

# Frances Hodgkins Retirement Village Limited - Frances Hodgkins Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Frances Hodgkins Retirement Village Limited

**Premises audited:** Frances Hodgkins Retirement Village

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

**Dates of audit:** Start date: 8 April 2025 End date: 9 April 2025

**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:** 52

# 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

Frances Hodgkins Retirement Village is part of the Ryman group and provides rest home level of care for up to 50 residents in the care centre and 32 serviced apartments. At the time of the audit there were a total of 52 residents including two residents receiving care in the serviced apartments.

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

There has been a change in management since the last audit. The village manager is newly appointed to the role and is supported by a clinical manager (registered nurse), a coordinator, administrator, and a team of experienced staff. The general manager operations and regional clinical lead were also on site during the audit. There are various members of the Ryman support office who provide oversight and support to village managers and to the clinical 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 programme and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit did not identify any shortfalls. A continuous improvement rating is awarded for the implementation of a meaningful activities programme.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Frances Hodgkins Retirement Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Frances Hodgkins Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family 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.

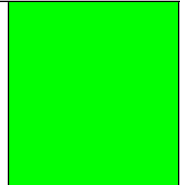
Services are planned, coordinated and are appropriate to the needs of the residents. The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific village operational objectives which are reviewed on a regular basis.

Frances Hodgkins 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. Frances Hodgkins Retirement Village provides clinical indicator data for the three services being provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that includes specified competencies for both registered nurses and caregivers that covers relevant aspects of care and support. External training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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An admission package is in place prior to or on entry to the service. The care plans reviewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

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

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

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is an annual planned maintenance schedule in place. Resident rooms have toilet and hand basin ensuite. There are adequate numbers of communal shower rooms. The facility has wide corridors with sufficient space for residents to safely move around using mobility aids. The outdoor areas were safe and easily accessible. There are policies in place for emergency management. There is a person on duty at all times with first aid training. The appropriate security measures are undertaken.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, 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 staff. 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. Antimicrobial usage is monitored.

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. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There were six outbreaks reported since the last audit and these have been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. 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 clinical manager is the restraint coordinator. The clinical governance team at head office oversees all restraint practices and the restraint coordinator and restraint committee manage this on site. There is no use of restraint. The goal of care is to ensure residents needs are met and they are enjoying their lives.

Staff receive training and mentoring on strategies for individual residents to ensure restraint is not used.

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide practice and service provided to staff at Frances Hodgkins Retirement Village and training is based on this. Residents and family/whānau can access any policies and in the past, the village manager has discussed with family/whānau how the policy can be implemented to meet their individual need.</p> <p>The service does not currently have residents who identify as Māori. There are staff employed who identify as Māori, with evidence of ethnicity including iwi affiliation documented in staff files. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. Staff who identify a Māori have community relationships related to Māori that they can share with the service.</p> <p>The organisational Māori Health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct</p>

		<p>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 family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with five managers (general manager [GM] operations, clinical regional manager, village manager, clinical manager, administrator); and 18 staff including two registered nurse (RNs) including a coordinator from the serviced apartment (UC), eight caregivers, activities and lifestyle coordinator, resident experience coordinator, one relieving lead chef, one lead maintenance, one laundry assistants, two cleaners, health and safety representative described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified that 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 content includes ways in which the hui process can support culturally safe care and services.</p> <p>The village manager has developed relationships with a local contact at Health New Zealand and a kaumatua support group at Arai Te Uru Marae for anything pertaining to Māori health and cultures. Ryman has the expertise the senior leadership team that provides for tikanga Māori and a Pasifika focus.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	<p>FA</p>	<p>Ryman New Zealand has health plans for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff, church groups, and the Pacific Trust Otago for community activities, cultural celebrations and Pasifika leaders.</p> <p>At the time of the audit there were no residents that identified as</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>Pasifika. The unit coordinator and RNs advised that family/whānau members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed 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 and the community.</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>Ryman policies and procedures are being implemented that align with the requirements of The Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Six family/whānau and eight residents interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the</p>

