# Grace Joel Retirement Village Limited - Grace Joel Retirement Village

## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Grace Joel Retirement Village Limited

**Premises audited:** Grace Joel Retirement Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 October 2024 End date: 11 October 2024

**Proposed changes to current services (if any):** The service has closed one resident room as part of expected future renovations. This reduces the bed numbers from 137 to136.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 111

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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 |
|  | 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

Grace Joel Retirement Village is part of the Ryman Group. It provides hospital (geriatric and medical), and rest home levels of care for up to 136 residents in the care centre, including up to 30 residents in the serviced apartments. On the day of the audit, there were 111 residents.

The service has reduced the number of beds by one, since the previous audit.

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), unit coordinators, resident services manager, and a team of experienced staff. Various groups in the Ryman support office oversee and support village managers, including a regional clinical support manager and a regional operations manager.

Quality systems and processes are being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service meets the intent of the Standard. This certification audit has resulted in a continuous improvement rating in palliative care.

## Ō tātou motika │ Our rights

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| --- | --- | --- |
| 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. |

Grace Joel 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. Grace Joel Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga │ Workforce and structure

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| --- | --- | --- |
| 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 regularly. Grace Joel 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. Grace Joel Retirement Village provides clinical indicator data for the three services being provided.

There are human resources policies that include recruitment, selection, orientation, and staff training and development. The service had an induction programme that provided new staff with relevant information for safe work practice. An in-service education/training programme covering relevant aspects of care and support, as well as external training, is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/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

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| --- | --- | --- |
| 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. |

Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents’ assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents’ specific dietary likes and dislikes. Residents’ nutritional requirements are met. Nutritional snacks are available for residents when required.

Residents are referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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| --- | --- | --- |
| 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 facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities. The facility vehicles have current registrations and warrants of fitness.

