William Sanders Retirement Village Limited - William Sanders Retirement Village

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	William Sanders Retirement Village Limited
Premises audited:	William Sanders Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 9 July 2024 End date: 10 July 2024

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 113

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

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

General overview of the audit

William Sanders is part of the Ryman group, and provides hospital (geriatric and medical), and rest home levels of care for up to 112 residents in the care centre, and up to 30 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 113 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora -Waitemata. 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. There are various groups in the Ryman support office who provide oversight and support to village managers, including a regional clinical support manager, and regional operations manager.

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

This certification audit identified areas for improvement required in complaints management, care planning, and medication management.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service partially attained and of low risk.

William Sanders 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. William Sanders 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

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. William Sanders 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. William Sanders provides clinical indicator data for the three services being provided.

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

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

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

Medication policies reflect legislative requirements and guidelines. Registered nurses, an enrolled nurse (serviced apartment unit coordinator) and medication competent caregivers are responsible for administration of medicines.

The Engage programme meets the individual needs, preferences, and abilities of the residents, with separate activities calendar for the rest home, hospital, and dementia level of care. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

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

The building holds a current warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including Covid-19. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid-19 outbreaks and scabies outbreaks reported since the last audit were managed effectively. There were ongoing Covid-19 and scabies outbreaks at the time of the audit. Appropriate processes were in place to prevent the spread of infection.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	165	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
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) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at William Sanders. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman place on tikanga Māori and Te Tiriti partnership with mana whenua. The service currently has residents who identify as Māori. There are staff employed who identify as Māori, for whom the onboarding process evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident

		and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with five managers (regional manager, regional clinical support manager, village manager, clinical manager, and resident services manager), and twenty-five staff (five registered nurses (RNs), five unit coordinators (UCs), four caregivers, four activities coordinators, one lead chef, one lead maintenance, one administrator, two cleaners, and two 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 east versus west cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services.
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 New Zealand has health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs. At the time of the audit there were no residents that identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The unit coordinators and RNs advised that family members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan. The village manager confirmed how they support any staff that identified as Pasifika through the employment process. Applicants who apply for

		positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and 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 policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their 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 job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire. Seven relatives (two rest home, three hospital, two dementia) and five residents (three rest home and two hospital) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they can be. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their 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	Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua and providing services for Pacific Elders and other ethnic groups. Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2023 and in the current year includes (but is not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & 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. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives 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 covers the concepts of personal privacy and dignity. The care planning process is resident focused with resident and whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences, and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care

		plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.
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 have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health & 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. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older

		person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives 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 service is provided to residents and family/whānau on admission. Bimonthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family members, 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 the hospice and Health New Zealand - Te Toka Tumai Auckland specialist services (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely

		notification to attend.
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 relatives 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 whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives 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.	PA Low	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 timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. Ten complaints have been made since the last audit in 2023, and five made in 2024 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants; however, there is no documented evidence of complaint resolution. No trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. There has been one external complaint received via HDC related to communication and end of life care, to which the service has provided all relevant information and is awaiting

		further communication. Interviews with residents and relatives 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	Ryman William Sanders Retirement Village provides care for up to 112 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in the serviced apartments. All rooms in the rest home and hospital units are dual-purpose. On the day of audit there were 113 residents in total. There were 37 rest home residents in the care centre and six in the serviced apartments, including one resident on respite care in the care home, and one resident on an ACC contract. There were 38 hospital level residents, including one resident on an ACC contract, and one respite. The dementia unit provides care for up to 36 residents across two units; there were 32 residents on the day of the audit. All residents other than the residents under a respite and ACC contract 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. Board members include a Māori advisor and the previous chair of Nga Tahu. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the regional managers on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The Board oversees all operations from construction to village

		operations. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The clinical council is held by Ryman Christchurch which is made up of leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages. The governance body has terms of reference and Taha Māori Kaitiaki – cultural navigator, along with a Māori cultural advisor ensure policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed. Ryman have commenced consultation with resident and whānau input into reviewing care plans and assessment content to meet resident's cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how William Sanders can deliver a service to improve outcomes and achieve equity for tāngata whaikaha. The Board, senior executive team, and regional managers approve the Ryman organisational business plan. From this, the regional teams develop objectives, and the individual villages develop their own operational objectives. The Ryman business plan is based around Ryman values, including (but not limited to) excellence, team, and communication. These align with the village objectives. William Sanders objectives for 2024 include (but are not limited to): promoting a consistent reporting culture; staff retention and skill mix; and promoting improved resident health and wellbeing through clinical excellence. Organisational goals relate to overall satisfaction of the service. The 2024 objectives are reviewed quarterly, with progression towards