		<p>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.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Residents choose whether they would like family/whānau to be involved in their journey at Frances Hodgkins Retirement Village. 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.</p> <p>Frances Hodgkins Retirement Village has delivered training that is responsive to the diverse needs of people accessing services and training provided in 2024 and this has included sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse &amp; 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.</p> <p>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 interdenominational services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education</p>

		<p>for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and family/whānau input. Resident values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map as part of the assessment and care planning process. 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. The 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. Te ao Māori is facilitated through an extensive Poi exercise programme that incorporates waiata and te reo Māori.</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>The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code which supports each resident 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.</p> <p>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. Staff, residents, family/whānau and the general practitioner interviewed stated that there was no evidence of abuse or neglect.</p> <p>Residents have enduring power of attorney for finance, health and</p>

		<p>wellbeing documented in their files (sighted). Residents have property documented and signed for at 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.</p> <p>The service implements a process to manage residents' comfort funds. The family/whānau open an account for their resident and this is monitored by the administrator who manages the accounts and sends a balance and statement to the family/whānau monthly. Frances Hodgkins Retirement Village do not hold comfort funds or cash for additional services e.g. hair dressing, podiatrist for rest home level of care, non-government funded prescriptions, however, an Eftpos service is provided.</p> <p>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, cultural diversity, 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. All residents interviewed confirmed that staff are caring and responsive to their needs. Family/whānau interviewed confirmed that the care provided to their family/whānau was of a high standard.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Bi-monthly 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. All correspondence with family/whānau is documented in the myRyman resident file. The accident/incident forms reviewed identified family/whānau are kept informed of any adverse event. Family/whānau interviewed also confirmed that communication with them was maintained consistently and comprehensively with any change or review of care escalated immediately.</p>

		<p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family/whānau members, picture charts and online translation tools if required. Staff when interviewed gave examples of how they communicate with residents when there are difficulties for residents understanding information or directions. This included the use of body language, simple choices, patience and direction if required. Staff also gave examples of residents who were extremely hard of hearing with white boards used to communicate information.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services including mental health services for older people. The service uses suppliers for training and resources e.g. continence to ensure the right equipment is used. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinator 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 members interviewed stated they receive appropriate timely notification to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	<p>FA</p>	<p>The informed consent policy guides staff in obtaining informed consent for cares, outings, photographs and vaccinations. Completed consent forms were sighted in residents' files. These are either signed by the resident or their enduring power of attorney. Where the enduring power of attorney signs the consent, the resident is also involved in discussions. Residents and family/whānau confirm they are informed and given choices about their care and given time to make their</p>

<p>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>decision. Where a resident chooses not to give their consent for certain cares, there is evidence in their file of extensive conversations with the resident and their family/whānau about the risks but ultimately the resident has the choice to make decisions for themselves. The appropriate best practice tikanga guidelines are followed in relation to consent.</p> <p>Advanced directives were sighted in residents' files. These are also signed by the resident, their enduring power of attorney and the nurse or general practitioner. The policy guides staff in adhering to tikanga in obtaining informed consent. Residents who require, had letters of assessment of mental incapacity by a certified medical professional for invoking the enduring power of attorney (EPOA) for Personal Care and Welfare.</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 Ryman complaints policy is implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings as sighted in meeting minutes reviewed.</p> <p>Two complaints were made in 2023 since the last audit and six in 2024. One complaint was lodged and dealt with by Health New Zealand (January 2024). There were no complaints for 2025 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. No trends were identified. There is documented evidence of complaint resolution with positive outcomes documented from complainants in five complaints reviewed. One complainant was interviewed at the time of the audit who reported that management were responsive to their concerns. Managers and staff interviewed reported that complaints (and corrective actions if identified) are discussed at relevant meetings.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with</p>