Appropriate emergency equipment and supplies are available. An approved evacuation scheme and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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| --- | --- | --- |
| 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 the screening of residents and a sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid-19 and gastrointestinal outbreaks were reported since the last audit and were managed effectively. Appropriate processes were in place to prevent the spread of infection.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely in locked chemical rooms. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| 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 unit coordinator. 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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. | FA | Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Grace Joel Retirement Village. Ryman Healthcare has employed a Taha Māori navigator, which recognises the importance Ryman places on tikanga Māori and Te Tiriti partnership with mana whenua.  The service currently has residents and staff who identify as Māori. The onboarding process for all staff includes documentation of ethnicity, iwi, and tribal affiliations. All staff are encouraged to participate in the education programme and gain qualifications for their role.  The organisational Māori health plan identifies that the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their family/whānau to direct their care in the way they choose. Service provision is based on implementing the principles of Te Whare Tapa Whā, which will enable the wellbeing of the resident and their family/whānau. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.  Interviews with five managers (regional clinical support manager, Ryman clinical operations manager, village manager, clinical manager, and resident services manager), and thirteen staff (three registered nurses (RNs), two-unit coordinators (UCs), three caregivers, two activities coordinators, one lead chef, one maintenance lead, and one laundry staff) described examples of providing culturally safe services in relation to their role.  Interviews with the village manager identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents include recognition of different cultural world views and perceptions. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | Ryman Healthcare has specific care plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through its own staff, which include community activities, cultural celebrations, leaders, and church groups that are relevant to residents’ preferences and needs.  At the time of the audit, there were residents and staff who identified as Pasifika. All residents state their ethnicity on admission, which is recorded in their individual files. The unit coordinators and RNs advised that family/whānau members of Pacific residents are 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 of all residents are documented in their care plan and activities plan.  The village manager confirmed how they support any staff that identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. A Pacific staff member interviewed confirmed management are supportive and are able to use their skills within the team to connect with residents. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Ryman Healthcare policies and procedures are being implemented to 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 available to residents and their families/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 relative 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 role and responsibilities. Staff receive training on 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.  Six family/whānau (three rest home and three hospital) and thirteen residents (six rest home and seven hospital) interviewed stated they felt their rights were upheld and treated with dignity, respect, and kindness. The residents and family/ whānau felt they were encouraged to make their own choices. The family/whānau interviewed stated that the managers and clinical staff are available and supportive. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and to be as independent as they can be.  The service recognises Māori mana motuhake by developing a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | 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 means to their practice, and examples were provided in the interview. There is 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 Healthcare delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2024 included (but is not limited to) sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse and neglect; advocacy; spirituality; cultural safety, and tikanga Māori. 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. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff cover 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, resident life experiences, and identity maps. This information forms the foundation of the resident’s care plan. Cultural assessments were evident in the files reviewed. Electronic care plans identified residents’ preferred names. Cultural assessment information weaves through care planning. The service responds to tāngata whaikaha needs and enables 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. |
| Subsection 1.5: I am protected from abuse  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. | FA | The professional boundaries policy is implemented. Ryman Healthcare has a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health and Disability Services 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 to recognise clinical bias and 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 RNs and caregivers confirmed their understanding of professional boundaries. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed are able to describe signs of abuse they may witness and are aware on how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing, which is documented in their files (sighted). Residents have a property list documented and signed for on entry to the service. Residents and family/whānau received written information on the management of residents’ possessions and accountability 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 staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation annually as per the training plan to identify abuse and neglect. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Family whānau interviewed confirmed that the care provided to their family members is of a high standard. |
| Subsection 1.6: Effective communication occurs  The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. 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. | FA | Information regarding the services included is provided to residents and family/whānau in an information pack. Resident meetings every other month, identify feedback from residents and subsequent follow up by the service. Policies and procedures relating to accidents/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if the next of kin has been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified that family/whānau are kept informed; this was confirmed through the interviews with family/whānau.  An interpreter policy and interpreter contact details are available. Interpreter services are used where indicated. During the audit, no residents could not communicate in English. Staff interviewed confirmed the use of staff as interpreters, use of family/whānau, picture charts and online translation tools if there were residents who could not speak English. 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 Mercy Hospice and Health New Zealand-Te Whatu Ora (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and an opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend any meetings. |
| Subsection 1.7: I am informed and able to make choices  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. 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. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed consent. Eleven 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 family/whānau interviewed could describe what informed consent was and their rights around choice.  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 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. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | The organisational complaints policy is documented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within the guidelines of 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 documented in 2024 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and ongoing communication with the complainants. The service documents the themes of their complaints and compares them with other Ryman facilities; this has resulted in an organisation-wide meal action plan. Grace Joel Retirement Village has also implemented an action plan around palliative care as a result of negative feedback in the past. Staff interviewed reported that complaints and corrective actions are discussed at meetings. There have been no external complaints received.  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 management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | Grace Joel Retirement Village provides care for up to 136 residents and include 106 dual purpose beds in the care centre and 30 serviced apartments. Of the 30 certified beds in the serviced apartments, ten (five on each floor) are dual purpose. There were eight double rooms in the care centre suitable for couples; no rooms were shared on the days of the audit.  