

# Logan Campbell Retirement Village - Logan Campbell Retirement Village

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## Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Logan Campbell Retirement Village
<b>Premises audited:</b>	Logan Campbell Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 24 March 2025 End date: 25 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	127



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Logan Campbell Retirement Village is part of the Ryman Group, and provides rest home, hospital, and dementia levels of care for up to 122 residents in the care centre and 30 at rest home level in the serviced apartments. On the days of the audit, there were 127 residents, including 13 residents receiving rest home level of care in the serviced apartments.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with staff, management, and nurse practitioners.

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

Quality systems and processes are being implemented. Feedback from residents and families/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 audit identified that the service meets the required subset of the Ngā Paerewa Standard.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Logan Campbell Retirement Village provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives, which are reviewed regularly. Logan Campbell Retirement Village has a well-established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand- Te Whatu Ora.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general and nurse practitioners and visiting allied health professionals.

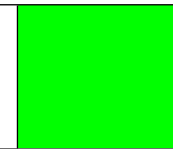
Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general and nurse practitioners.

The service has a current food control plan. There are snacks available for residents if required.

All residents' transfers and referrals are coordinated with residents and family/whānau.

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

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

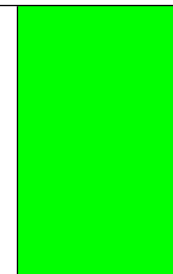


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## 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.

An infection prevention and antimicrobial stewardship programme is implemented that is appropriate to the size and complexity of the service and is reviewed annually. Staff orientation and ongoing education are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19, norovirus, and a respiratory outbreak were managed according to Ministry of Health guidelines.

## 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. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only uses an approved restraint as a 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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide the practice and service provided to residents at Logan Campbell Retirement Village. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman places on tikanga Māori and Te Tiriti partnership with mana whenua. The organisation has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There were no residents that identified as Māori on the day of the audit.</p> <p>Documentation and interviews with two managers and staff (village manager [VM], clinical manager [CM], a unit coordinator [UC], four registered nurses [RNs], kitchen manager, six caregivers, three housekeepers, physiotherapist assistant and maintenance lead) confirmed that they had all completed a range of cultural training and felt equipped to provide services in a culturally safe manner.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>Ryman New Zealand have health plans in place for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs. The service had residents and staff who identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting whaiora to follow their wishes. Eight relatives (one rest home, five hospital and two special care unit) and six residents (three rest home and three hospital) interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures have been gained appropriately. Enduring power of attorney documentation is filed in the resident's files and includes medical certificates of incapacity (where appropriate). All staff interviewed were knowledgeable of informed consent processes.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints/compliments management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously, respected, and to receive a timely response. The service has a complaint register in place. There were 11 complaints in 2024 and one in 2025 year to date. The complaint process timeframes were followed, and service improvement measures were implemented. Reviewed documentation, including follow-up letters and resolution for previous complaints, demonstrated that complaints were being managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Families/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident</p>

		<p>or whānau member, the service would seek the assistance of an interpreter or cultural advisor from the marae if needed. There have been no external complaints reported since the previous audit.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Logan Campbell Retirement Village is a Ryman Healthcare facility located in Greenlane. The 122-bed care centre is located over three levels. There are also 30 serviced apartment beds certified for rest home level of care. All beds in the rest home and hospital are certified as dual-purpose.</p> <p>Occupancy at the time of the audit was 127 residents: 56 hospital-level residents (including one hospital resident on a younger person with a disability [YPD] contract), 54 rest home-level residents (including 13 residents at rest home level of care in the serviced apartments, with one on a respite contract) and 30 residents in the two special care units [SCU], including one resident on a YPD contract. All other residents were under the aged residential care contract (ARCC).</p> <p>The Board oversees all aspects of the organisation's operations, from construction to village management and are very familiar with legislative and contractual requirements. The key business goals for Ryman Healthcare “Good enough for mum or dad. We do it safely or not at all” are embedded in everything they do, from the Board level to the village. Policy, procedure, and training resources ensure that these are embedded in all practices and day to day operations. Logan Campbell's objectives for 2025 include (but are not limited to) promoting a consistent reporting culture; staff awareness of health and safety; personal responsibilities; and management team operations. Organisational goals are related to the overall satisfaction of the service.</p> <p>A range of reports are available to managers through the electronic record system, including all clinical, health and safety and human resources. The VM completes a weekly report for the regional manager. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). There are weekly management meetings that provide an opportunity for discussing the objectives and progress. There is a quality and risk management plan updated as required and at least annually.</p> <p>The Māori health plan has been developed in partnership with local iwi and</p>

		<p>community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti o Waitangi partnership, address barriers to equitable service delivery, and improve outcomes to achieve equity for Māori. The Ryman quality auditor has a Taha Māori focus, and liaises with other teams within the business to assist achieving the cultural focussed goals.</p> <p>There is a clinical governance committee (CGC) in place with terms of reference that is appropriate to the size and complexity of the service provision. The CGC is a subcommittee of the Board which monitors the villages' performance and assists the Board in discharging its responsibilities. The CGC is responsible for regularly reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. The CGC members include Ryman Board members and Senior Ryman Leadership team members. The Board monitors performance of the company, with reports written quarterly.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which the organisational framework directs. Quality goals for 2025 were documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and registered nurse 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. Monthly internal audits are completed at the facility, and the quality team from the head office completes quarterly audits. Collation of data was documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign-off when achieved.</p> <p>Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding</p>