		<p>advocacy services information provided at admission and as part of the complaint resolution process. Resources for Māori (when admitted) who wish to complain are 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, which may include representation of a cultural advocate at a restorative hui.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ryman Frances Hodgkins Retirement Village is a Ryman Healthcare facility located in Dunedin and certified for rest home level of care. There is a total of 82 certified beds (50 beds in the care centre and up to 32 across the serviced apartments). At the time of the audit there were 52 residents (including two residents on respite care and two in the serviced apartments). All other residents were on the aged related residential contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch, with a regional office in Auckland. There has been a recent change in organisational structure. Village managers' report to the general managers operations, who report to the chief operating officer, who is a member of the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the general managers operations on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the GM operations and chief operating officer against targets.</p> <p>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 Board oversees all operations from construction to village operations. The governance body has terms of reference. The Board is taking a comprehensive approach to addressing barriers to inequity, improve Māori and people with disabilities wellbeing outcomes. Reports are regularly provided to the Board and senior leadership to address inequity as required. A</p>

	<p>dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua support to the Board.</p> <p>Training, part of an ongoing process, is being developed to ensure competence with Te Tiriti, health equity, and cultural safety. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Senior leadership team and board members have received training in the Mihi Whakatau process. Mauri Oho Ryman’s Māori engagement strategy also includes objectives for developing learning modules specifically designed to meet the needs of the Board and Governance team.</p> <p>There is a clinical governance committee whose focus is the clinical aspects of operations. The clinical council sits under the clinical governance committee and comprises of managers that are subject matter experts, 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.</p> <p>Ryman engages with residents and family/whānau through input into care planning. Resident feedback/ satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through resident and family/whānau meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Frances Hodgkins Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers – operations approve the Ryman organisational business plan. From this the individual villages develop their own operational objectives. The Frances Hodgkins Retirement Village business plan FY26 is based around Ryman strategic direction and reflect the values and philosophy of providing quality of care, manage internal and external risk and sustainable financial results. There are village objectives documented with evidence of quarterly review of the 2024 objectives. A full review</p>
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		<p>of the 2024 village objectives was completed prior to the development of the 2025 village objectives. New village objectives for 2025/2026 are expected to be reviewed quarterly against key milestones to measure village success.</p> <p>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.</p> <p>The village manager (non-clinical) at Frances Hodgkins Retirement Village has 17 years previous leadership experience within the aged care sector and has been in the role for nine weeks. They are supported by a clinical manager who has been with Frances Hodgkins Retirement Village for 19 years.</p> <p>The village manager stated they are in the process of completing a comprehensive induction to their role. The management team are supported to advance in the Ryman Leadership programme (Lead and Empower). The clinical manager has completed the external leadership programmes endorsed by Ryman.</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>Frances Hodgkins Retirement Village is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives.</p> <p>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 at meetings include quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of</p>

	<p>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. Meeting minutes including quality data and trends with staff able to access these documents 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.</p> <p>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. A resident satisfactions survey (April 2025) and family/whānau satisfaction survey (August 2024) evidence favourable results. Corrective actions were previously recorded in 2024 were against the food service and communication; all were implemented and monitored. The corrective actions for 2025 are still in the process to be identified as the results has not yet been made available to the village manager. Various quality improvement processes were documented and followed up on their progress. A continuous rating is awarded for the implementation of the activities programme( link CI 3.3.1).</p> <p>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.</p> <p>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 and risk register were sighted and are reviewed at monthly health and safety meetings. 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 and competencies for staff. In the event of a staff accident or incident, a debrief process would be documented on the</p>
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		<p>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 with all audits sighted for 2024 confirming that there was over 95% compliance.</p> <p>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.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There was one section 31 event reported as a serious adverse event (SAC2) report to the Health Quality and Safety Commission appropriately.</p> <p>There have been six outbreaks reported since the last audit. Appropriate reporting was completed for notifiable outbreaks by the Infection Prevention &amp; Antimicrobial Stewardship (IPAS) operational team and public health was informed (sighted).</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 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>	FA	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and unit coordinator (serviced apartments) ensure there is seven day per week management role on site. The clinical manager and the unit coordinator share on call after hours for all clinical matters. The village manager is available for maintenance and property related calls along with the maintenance lead. In addition to the clinical manager and unit coordinator; there are another additional RN on site seven days a week till 5 pm. There is an interRAI nurse dedicated to</p>