		completion and ongoing work documented at each review. Ryman key business goals are embedded through all processes from the Board, down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day to day operations. The organisation has completed reviewing all policies to ensure they align with the Ngā Paerewa Standard. Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country. The Ryman organisation and William Sanders continue to strengthen relationships with local Māori and Pacific health providers. The village manager (registered nurse) at William Sanders has leadership experience in the residential disability sector and has been in the village manager role since July 2023. They are supported by a resident services manager (non-clinical) and a clinical manager who has been with Ryman for over three years and has been in the role since October 2023. 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 are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) 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.	FA	William Sanders is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2024 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service

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.		actively looks for opportunities to improve through quality initiatives. A cultural navigator/Kaitiaki role commenced in July 2022. This person ensures that organisational practices from the Board, down to village operations improve health equity for Māori. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. 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 collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2024 resident and relative satisfaction surveys were completed in February 2024 and demonstrate a net promoter score (NPS) of 2.8, which is a decrease of 0.95 on the previous year's results. Corrective actions are in progress related to communication, food services, housekeeping, recruitment, and survey distribution. 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 practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff. A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register

		were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented the Donesafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident's incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT for a change in management, pressure injuries, and a missing resident. There have been three Covid-19, and one scabies outbreaks in 2023; one scabies, and two Covid-19 outbreaks in 2024 since the previous audit (including Covid-19 at the time of 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	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. The village manager works Monday to Friday. The clinical manager and service coordinators ensure there is seven days per week clinical management on site. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related

services.		calls. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family/whānau interviewed reported that there are adequate staff numbers. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 65 caregivers in total, 53 of whom have achieved NZQA level four. Twenty-two regularly work in the secure dementia unit; with eleven having achieved their dementia standards, and eleven being in progress (within the eighteen-month time limit). Registered nurses are supported to maintain 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 17 RNs, plus a clinical manager (CM), and five unit-coordinators (UC) employed at William Sanders. Nine 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 collecting and sharing of high-quality Māori health information.

		Existing staff support systems including peer support, wellbeing month, ChattR online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. Ryman as an organisation have 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. Ten staff files (two unit-coordinators, two RNs, two caregivers, one lead chef, one lead maintenance, one activities and lifestyle coordinator, and one administrator) 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 held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process. Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes.	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

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.		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. 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	There is an implemented admission policy and procedure to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required under the aged residential care contract. The eleven admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement. Entry to secure dementia services is only enabled following a NASC approval. Three resident files (three as a sample from the total files reviewed of eleven) from the secure dementia unit all included an enacted enduring power of attorney (EPOA) and well documented family/whānau involvement in care planning. The village manager is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity

		information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori through a process within the power BI system. The service has developed working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.
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.	PA Low	Eleven resident files were reviewed (four rest home, including one in the serviced apartments; four hospital level, including one ACC, one respite; and three from the secure dementia unit). Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded. All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care. Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan (My Ryman) includes sections on personal history and social wellbeing; mobility; continence; activities of daily living; nutrition; pain management; sleep; sensory and communication; medication; skin care; cognitive function and behaviours; resident identity and cultural awareness; spiritual; sexuality; intimacy; social; and cultural activities. Risk assessments are conducted on admission relating to falls; pressure injury; continence; nutrition; skin; and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans were not all goal orientated and short-term care plans (or other documented information

		for acute or short-term needs) were not always in place. The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Residents in the secure dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours. One resident in the dementia unit who identified as Māori has a comprehensive cultural care plan signed by the EPOA. All residents had been assessed by a general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GPs visit twice weekly and provide out of hours call services. The GP (interviewed) commented positively on the quality and consistency of the care provided, and also about the high staffing ratios within the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse is available as required through the local Te Whatu Ora service. The physiotherapist is contracted to attend to residents twice weekly. Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GPs and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including

		infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau. A sample of wounds reviewed across the service (including chronic wounds, pressure injuries, skin tears and lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. At the time of audit, there were five residents with a total of seven pressure injuries. There were three deep tissue pressure injures, one unstageable, and three stage II. The deep tissue injury and one stage II were externally acquired pressure injuries. The remainder are facility acquired. The service has documented an action plan for pressure injuries. The plan (in the process of implementation) includes skin care, monitoring, and training for staff. The management team are working with RNs to ensure a high level of supervision and adherence to care plan interventions. Handovers witnessed in the secure dementia unit, hospital and rest home included discussion of residents with wounds and care needed. There is regular documented wound care nurse specialist input in to chronic wound and pressure injury care. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight, food and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological

		observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the MDT case conference meeting.
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	The service employs a team of nine activity and lifestyle coordinators, including full-time and part-time coordinators. Two activity and lifestyle coordinators are undergoing diversional therapy training. The activity and lifestyle coordinators implement the activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, whānau and EPOAs. These were completed within two to three weeks of admission. The service has a contracted physiotherapist who is supported by an assistant. A monthly activities plan was posted on noticeboards and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired. The planned activities and community connections were suitable for the residents. The activity and lifestyle coordinators reported that activities are provided separately in the three respective wings. The activities on the programme included: walks; exercises to music; pet therapy; happy hour; church services; news and views; community library visits; bingo; floor games; table games; walks; navy museum visits; van outings; music; waiata; cooking; movies; art; and craft. There are regular outings and drives twice a week for each level of care (as appropriate). Monthly resident meetings provide a forum for feedback relating to activities. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit days. Residents are assessed by the GP/NP for approval for fitness to use the swimming pool.

		Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. There were 24-hour activity plans, which included strategies for distraction and de-escalation, completed for residents in the special care unit. Activities are offered at times when residents are most physically active and/or restless. Each resident has a sensory box developed detailing the past and present activities, career, and family/whānau. The activity and lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with the community Kapa haka group, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility. EPOAs, family/whānau and residents reported 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.	PA Moderate	There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers and RNs complete medication competencies. Regular medications and 'as required' medications are delivered prepackaged packs. The RNs and/or EN check the packs against the electronic and some paper-based medication charts and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There are no self-medicating residents on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse. The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the general practitioners are available to discuss treatment options to ensure timely access to medications. There are four medication rooms (hospital, rest home, dementia unit, serviced apartments) for which medication fridge and room air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and

		within expiry date. Twenty-two electronic medication charts were reviewed (20 electronic and two paper based) and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. Not all 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. Not all regular medications on the paper-based charts had been signed as administered. Standing orders are not in use. All medications are charted either regular doses or as required (prn). Over the counter medications and supplements are prescribed on the electronic medication system. Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Staff received medication training in medication management/pain management as part of their annual scheduled training programme.
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 food is prepared and cooked on site. The kitchen is managed by a kitchen manager, assisted by two chefs and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The custom food control plan expires on 22 December 2024. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and whānau/EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is

		utilised. The menu in use was reviewed by a registered dietitian in March 2024. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required. 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. The lead chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori. The menu included 'boil ups', Māori bread and pork, and these are offered to Māori residents on special occasions when national cultural events are celebrated.
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	Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility participates in the local Health New Zealand 'yellow envelope' scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their families/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required. The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the GP/NP. An escort is provided for transfers when required. Residents are transferred

		to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed. Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP, NP or RNs. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.
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 care centre is across three levels: the special care unit on level 2, rest home unit on level 3, and hospital unit on level 4. The serviced apartments are on level one and level five. There are lifts between floors. A keypad code or fob is required to enter the special care unit, that has 2 units. The front section on level 1 of the facility has offices, reception area, and toilets that can be utilised by the visitors and front office staff. The building has a current warrant of fitness that expires on 26 November 2024. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective units with mobility aids. There is adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and communal areas. The ensuites are spacious and safely accessible with the use of a hoist, as observed on the day of audit. There is a call bell at the head of each bed space. All ensuites have external windows to provide natural light and have appropriate ventilation and central heating. The warrant of fitness for the facility vans used to transport residents for outings were current.

		There are comfortable 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. Furniture is well maintained, and seating is appropriate for the residents. Residents' rooms are personalised according to the resident's preference. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. The planned monthly preventive maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and medical equipment. The scales are checked annually. Resident hot water temperatures are checked, and records demonstrate the temperatures were below 45 degrees Celsius. There is a covered swimming pool on site. The door to access the pool is locked and has fob access. Swimming pool water temperature checks are monitored twice per day. Reactive maintenance is carried out by the maintenance personnel and certified tradespeople where required. The service employs three maintenance personnel. The lead maintenance person and the village support person work from Monday to Friday and the other maintenance person works Thursday to Sunday. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. Each level of care area has a small kitchen that can be utilised by staff and residents to make drinks for residents. There is a nurses' station in the rest home and hospital level of care and two nurses' stations in the special care unit. In each level of care there are large dining and lounge areas, private areas or quiet rooms. All communal toilets have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas. The grounds and external areas were well maintained. External areas are independently accessible for residents in the rest home, hospital, and serviced apartments. Outdoor deck areas have seating and shade. There is safe access to all communal areas. Residents interviewed reported they were able to move around the facility and staff assisted them when required. In the special care unit, residents have access to safe balcony areas with planters, seating and shade. The courtyard areas have raised gardens, seating, and shade. The service has no current plans to build or extend the care centre.