Since the previous audit, the service has reduced the number of care centre beds from 107 to106. One bed has been closed as part of proposed future renovations.  On the day of the audit, there were 111 residents in total. There were 32 residents at rest home level of care, including two on a respite contract and nine in the serviced apartments. There were 79 hospital-level residents, including two on a respite contract and seven in the serviced apartments. All other residents were under the aged residential care contract (ARRC).  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).  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 all villages.  The governance body has terms of reference and a Māori cultural advisor, who ensures 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 has commenced consultation with residents and whānau input 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 Grace Joel Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.  The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this, the regional teams develop objectives, and the individual villages develop their 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. Grace Joel 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.  The 2024 objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman Healthcare's key business goals are embedded throughout all processes, from the Board down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day-to-day operations. The organisation has reviewed all policies to ensure they align with the Ngā Paerewa Standard.  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 Grace Joel Retirement Village continue strengthening relationships with local Māori and Pacific health providers.  The village manager at Grace Joel Retirement Village has leadership experience in the residential disability sector and has been in the village manager role for over seven years. The village manager is supported by a resident services manager and a clinical manager, who was previously a clinical manager at another age care facility. The management team is supported by a regional clinical support manager, regional operations manager, and Ryman Christchurch (head office).  The village manager attends management development sessions through Ryman. The management team is supported in advancing in the Ryman Leadership programme and leadership development online course (eight hours). |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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. | FA | Grace Joel Retirement Village is implementing the Ryman quality and risk management programme. Quality goals for 2024 are documented, and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through implementing quality initiatives.  The clinical manager documents a monthly clinical indicator analysis and report. This report is presented and discussed at a range of meetings. Meetings include full facility meetings, health and safety, infection control, and RN meetings. The RN meetings document discussion of clinical aspects of individual resident needs, with monthly follow up to ensure actions have taken place. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and data collation were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign-off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. The service is awarded a continuous improvement rating for improvements made in relation to the provision of palliative care.  Staff have received a wide range of culturally diverse training, including cultural awareness, with resources made available on the intranet, to ensure a high-quality service for Māori and other residents of diverse ethnicities. The resident and relative satisfaction surveys were completed, and improvements from the previous year were documented in care, communication, meals, activities, and housekeeping.  There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practices and adhering to relevant standards. A document control system is in place. New policies or changes to the policy are communicated to staff.  A health and safety system with identified health and safety goals is in place. The managements team interviewed stated a health and safety team oversees the site's health and safety and contractor management. Hazard identification forms and an up-to-date electronic hazard and risk register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. A debrief process would be documented on the accident/incident form in a staff accident or incident. Ryman Healthcare has implemented an electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure the timely completion of investigation and reporting. This system also includes meeting minutes. The internal audit system reviewed includes the completion of health and safety, maintenance, and environmental audits.  All residents’ incidents and accidents are recorded in the electronic resident management system, where data is collated. The incident forms were reviewed, and evidenced immediate action, as well as any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by an RN. Risks are identified and responded to.  Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been ten Section 31 notifications completed to notify HealthCERT of pressure injuries, a police investigation, a chemical spill, and a missing resident. There have been two Covid-19, and one gastrointestinal outbreak since the previous audit; all of which were well managed. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale and there are sufficient number of caregivers on duty to provide care in the care centre and service apartments. The acuity of residents and the layout of the building is taken into consideration when rosters are developed. There is always a person on duty with a current first aid certificate. The village manager works Monday to Friday. The clinical manager and unit coordinators ensure there are seven days per week of clinical management on site. The clinical manager and the unit coordinators share on-call after hours for all clinical matters. The maintenance lead is available for maintenance and property-related calls.  Staff on the floor on the days of the audit were visible and attended to call bells in a timely manner. Residents interviewed stated they receive care in a timely manner and are informed when there are any changes to staff. Staff interviewed stated that overall, the staffing levels are satisfactory, and the management team provides good support. The serviced apartment call system is linked to their pagers.  A ‘cover-pool’ of staff is additional staff that are added to the roster to cover staff absences. Residents and family/whānau interviewed reported that there are adequate staff numbers.  The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.  All caregivers are encouraged to complete the New Zealand Qualification Authority (NZQA) formal qualifications in Health and Wellbeing. There are 93 caregivers in total; 26 of whom have achieved NZQA level four (or equivalent- including a diploma in health services), and 32 with level three (or equivalent- including a certificate in health and wellbeing).  Registered nurses are supported in maintaining their professional competency. Registered nurses 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 control, wound management, medication, and insulin competencies. At the time of the audit, there were 13 RNs plus a clinical manager (CM) and five-unit coordinators (UCs) employed at Grace Joel Retirement Village. Ten have completed interRAI training (including CM and UCs). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collecting and sharing of high-quality Māori health information.  Existing staff support systems including peer support, wellbeing month, an online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed reported a positive work environment. Ryman Healthcare has several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | There are comprehensive human resources policies, including recruitment, selection, orientation, and staff training and development. Thirteen staff files (four RNs, one clinical manager, four caregivers, two activities coordinators, one reception, and one resident services manager) 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. 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 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. Employee assistance programmes are made available through the occupational counselling (OCP) programme. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. 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. | FA | The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based documents are kept in a locked cupboard in the nurses’ station. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years. Electronic systems are backed up. There is a business continuity plan documented in the event of IT disruption.  The service is not responsible for National Health Index registration. |