	<p>complete interRAI assessments that usually works on Saturdays and Sundays supernumerary to the RNs already on site.</p> <p>There were sufficient caregivers allocated to the serviced apartments till 9pm and in the care centre 24/7 to meet the needs of the residents. 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 staffing levels are satisfactory, and that the management team provides good support. The serviced apartment calls escalated to the RN overnight. The emergency call bell in the serviced apartment or any in the care centre show on all displays at any given time. Staff carry pagers. There are senior caregivers allocated to support the RN role and is responsible for RN delegated tasks on the afternoon and night shift. Caregivers always working under the direction and delegation of an RN. Caregivers are trained to identify changes/deteriorations in the residents and empowered to call on the RN (when not on duty).</p> <p>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.</p> <p>The annual training programme that 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.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 35 caregivers in total, 21 of whom have achieved NZQA level three or four. There is a Careerforce verifier on site. Caregivers' complete competencies including manual handling, medication (as relevant), and hand hygiene.</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs related to specialised procedures or treatments including infection control, wound management medication and insulin competencies. Caregivers may</p>
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		<p>also complete these competencies as relevant to their areas of expertise. At the time of the audit there were five RNs and one is interRAI trained. 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.</p> <p>Training topics for 2024 including (but not limited to) dementia model of care, ageing process, skin management and wound care, management of distressed behaviour, restraint, code of rights, continence management, informed consent, complaints management, nutrition, and hydration. Clinical topics for RNs include management of acute deterioration, palliative care, pressure injury and wound management, mandatory reporting, infection control and pain management.</p> <p>Staff interviewed report a positive work environment with a team approach and supportive management. Ryman as an organisation have initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. Staff survey conducted in May 2024 evidence a fair, safe and happy workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Nine staff files 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 had a three and/or six month review completed after completion of induction. 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.</p> <p>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.</p> <p>Following any incident/accident, evidence of debriefing and follow-up</p>

		<p>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 social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information 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 village manager is the privacy officer and manage request for health information in a manner according to the Privacy Act 2020.</p> <p>The service is not responsible for National Health Index registration</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission policy and procedure to safely guide service provision and entry to the service is in place. Residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and family/whānau at entry with specific information regarding admission to the rest home and hospital. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the aged residential care contract. The eight admission agreements</p>

		<p>reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The clinical manager is available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. The service has developed working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight rest home level resident files were reviewed, including one resident on respite care and one resident in the serviced apartments. All assessments are completed by the RNs, and these inform the resident care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, myRyman care plans development and reviews have been completed within the required timeframes. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.</p> <p>Risk assessments are conducted on admission relating to falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment has been implemented for all residents. The resident files reviewed had the outcomes from assessments and risk assessments reflected in the care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with the resident or significant others form the basis of the</p>