		Taha Māori Kaitiaki employed by Ryman had consultation with local Māori providers to ensure aspirations and Māori identity were included. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.
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	Policies and procedures for fire safety, emergency planning, preparation, and response were available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 20 September 2020. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire evacuation drill was completed on 16 April 2024. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, continent products, and a generator. Emergency lighting is available and is regularly tested. All registered nurses had current first aid certificates. An automatic external defibrillator was located at the reception area. Staff understood the emergency procedures. The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance officer. Call bell audits are completed twice a year, and results were satisfactory. Residents and family/whānau confirmed that staff responds to call bells promptly. Appropriate security arrangements are in place. There was 24-hour security provided by an external provider. Doors are locked at predetermined times. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and

		guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.
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 Waitematā. Infection control and AMS resources are accessible. The infection control committee meetings are held every two months. Infection rates are presented and discussed at infection control 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 NP. 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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman head office, in consultation with 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 has completed external IP education in March 2024. The service has access to a national infection prevention control lead at head office. If there were to be major refurbishments or building plans, this would be coordinated by Ryman head office and would have infection control input. The IPCL described the outbreak management plan in place to manage the current Covid-19 and scabies outbreaks within the facility at the time of the audit. Staff were observed to adhere to infection prevention practices during the days of the audit, with full PPE worn to attend to residents with Covid-19 infection and scabies. The infection control coordinator audit monitors the effectiveness of education and infection control practices. The IPCL has input in the procurement of IP consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. The IP resources were readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell.

		There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care and outside the rooms of residents with Covid-19 infection, on the days of the audit. 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 head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The clinical team work in collaboration with the NP, GP, and the pharmacist to monitor the use of antibiotics. Quantity of antibiotic usage is monitored two 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 and NP. The AMS programme is evaluated annually.
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 is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at two monthly infection control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes were available for staff. Action plans were completed as required. Internal infection control audits are completed with

		corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. There were five Covid-19 and two scabies outbreaks reported since the last audit. There was a Covid-19 outbreak in the rest home and hospital units and scabies outbreak in the special care unit on the days of the audit. Appropriate infection prevention and control measures were implemented.
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 audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. All laundry is completed on site. There are at least two laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. 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	Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the 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 hospital unit coordinator (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.8.3 My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers’ Rights.	PA Low	There is an organisational complaints policy which is being implemented. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants; however, there is no documented evidence of complaint resolution.	There is no documented evidence of complaint resolution for all complaints reviewed for 2023 and 2024.	Ensure all complaints have documented evidence of complaint resolution. 90 days
Criterion 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service	PA Low	All care plans reviewed were reflective of the interRAI and other assessments, including input form specialist services and the GP. There was evidence that care plans had been individualised to the individual needs and request of the resident and/or whānau. Care plans reviewed did not all have stated goals of care and where there was an acute change	Two hospital level resident files and two rest home level resident files did not document goals for all of the domains of care. Short-term care plans or documented interventions for acute or short-term care needs are not constantly	Ensure that care plans have documented goals of care. Ensure that short-term needs have a documented

providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		on resident need, short-term care plans or other documentation to guide care had not always been documented.	documented. For example, one resident who returned from hospital did not have care needs documented and wound care plans do not have documented instruction for caregivers to follow.	care plan in place. 90 days
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	There are policies and procedures in place for safe medicine management. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. Not all 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. Not all regular medications on the paper-based charts had	i). Two paper-based charts (rest home level care) had an instance of regular medication not being signed on administration (one warfarin and one ensure). ii). Three hospital level electronic charts had as needed medication (PRN) with prescribing that does not comply with safe prescribing practices, including: one with no indication for use for diazepam; one with an indication that states "Covid-19'; one documenting salbutamol two to six puffs, but no	i). Ensure medication is signed for when administered. ii). Ensure prescribing is meeting safe prescribing practices. 30 days

		been signed as administered.	maximum dose over a period of time. iii). One rest home level chart had paracetamol prescribed as a regular dose and as a PRN dose, and also paracetamol and codeine as PRN, leading to a risk of overdose.	

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.

No data to display

End of the report.