		<p>matters are addressed, with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. The annual resident/family satisfaction surveys completed in April 2024 reflected high levels of satisfaction in the environment, staff attitude, and general care. The VM and CM reported that the service had addressed areas of concern from the survey with the respective departments, such as laundry, activities, and communication.</p> <p>The quality and risk management plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements. Five SAC 2 reports were completed for three residents falls that resulted in fractures and two with suspected deep tissue injuries. There has been one Section 31 notification completed related to norovirus outbreak in February and March 2025, which was well managed and reported appropriately.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms held in the staffroom and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety. Individual reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trends. Results are discussed at the meetings. Ten resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Documentation was completed on the myRyman care plans, and data was collated through the electronic system.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Ryman Logan Campbell adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters over the past four weeks showed that all</p>

<p>culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>shifts were covered by experienced registered nurses and caregivers, with support from the clinical and management team. A significant number of staff members maintain current first-aid certificates, so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The CM reported that most of the training is completed online. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection prevention and control precautions); moving and handling; medication; dementia; assisted dying; cultural diversity; mattress care; bed sensor training; identifying deterioration; falls prevention; chemical training; wound management; emergency and security; health and safety; first aid; fire evacuation; and restraint management. Related competencies are assessed as per policy requirements.</p> <p>All caregivers are encouraged to complete the New Zealand Qualification Authority (NZQA) through Careerforce. Sixty-two caregivers have achieved their level three or four (or equivalent). Twelve of fifteen caregivers allocated to the special care (dementia) unit have completed their dementia unit standards. Five are enrolled in the training, including caregivers who work in the main hospital/rest home wing. The CM reported that the model of care ensured that all residents were treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, including recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for the registered nurse and associated health contractors.</p> <p>A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. All staff records reviewed indicated that</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>induction and orientation had been completed. Eight staff files (CM, two registered nurses, a kitchen manager, a caregiver, a housekeeper, an activities coordinator, and a maintenance lead) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six resident files were reviewed: two hospital resident files; two rest home resident files, including one in a serviced apartment; and two dementia resident files, including one resident on a YPD contract. The registered nurses (RNs) are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments and interRAI. All residents including the YPD resident had an interRAI assessment.</p> <p>Initial assessments and MyRyman long-term care plans were completed for residents, detailing needs, and preferences within 24hours of admission. The individualised MyRyman long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments or when there is a change in the resident's condition. All residents in the dementia unit who have challenging behaviour, have this clearly outlined in the care plan. This includes management. Evaluations are documented by an RN and include the degree of</p>

	<p>achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/ whānau involvement in care planning and documented ongoing communication of health status updates. Family/ whānau interviews and resident records evidenced that family/ whānau are informed when there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP or NP within required timeframes and when their health status changes. There is one GP, and three NP visits weekly and as required. Medical documentation and records reviewed were current. The two NPs interviewed stated that they had good communication with the service and that they were informed of concerns in a timely manner. The contracted GP and NPs are also available on call after hours on a rostered basis. A physiotherapist visits three hours daily from Monday to Friday. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products is available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Each area has a wound champion who reviews all chronic wounds weekly. A report is then sent to the clinical manager monthly. At the time of the audit, there were three stage I pressure injuries and three stage II injuries. The three stage II have almost healed. All pressure injuries had been seen by the wound care nurse specialist.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records and repositioning records. Staff interviews confirmed that they are familiar with</p>
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		<p>the needs of all residents in the facility and have access to the necessary supplies and products to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses packs and an electronic medication system. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in all the facility medication rooms. The medication fridge and medication room temperatures are monitored weekly. All stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP/NP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There were three residents self-administering medications, who had been appropriately assessed for competence, and had safe storage within their room. Their competency is reassessed three-monthly. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on. All over the counter medications have been prescribed by the GP/NP.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests. There is a verified food control plan which expires 26 September 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures to ensure that the discharge and transfer of residents are undertaken in a timely and safe manner. Family/whānau are involved for all discharges and transfers from the service. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and</p>	FA	<p>The building holds a current warrant of fitness, which expires 25 November 2025. The building is well maintained. Maintenance requests are completed online. The maintenance person checks online several times a day and signs off when repairs are completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>scales were checked and calibrated in June 2024. Electrical tagging was completed in January 2025. The caregivers and RNs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital and dementia level care residents. Residents interviewed stated that the environment was warm and comfortable.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme, which was developed with input from external IPC services. The IPC programme was approved by the quality team, in consultation with the clinical governance team, and is linked to the quality improvement programme. The IPC programme was current and is reviewed annually. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff and management meetings and reported back to the governing body.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p>

		<p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed during shift handovers to facilitate early interventions. Benchmarking is completed internally and externally with other sister facilities.</p> <p>Infection outbreaks of Covid-19, norovirus, and respiratory outbreak were reported in November 2024, February and March 2025 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notifications completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator is the clinical manager, assisted by two registered nurses. The restraint coordinator described the facility's focus as being on restraint elimination, and this is also the focus of the organisation. If restraint has to be considered, the restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing.</p> <p>There were no restraints at the time of the audit. There is a restraint register in place. Restraint is discussed at staff, RN and quality meetings and is included in the monthly report to head office. An annual review of restraint is completed by head office. All staff have annual restraint training and restraint competencies. Maintaining a restraint-free environment and de-escalation techniques are included as part of the orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.