| 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. | FA | A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA), family/whānau of choice, and, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) authorisation forms, respite, rest home, and hospital level of care residents were sighted. The reviewed admission agreements met the contract requirements and were signed and dated. Exclusions from the service are included in the admission agreement.  The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.  The clinical manager (CM) and unit coordinators (UCs) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this, with other options or alternative services discussed. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.  There were residents who identified as Māori at the time of the audit. Routine analysis is implemented through the Power BI system to show entry and decline rates, including specific data for entry and decline rates for Māori.  The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and family/whānau. The CM, UCs, and the general practitioner (GP) stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Eleven resident files were reviewed, including five rest home level care residents (including one resident file under a respite contract), and six hospital level of care residents. The registered nurses are responsible for conducting all assessments and developing of care plans. Initial assessments and interRAI assessments were all completed within the required timeframes. Initial care plans were developed, and long-term care plans were all linked to interRAI assessments, with all triggered outcomes and scores identified. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in the progress notes and family/whānau contact forms.  Residents and family/whānau interviewed reported that the interventions that occurred and developed were appropriate and effective. All assessment tools included consideration of residents’ lived experiences, cultural needs, values, and beliefs. The CM and UCs reported that the service develops goal-oriented long-term care plans. The care plans document the activities of daily living, detailed support required and interventions to manage any risks related to the resident`s medical conditions. All residents had identified activities of choice and were actively supported to engage with help from staff.  Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the resident’s files reviewed. The family/whānau and residents interviewed confirmed their involvement in the evaluating of progress and any changes to their relative`s health. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health and wellbeing of the residents.  The GP visits the service twice weekly and is available 24/7. Three-monthly reviews were completed promptly or where required. Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The GP expressed satisfaction with the care provided.  Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. The goals sampled in the care plans reflected identified residents’ strengths, goals, and aspirations that aligned with their values and beliefs. The six-monthly evaluations included the degree of progress towards achieving their agreed goals. The CM reported that all referrals for residents who need behavioural support are sought from other agencies as required.  Staff reported that sufficient and appropriate information was shared between the staff at each handover. Handovers are conducted on all three respective floors. Interviewed staff stated that they were updated daily regarding each resident’s condition. Progress notes were completed, and more often, if there were any resident health condition changes. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the registered nurses, as evidenced in the records sampled.  In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; repositioning; and food intake and output charts. Neurological observations were completed for unwitnessed falls or head injuries. All incident reports were reviewed and evidenced by timely nursing follow up; EPOAs and family/whānau were informed of incidents in a timely manner.  Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 32 active wounds, including five pressure injuries (two stage III pressure injuries, two stage II, and one unstageable pressure injury), cancer lesions, minor and chronic wounds. The electronic wound care plan evidenced that assessments, wound management plans and evaluations were documented with supporting photographs. Health New Zealand- Te Whatu Ora specialist wound nurse, and the GP have input into chronic wound management. Registered nurses and care staff interviewed stated that adequate clinical supplies and equipment are provided, including continence, wound care supplies, and pressure injury prevention resources. A continence specialist can be accessed as required.  The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The CM reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training. |
| Subsection 3.3: Individualised activities  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. | FA | Activities are conducted by the activities coordinator from Monday to Sunday on all three respective floors. The activities were based on assessment and reflected the residents’ social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a life history detailing past and present activities, career, and family/whānau. The service has a contracted physiotherapist who assists with the exercises, mobility, and walking programme, with support from the physiotherapist's assistant. A monthly planner is developed, and each resident is given a copy of the planner. Daily activities were noted on noticeboards to remind residents and staff. The programme is overseen by a group diversional therapist at Ryman's head office.  The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, family/whānau and care staff. The activities were varied and appropriate for residents' assessed needs. The care plans reviewed described management strategies that can be used to minimise, distract, or de-escalate behaviours that challenge. Activity progress notes and activity participating register were completed daily. The residents participated in activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. The activities coordinators reported that activities were provided separately on the three respective floors, and these will be conducted as a group when an external person is visiting. Activities on the respective planners included news and views; bowls; men's club; church services; quizzes; bingo; memory games; Anzac; table games; board games; sensory; outdoor walks; van outings; music; pet therapy; cooking; knitting; and exercises. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) twice a week. Resident meetings provide a forum for feedback relating to activities.  There were residents who identified as Māori. The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori are facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals and Māori language week, as well as visiting the local Marae.  EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 22 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. Allergies and sensitivities were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.  Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit and improvements were made where required. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly, and deviations from normal ranges were reported and attended to promptly. Records were sighted.  The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards on all floors. Appropriate processes were in place to ensure that residents who were self-administering medicines did it safely. There were residents self-administering medications. A self-medication policy was in place when required. There were no standing orders in use.  Residents and their family/whānau are supported to understand their medicine when required and are informed of any changes. The GP stated that when requested by Māori, appropriate support and advice would be provided. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, 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. | FA | The kitchen service complies with current food safety legislation and guidelines. It is managed by the lead chef, who is supported by two other chefs, two cooking assistants, one kitchen assistant, two dining assistants, one fluid assistant, and two baristas. All have recognised food safety qualifications and relevant experience working in a kitchen environment. The lead chef reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people.  The food control plan expires on 9 May 2025. A registered dietitian whom the organisation employs reviewed the menu, and it was current. Kitchen staff have current food handling certificates.  Diets are modified as required, and the kitchen staff has confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying nutritional requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. 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 at night when required.  The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.  Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion. Background noise during mealtimes were minimal.  The lead chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups’, hāngi, Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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. | FA | There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges normally go into similar facilities. The nursing team oversees discharges and manages the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.  A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents’ file. Residents and family/whānau are advised of their options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident’s electronic management system. If a subsequent NP or GP require a resident’s information, a written request is required to transfer the file.  The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents’ records to confirm this. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The building has a current warrant of fitness that expires on 13 November 2024. The service employs two lead maintenance officers, an assistant, three lead gardeners, and an assistant who works 40 hours a week from Monday to Friday. Certified tradespeople carry out reactive maintenance where required. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes. The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. The warrant of fitness for the facility vans used to transport residents for outings were current.  The service has reduced care centre beds by one since the previous audit. One bed has been closed as part of the proposed renovations. The care centre is on three levels and now has 106 beds, including eight double rooms and all certified as dual-purpose beds. It also has 30 serviced apartments, including 10 certified dual beds. The ensuites are spacious and safely accessible with a hoist, as observed on the audit day. There is a call bell at the head of each bed space. All ensuites have external windows to provide natural light and have appropriate ventilation and central heating.  The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area.  Each floor level of care has a small kitchen that staff and residents can use to make drinks for residents. There are also nurses' stations, large dining and lounge areas, private areas, and quiet rooms.  All rooms have full ensuites. All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.  All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the activities lounge area on each floor.  Residents’ rooms are personalised according to their preferences. No residents shared a room. Rooms, shower rooms, and toilets are suitable sizes to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating.  The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. No residents smoked on the audit days.  The village manager, resident services manager and maintenance lead reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The New Zealand Fire Service approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was performed in May 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.  There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, three generators, continent products, and a gas BBQ to meet the requirements for 136 residents, including rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of care staff hold current first aid certificates. There are first aid-trained staff members on duty 24/7. An automatic external defibrillator was in the reception area. The staff interviewed confirmed their awareness of the emergency procedures.  The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officers check monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff responds to calls promptly.  Appropriate security arrangements are in place. An external provider provided 24-hour security. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.  A visitors' policy and guidelines are available to ensure residents’ safety and wellbeing is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors’ registers. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component 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. | FA | Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation’s business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention lead at the head office, Public Health, and the geriatric nurse specialist at Health New Zealand -Te Whatu Ora. Infection control and AMS resources are accessible.  The infection control committee meetings are held every three months. Infection rates are presented and discussed at infection control meetings, the RN meetings, the health and safety meetings, and staff meetings. The infection prevention 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 control lead, the senior management team and the general practitioner (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. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | The infection prevention (IP) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IP programme is linked into the electronic quality risk and incident reporting system. The IP and antimicrobial stewardship programme (AMS) were reviewed annually by the IP lead at the head office. The annual review was completed and documented in July 2024. The clinical manager also reviews all infections each month and reports and summarises the infections as part of the monthly indicator report for the service meetings and for the operations manager.  The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and staff education. Policies and procedures are reviewed by Ryman head office in consultation with the infection prevention lead. Policies are available to staff. The facility infection prevention control lead (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL completed external IP education in March 2024. The service has access to the head office's national infection prevention control lead. If there were to be major refurbishments or building plans, this would be coordinated by Ryman's head office and would have infection control input. The service is currently undergoing window replacement, and the infection control team stated they are part of planning and evaluating this process through the weekly management team meetings.  The IPCL has input in procuring IP consumables and personal protective equipment (PPE). Sufficient IP resources, including PPE, were sighted and regularly checked against expiry dates. The IP resources were readily accessible to support the pandemic and outbreak management plans. The staff interviewed demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.  The service has infection prevention information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and family/whānau to protect culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff members understood cultural considerations related to infection control practices.  Policies and procedures regarding reusable and single-use equipment are in place. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system.  Infection prevention and control is part of staff orientation and is included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.  Visitors are asked not to visit if they are unwell.  There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near the point of care and outside the rooms of residents in isolation. Handbasins all have flowing soap. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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. | FA | The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman's head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the potential for harm. Responsible use of antimicrobials is promoted. The clinical team collaborates with the GP and pharmacist to monitor the use of antibiotics. The quantity of antibiotic usage is monitored twice monthly. Staff and residents/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 IPCL reported that any adverse effects will be reported to the GP. The AMS programme is evaluated annually.  The service has developed a resident and family/whānau information sheet around preventing and managing urinary tract infections (UTIs). The information also includes the use of and rationale for using antimicrobials for UTI. The information was developed in response to family/whānau asking for antibiotics in response to a suspected UTI when this may not have been the most effective treatment. The information is currently being translated into te reo Māori. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance are applied when required. Monthly infection data is collected for all infections based on signs, symptoms, infection definition, and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered into a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.  Infection control surveillance is discussed at three-monthly staff and infection control committee 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 clear communication to staff and residents who develop or experience an HAI. Family/whānau interviewed stated they are kept informed of any outbreaks or progression of infections in relation to their relatives.  Two Covid-19 outbreaks and one gastrointestinal outbreak have been reported since the last audit. All were well managed. The information provided to family/whānau and regular outbreak meetings were well documented. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are kept in locked cleaner’s rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps 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 the audit. There is a sluice room in each area, a sanitiser with a 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.  All laundry is completed on site. There are at least two laundry staff on duty each day. There is a 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 the linen seemed to be in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.  The IPCL oversees the implementation of the cleaning and laundry audits. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from 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. | FA | The governance body demonstrated commitment toward eliminating restraint. The restraint policy confirms that restraint consideration and application must be made in partnership with families/whānau, and the choice of the 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.  The unit coordinator (restraint coordinator) confirmed that the service is committed to providing services to residents without restraint. The use of restraint (if any) would be reported in the clinical and quality meetings, and a monthly restraint summary would be shared with Ryman's head office. A restraint approval committee meets every six months to review falls, unsettled residents, and the use of antipsychotic medications, and if appropriate, strategies are in place for residents' and staff education needs.  The mandatory training plan and orientation programme include the maintenance of a restraint-free environment and the management of distressed behaviour and associated risks. |