	<p>electronic myRyman long-term care plans. My Ryman care plans are goal orientated and evidence a resident focussed model of care. The myRyman care plans are comprehensive, holistic and individualised. Interventions meet the needs of the residents. The service supports Māori and whānau to identify their own pae ora outcomes through input into their myRyman care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Progress towards the goals are documented. Short term care plans are used for short term acute issues and signed off when resolved.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GPs visit weekly and provides out of hours call services. The GP (interviewed) commented positively on the quality and consistency of the care provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, and wound care specialist nurse is available as required through Health New Zealand. Physiotherapists are available as required.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. The RN documents at least weekly and as necessary for rest home residents. There was evidence the RN add to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. This was confirmed through the</p>
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		<p>interviews with family/whānau.</p> <p>A sample of wounds reviewed across the service (including a chronic wound, a stage two pressure injury, skin tears and minor lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed.</p> <p>Caregivers and the RN described handovers which included discussion of residents with wounds and care needed. There is regular documented wound care with nurse specialist input into chronic wounds and the pressure injury. Caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The 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; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities.</p> <p>Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Long-term care plans had been updated with any changes to health status following the multidisciplinary team case conference meeting. Family/whānau are invited to attend the multi-disciplinary case conference meeting.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>The service employs an activities coordinator who is based in the care centre and is about to commence the diversional therapist qualification. This role works alongside the resident services coordinator who provides the activities programme for the serviced apartments (there are two rest home residents) and independent living units. Residents</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>from all areas of the facility are able to join in with activities programme that is offered. The activities programme reflects the physical and cognitive abilities of the resident groups. The programme is overseen by the group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These were completed within two to three weeks of admission.</p> <p>The management team and the activity coordinator have been further developing the activities programme to better meet the needs of the residents. A continuous improvement rating has been awarded for the implementation of the activities programme.</p> <p>The monthly activities plan was posted on noticeboards and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired.</p> <p>The planned activities and community connections were suitable for the residents. Activities on the programme included walks, exercises to music, pet therapy, happy hour, church services, news and views, community library visits, housie, floor games, table games, walks, van outings, music, cooking, movies, art, and craft. There are regular outings and weekly drives. Monthly resident meetings provide a forum for feedback relating to activities. The activity coordinator completes daily attendance registers. Residents were observed participating in a variety of activities on the days of the audit.</p> <p>The activities coordinator reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through community engagements, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility.</p> <p>Family/whānau and EPOAs, and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room</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>which is also the RNs office. Caregivers and RNs complete medication competencies which were all current. Regular medications and pro re nata (PRN) medications are delivered prepackaged packs. Medication packs are checked by the RN against the electronic and paper-based medication charts (for respite residents) with a record of medication reconciliation maintained. Discrepancies are fed back to the supplying pharmacy with a completed incident report. Expired medications are returned to the pharmacy in a safe and timely manner. There were three residents self-administering their medications. All assessments, reviews, storage, and procedures relating to self-administration of medications had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by the RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. The RN and the GP are available to discuss treatment options to ensure timely access to medications.</p> <p>The medication fridge and room air temperatures are checked daily and recorded. The temperatures were within the acceptable temperature ranges. Eye drops were dated on opening and within the expiry date. Sixteen medication charts were reviewed including twelve electronic and two paper charts. The medication charts met the prescribing requirements with photographic identification and allergy status completed. The GP had reviewed the medication charts three-monthly and discuss any changes with the resident and family/whānau where required. All PRN medications had prescribed indications for use. The effectiveness of PRN medications had been documented in the medication system.</p> <p>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system. The RN interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff have received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
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<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>	<p>FA</p>	<p>The food is prepared and cooked on site. On the days of the audit the kitchen was managed by a relief lead chef, assisted by a cook’s assistant and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The custom food control plan expires in December 2025. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences were available in the kitchen folder. There is a four-week cycle seasonal menu being implemented. The menu in use was reviewed by a registered dietitian in March 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. The kitchen has a servery which opens to the spacious dining room where residents are served by kitchen staff. For residents who choose to dine in their room food is served with an insulated cover. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The relief lead chef reported that the service prepares food that is culturally specific if required. The menu included ‘boil ups,’ Māori bread and pork, and these are offered to Māori residents on special</p>

		occasions when national cultural events are celebrated. Residents were observed in the dining room and the environment was pleasurable, with minimal background noise.
<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 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 utilises the Health New Zealand 'yellow envelope' scheme to ensure sufficient detail is shared with other agencies to ensure a safe transition. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness that expires on 2 December 2025. The facility employs a full-time maintenance person. The maintenance lead ensures daily maintenance requests recorded in the register are addressed. The full-time gardener also assists with maintenance requests. There are preferred contractors available for essential services. An annual planned maintenance schedule has been maintained and includes electrical testing and tagging (last completed December 2024), calibration and functional checks of medical equipment (last completed in January 2025), call bells checks and resident hot water temperature monitoring. Temperature recordings reviewed were below 45 degrees Celsius. The maintenance schedule includes the serviced apartments. The warrant of fitness for the facility</p>

