetings are held every two months. Infection rates are presented and discussed at infection prevention and control and staff meetings. The infection 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 infection prevention and control programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control programme and antimicrobial stewardship programme (AMS) were reviewed annually by the infection prevention and control programme lead at the head office. The annual review was completed and documented in July 2024.</p> <p>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 lead. Policies are available to staff. The facility infection prevention control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The infection prevention and control coordinator has completed post graduate infection prevention and control education in November 2023. The service has access to a national infection prevention control lead at head office. If there were to be major refurbishments or building plans, this would be coordinated by Ryman head office and would have infection prevention and control programme input.</p>

	<p>The infection prevention and control coordinator described the outbreak management plan in place to manage the Covid-19 and other outbreaks. Staff were observed to adhere to infection prevention and control practices during the days of the audit. The infection prevention and control audit monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of consumables and PPE. Sufficient infection prevention and control resources including PPE were sighted and these are regularly checked against expiry dates. The infection prevention and control programme 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.</p> <p>The service has infection prevention and control information and hand hygiene posters in te reo Māori. The clinical team works in partnership with residents who are Māori and their whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti O Waitangi. In interviews, staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>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.</p> <p>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 whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care and outside the rooms of residents in isolation. Handbasins all have flowing soap and paper hand towels.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme including AMS 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 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 team works in collaboration with the GP, and the pharmacist to monitor the use of antibiotics. Antibiotic usage is monitored two monthly. Staff and residents and family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the infection prevention and control coordinator reported that any adverse effects will be reported to the GP. The programme is evaluated annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>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.</p> <p>Infection surveillance is discussed at two monthly infection 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 control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure timely communication to staff and residents who develop or experience a HAI.</p>

		There have been five outbreaks since the last audit. There was a resident with Covid-19 in the rest home the days of the audit. Appropriate infection prevention and control measures were implemented.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>Documented policies and processes are in place for staff to follow 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 when not in use and all have a cupboard on the trolley where chemicals are stored when not in use. Safety data sheets and product sheets were available. Sharps 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. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>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. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control coordinator is responsible for 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</p>	FA	Ryman demonstrates commitment toward eliminating restraint as evidenced in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint and application must be

<p>restrictions.  Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.  As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>done in partnership with family/whānau. The choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free.</p> <p>The RN is the restraint coordinator and confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. programme. Staff complete competencies at orientation and annually.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>In 2023 the management team reviewed the family/whānau and resident surveys which showed an opportunity for Margaret Stoddart Retirement Village to improve resident engagement and satisfaction. The activities coordinator also noted that the needs and abilities of residents changed as they become frailer. The improvement project included a review of the activities programme with a focus on meaningful activities that residents are able to enjoy. The goal included improved participation that will enhance quality of life. Regular monitoring occurs in collaboration with staff and residents to evaluate the progress made against the goals.</p>	<p>Staff and management reviewed and improved the activities calendar. A resident experience calendar was developed. This includes a collection of photographs and a review of the activities completed. The book is shared with residents and family/whānau to review at any time and it was evident that the book was well used as evident in interviews with residents and family/whānau.</p> <p>To achieve the goal there was an increased focus by all staff to capture resident life experiences, not only at admission but during their life at Margaret Stoddart Retirement Village, and to see what meaningful activities would be related to their life experiences. Each activity was evaluated for its success as it was written up in the resident experience calendar, this enabled a review of the success or otherwise of the activity as well as sharing with family/whānau and staff.</p>

			<p>The outcomes of this project have been positive with many verbal and eight written compliments (sighted) from family/whānau regarding the activities programme and the positive difference it has made to the lives of Margaret Stoddart Retirement Village residents. The 2024 survey results have shown an increase in satisfaction ratings. These increases confirm the improvements made in the activities programme. The survey satisfaction ratings for activities increased from 3.90 for 2023 to 4.18 out of a possible score of 5.0 in 2024. Improvement in other areas of the 2024 survey are linked to the improvement made in the activities programme. The care satisfaction results improved from 4.19 in 2023 to 4.38 and the communication survey results improved from 4.06 to 4.25 in 2024.</p>
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End of the report.