# Specific results for criterion where corrective actions are required

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

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

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

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| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** |
| Criterion 2.2.2  Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | CI | Following a complaint in late 2022 around end of life care, the clinical team identified that improvements were needed in order to deliver the best care and outcomes to residents on the end-of-life palliative continuum. A plan was put in place to support, educate and upskill the nurses and caregivers around recognising deterioration and supporting the dying phase. Positive residents’ outcomes were documented as a result of the implementation of the project. | The service has been linked with Mercy Hospice and has provided training for all staff members on the use of palliative care tools, including the Australia-modified Karnofsky performance scale (AKPS) and the supportive and palliative care indicators tool (SPICT). These tools have been implemented monthly for all residents. Fortnightly meetings with Mercy Hospice have been implemented to review all residents scoring poorly on the tools. The meeting involves family/whānau, where care goals can be reviewed with the family/whānau (and the resident) and where the activation of the palliative pathway (as appropriate) is discussed. Project objectives also include monthly nurse-led multidisciplinary meetings and the use of Te Ara Whakapiri at the earliest stage of the dying phase.  Meeting minutes sighted evidence documentation of active evaluation and discussion of the project. Four care plans reviewed at random document the use of the AKPS and SPICT tools and staff interviewed were able to discuss the project and how the tools are used to assist the guidance of care and are identifying deterioration much earlier.  The outcome of the project is that: Te Ara Whakapiri is implemented much earlier; compliments have been received from family/ whānau around end-of-life situations; and symptom control has been put in place earlier, including the prescribing of anticipatory medications.  Other positive resident outcomes in relation to the use of the tools include unplanned weight loss for residents has decreased form 14% 2023 to 8.1% 2024 and the incidence of pressure injuries has reduced from 1.77 per 100 bed days 2023 to 0.59 2024. |

End of the report.