	<p>van used to transport residents for outings was current.</p> <p>The facility has wide corridors with sufficient space for residents to safely move around using mobility aids. There are paved areas in the courtyard and there is safe access for residents to the outdoor areas. Seating and shade are provided. General living areas and resident rooms are appropriately ventilated and heated with heat pumps/air conditioners in all the lounges.</p> <p>All rooms have external double-glazed windows with natural sunlight. Residents are able to adjust the heating in their rooms. There is a call bell at the head of each resident's bed space. Resident rooms have a toilet and a hand basin. Toilets have privacy locks. There are adequate communal showers available with privacy locks and privacy curtains in place. Residents interviewed confirmed their privacy was assured when staff were undertaking personal cares. All residents' rooms were of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms as viewed on the days of the audit. The rest home has a large dining room which opens onto the spacious lounge area, both areas can be used for activities.</p> <p>Rest home residents who live in serviced apartments have a lounge and dining area which can be used for activities. There are smaller lounges which open out onto balconies which have seating and shade. All the lounges have seating placed to allow for individual or group activities and are available for quieter activities such as reading and also for any visitors.</p> <p>The serviced apartments are located in close proximity to all the communal areas and there is a RN who works in the area. There is safe access to the outdoors. All rooms and ensuites are spacious for safe mobility and manoeuvring of equipment. All serviced apartments have suitable heating, ventilation, and ample natural light. There are handrails in the shower and toilet and call bells within the ensuite and bed area of the apartment. A call bell is at the head of each resident's bed space.</p> <p>The service has no current plans to build or extend the rest home. There are processes in place through Ryman head office to ensure consultation with local Māori providers to ensure aspirations and Māori</p>
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		identity would be included if there were planned changes. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A site-specific emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service on 24 January 1995. Fire evacuation drills are conducted every six months and these are added to the training programme. The fire evacuation drill was last completed on 10 September 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 time limits by an external contractor. The facility is well prepared for civil emergencies with civil defence supplies available (checked monthly) and sufficient storage of emergency water (in excess of 8000 litres in the facility water cylinders and water cylinders in each of the serviced and independent living apartments as well as extra bottled water on site) which is adequate supply for three litres per resident per day for three days. There are barbecues available for alternative cooking.</p> <p>Emergency food supplies are sufficient for at least seven days are kept in the kitchen. There is a generator located on site to run essential services (tested monthly by a contractor). Emergency lighting is available and is regularly tested. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate ensuring there is a first aid trained staff member is on duty 24/7. First aid kits were located in the van, nurses' station, kitchen, laundry and at reception. The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked by the maintenance lead. Residents and family/whānau confirmed that staff responds to call bells promptly. Appropriate security arrangements are in place. The service utilises security cameras located outside the facility entrances. There are</p>

		<p>security checks provided by an external provider throughout the night. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when they need to access to the facility after hours. The visitors' policy and guidelines are available to ensure residents' safety and wellbeing are not compromised by visitors to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention &amp; Antimicrobial Stewardship (IPAS) Governance policy was updated in January 2025 which refers to a set of commitments and actions that they village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use." Advice around infection control matters is also sought via Ryman's IPAS Nurse Specialist (RN), Regional Operations Manager and Operations Manager (RN), Group Clinical Care Manager (RN), and local infection control specialist team at Public Health and liaising with GPs.</p> <p>The Infection Prevention and Antimicrobial Stewardship (IPAS) governance committee structure consists of organisational and village committees. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors).</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS</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.</p> <p>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>programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist. The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme within the organisation. 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. The facility infection prevention control leader (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 2024.</p> <p>The Village IPAS Committee meets every two months. Meetings discuss relevant policy and document changes, relevant education, data and analysis and audits and any concerns. The Village IPAS Committee Consists of the village manager, administrator, clinical manager (IPCL), RNs and unit coordinator.</p> <p>The service has access to a national IPAS nurse specialist. The IPCL described the outbreak management plan in place to manage previous Covid-19 and influenza outbreaks within the facility. Outbreak management plans and post outbreak meetings were sighted for the outbreaks of Covid-19 and influenza. These included notifying Public Health, completion of daily case logs and daily updates to Health New Zealand, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication and a summary of the successfulness of the response.</p> <p>On interview staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective clothing. The IPCL audit monitors the effectiveness of education and infection control practices. The IPCL has input in the procurement of consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. There are resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able</p>
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		<p>to locate policies and procedures. The IPCL conducts spot audits on hand hygiene practices six monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.</p> <p>The IPCL stated that when the service has any Māori residents, they would work in partnership with them and their 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 policies and procedures require that the IPCL be involved should there be any changes or refurbishment of the facility. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist and approved by the clinical governance committee.</p> <p>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 Ryman Medication advisory committee (MAC) works in collaboration with the village IPCL, IPAS nurse specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity</p>

		<p>and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. 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 are reported to the IPAS nurse specialist and general practitioner.</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 IPAS programme is appropriate for the size and complexity of the service and provide guidelines in management of associated risks. The 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 reported in the myRyman electronic system and data is extracted into Power BI for analysis.</p> <p>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 the village IPAS committee, health and safety committee meetings and various staff meetings. Infection surveillance data is reported to the IPAS operational team, which in turn reports to the IPAS advisory committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors). The service is incorporating ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and residents who develop or experience a healthcare associated infection.</p> <p>There were three Covid-19 outbreaks (March, April and July 2024), two influenza outbreaks (April and June 2024) and one Respiratory syncytial virus (RSV) outbreak, reported since the last audit. Appropriate section 31 reporting was completed for notifiable outbreaks by the IPAS operational team (not sighted) and public health informed (sighted). Appropriate infection prevention and control measures were implemented. Debrief meetings were held with</p>

		evidence of identified improvements made to future practice.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are 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 are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields and masks are 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 are available. Cleaning staff interviewed could describe their role and responsibilities. They confirmed they had received training in the use of different coloured cloths and mops and in the dilution of chemicals used. The facility was seen to be clean throughout. Cleaning and laundry services are provided across seven days a week.</p> <p>Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. On interview a laundry assistant and cleaner identified an understanding of infection prevention practices. All laundry is completed on site. 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 are well stocked, and linen was sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly. The IPCL oversees the implementation of the cleaning and laundry audits. The IPCL provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>Ryman operations and governance demonstrate a commitment toward eliminating restraint as evidence in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint</p>

<p>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>and application must be done in partnership with family/whānau. The choice of device must be the least restrictive possible. At any time if restraint were to be considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. Frances Hodgkins Retirement Village has always been restraint free.</p> <p>The clinical manager is the restraint coordinator and confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The management team and the activity coordinator have been working with the residents and family/whanau to further develop the activities programme to better meet the needs of the residents.</p>	<p>Staff have become increasingly aware they would need to implement a significant change to promote and integrate Māori culture into the Frances Hodgkins lifestyle village. Frances Hodgkins Retirement Village has had a small number of Māori residents over the past three years. Currently there is one who has no specific cultural requirements. Despite actively working as per policy to increase numbers of staff who are Māori, there are few staff members who identify as Māori.</p> <p>Music has always been a key element of the Frances Hodgkins Retirement Village activities programme. Through discussions with the team and a staff member who is Māori and is skilled in aspects of their culture. It was decided to review the activities programme and include activities such as poi, music, and te reo Māori. The aims of these new activities were to foster cultural awareness among staff and residents, family/whānau, support hauora (wellbeing), and build a culturally inclusive village environment. Long term goals were to embed cultural activities into long-term planning and orientation processes, celebrate more</p>

			<p>Māori cultural milestones e.g., Puanga/Matariki, Te Wiki o te reo Māori), develop a cultural advisory group including residents, staff, and local iwi representatives.</p> <p>This project started with providing the residents with their own poi, initially six were available, then there were ten and now there are 26 pois in use. Collaboration began with their music therapist (who is Māori) to introduce basic poi techniques alongside song. Staff were encouraged to participate, and activities were aligned with Māori cultural events (e.g., Māori Language Week, Matariki, Waitangi Day). Māori music and waiata were incorporated to create a familiar and enjoyable atmosphere. The use of a you tube video on the health benefits of poi was shared amongst staff, residents and family/whānau. Other resources including poi for residents to use were obtained, an appropriate playlist was developed along with ongoing building of community partnerships established with local marae and kōhanga.</p> <p>The activities coordinator showed the video to a group of rest home residents, and it was decided to add poi sessions to the weekly programme on Fridays. These began with simple, repetitive movements and familiar songs. The staff member who had experience in poi was freed up from their role and worked with the initial small group on technique progression, waiata learning, basic te reo Māori phrases and cultural history segments. YouTube was used to share kapa haka performances at these sessions to promote engagement and learning. The initial focus was to be working on a particular song along with a kōhanga reo and the plan is to have a combined performed, this may or may not be part of a planned marae visit.</p> <p>An evaluation of the activity evidenced there has been increasing participation with some residents stayed on after prior activities to join or observe. There has also been regular attendance by some of the notable detractors of the initial idea and the resident who said they have no cultural needs attends and is seen to be enjoying the sessions (witnessed on the day of the audit). Sessions are now a consistent and valued part of the weekly programme. Resident engagement is growing as new songs and movements were introduced.</p>
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			<p>The learning atmosphere described as 'no judgement' and highly social, enhancing of hauora (wellbeing). Staff engagement and cultural competency is improving improved through involvement and peer learning. Residents and family/ whānau report they enjoy the cultural storytelling, music, and movement blend.</p> <p>There are a number of indicators of success with the growing class size; new residents joining weekly – it was initially just a few people but over the weeks and months it has grown. Residents who have been detractors are now attending and participating in sessions, two residents writing down the enjoyment of this as an experience/opportunity. In particular, one resident noted this as an opportunity to reach out to their grandchild. Two family/whānau interviews reported that this new activity was included in their conversation with their parent whereas there had been no communication regarding activities. The 2025 satisfaction survey shows incremental improvement in activities since 2023 survey for activities (4.06 /5.0) and has increased from 4.17/5.0 in 2024 to 4.24/5.0 in 2025.</p> <p>Initially the numbers at this specific activity were not captured on the activities record; however, the class numbers are now being recorded with it being consistently 20 – 25. It was 23 residents and four staff on the day of the audit. It was evident at the session on the day of the audit of the enjoyment and enthusiasm this new activity had brought to the facility - not only were the residents using their poi in front of them but also as high as they could with many using it above their head. Residents were also singing the waiata, conversations by staff and residents about the session carried on into lunch about the music the poi, the fun. Staff report there is increased awareness and conversation around Māori culture among residents. Improved activities staff confidence and participation in te ao Māori initiatives and strengthened relationships with local Māori communities (planning of the marae visit).</p> <p>As Frances Hodgkins Retirement Village move on with this, there needs to be increased poi resources to meet growing demand. Further actions will include - maintaining weekly poi sessions and consider adding a kapa haka-style class and te reo Māori focused</p>
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			<p>sessions. The involvement of residents to explore additional ways with residents, family/whānau and staff to see how Māori perspectives can be woven into daily life at Frances Hodgkins Retirement Village. Have the kōhanga reo visit to rehearse the collaborative waiata performance. Encourage staff-led cultural activities and ongoing education. Actively record, review and document resident feedback regularly to tailor sessions.</p>
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End of the report.