

Linda Jones Retirement Village Limited - Linda Jones Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Linda Jones Retirement Village Limited
Premises audited:	Linda Jones Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 April 2025 End date: 11 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:	114



Executive summary of the audit

Introduction

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

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

Linda Jones is part of the Ryman group, and provides hospital (geriatric and medical), rest home and dementia levels of care for up to 116 residents in the care centre, and up to 30 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 114 residents.

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, management, staff, and a general practitioner.

The village manager is supported by a clinical manager (registered nurse), unit coordinators, resident services manager, and a team of experienced staff. There are various groups in the Ryman support office who provide oversight and support to village managers including a regional clinical support manager, and regional operations manager.

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

This certification audit identified the service meets the standard.

Ō tātou motika | Our rights

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

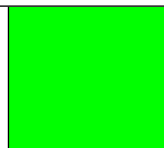


Subsections applicable to this service fully attained.

Linda Jones 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. Linda Jones provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. There is evidence that residents and family 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 operational objectives which are reviewed on a regular basis. Linda Jones 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. Linda Jones provides clinical indicator data for the three services being provided. There are human resources

policies including recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families 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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Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and myRyman care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs.

A dedicated team of staff lead the activities programme throughout the facility. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. Residents are satisfied with the activities on offer.

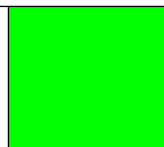
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

All meals and baking are prepared onsite. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for. Residents expressed satisfaction with the food services provided.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

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



Subsections applicable to this service fully attained.

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single with full ensuite facilities. There is lift access to all floors. All communal areas and resident rooms have natural light.

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

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

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

Subsections applicable to this service fully attained.

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

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

The service has a robust pandemic and outbreak management plan in place. Covid -19 response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Outbreaks reported since the last audit were managed effectively.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

A registered nurse 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 ongoing training 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	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to staff at Linda Jones 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. Policies are developed in partnership with relevant teams, whānau representation, and cultural groups. The current policies and documents were developed by a Ryman quality team member who identifies as Māori and Pasifika. Additionally, a dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua, Whare Creative and team members who identify as Māori.</p> <p>The service currently has residents who identify as Māori, and there are staff employed who identify as Māori, for whom the onboarding process evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</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 their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their whānau are enabled. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with three managers (village manager, clinical manager, and resident services manager) and twenty-four staff; six registered nurses (RNs), four unit-coordinators (UCs), seven caregivers, four activities coordinators, one lead chef, one facilities manager and one laundry staff) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents include recognition of east versus west cultural perceptions, the four stages of the hui process and ways in which the hui process can support culturally safe care and services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved</p>	<p>FA</p>	<p>Ryman New Zealand have health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs.</p> <p>At the time of the audit there were residents that identified as Pasifika. The unit-coordinators and RNs advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and</p>

<p>health outcomes.</p>		<p>ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their myRyman care plan and activities plan.</p> <p>The village manager confirmed how they support any staff that identified as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and use their skills within the team to connect with residents.</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 Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to discuss any concerns.</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>Eleven family/whānau (four rest home, five hospital, two dementia) and ten residents (six rest home and four hospital) 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 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. Staff receive training on the Code of Rights at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua and providing services for Pacific Elders and other ethnic groups.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2024 and in the current year includes (but is not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & neglect; advocacy; spirituality; cultural safety, and tikanga Māori. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care.</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 church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the</p>

		<p>concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused with resident and whānau input. During the development of the resident's myRyman care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map. This information forms the foundation of the resident's myRyman care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</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 of Residents Rights and follows the Code of Health & Disability Services which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</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. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family have written information on residents' possessions and accountability management</p>

		<p>of resident's possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family members is of a high standard.</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. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</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 members, picture charts and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family 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 (eg, dietitian, speech and language therapist, and wound</p>

		nurse specialist). The delivery of care includes a multidisciplinary team review. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family members interviewed stated they receive appropriate timely notification to attend.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Eleven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available and had been activated where necessary.</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>	FA	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Two complaints have been made since the last audit in 2024, and one made in 2025 year to date. The complaints reviewed evidenced acknowledgement of the lodged complaint, an investigation, communication with the complainants, and documented resolution. All</p>

		<p>complaints reviewed were of a minor nature, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. There have been no external complaints received.</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 advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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 Linda Jones Retirement Village provides care for up to 116 residents at hospital, rest home and dementia level care in the care centre and up to 30 residents at rest home level care in the serviced apartments. All rooms in the rest home and hospital units are dual-purpose. There are 36 beds in the dementia units.</p> <p>On the day of audit there were 114 residents in total. There were 44 rest home residents in the care centre including four in the serviced apartments and one resident on respite care in the serviced apartments. There were 38 hospital level residents, including one resident on an ACC contract, and three respites; and there were 32 residents in the dementia units on the day of the audit. All residents other than the respite and ACC were under the aged residential care 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</p>

	<p>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, Māori, and people with disabilities. Ryman has the expertise of a Quality Auditor with a Tikanga Māori and Pasifika focus. The auditor liaises with other teams to identify barriers for Māori, write policies, and design processes to be more equitable and inclusive. Reports from the Quality Auditor are regularly provided to the Board and senior leadership to address inequity as required. The quality auditor has created a dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua.</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 Whakataua 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 is made up of 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</p>
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	<p>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 Linda Jones 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 Ryman business plan is based around Ryman values, including (but not limited to) excellence, team, and communication. These align with the village objectives. Risk is managed through a series of meetings with an organisational risk management register documented and reviewed monthly.</p> <p>There are village objectives documented with evidence of quarterly review of the 2024 objectives. A full review of the 2024 village objectives as completed prior to the development of the 2025 village objectives. Linda Jones objectives include goals toward health and safety, quality of care and safe staffing. Discussions with staff evidenced a cohesive team approach with staff stating that they all (managers and staff) worked together for the betterment of residents and family/whānau. Organisational goals relate to improvement of the service.</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 at Linda Jones has leadership experience in the disability and mental health sector and has been in the village manager role for 15 months. They are supported by a resident services manager (enrolled nurse), and a clinical manager who has been with Ryman for over 12 years and has been in the role for two years. The management team is supported by a regional clinical support manager, regional operations manager, and Ryman Christchurch (head office).</p> <p>The village manager attends management development sessions through Ryman. The management team are supported to advance in</p>
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		the Ryman Leadership programme (LEAP- Lead Energise and Perform) and leadership development online course (eight hours).
<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>	FA	<p>Linda Jones is implementing a quality and risk management programme. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 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 cultural navigator/Kaitiaki role commenced in July 2022. This person ensures that organisational practices from the Board, down to village operations improve health equity for Māori.</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 include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</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. The 2024 resident and relative satisfaction surveys were completed in August 2024 and demonstrate a net promoter score (NPS) of 4.36, which is an increase of 0.14 on the previous year's results. Corrective actions were initiated related to</p>

		<p>communication, and laundry as a result of survey comments.</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 officer interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented the Donesafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits.</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 have been Section 31 notifications completed and seven SAC reports submitted for pressure injuries, falls with injury, and one related to clinical process. There have been five outbreaks since the previous audit, all of which were well managed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and serviced coordinators ensure there is seven day per week clinical management on site. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The facilities manager is available for maintenance and property related calls. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 56 caregivers in total, 17 of whom have achieved NZQA level four. Thirty-two regularly work in the secure dementia unit; with eighteen having achieved their dementia standards, and fourteen being in progress (within the eighteen-month time limit).</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments including (but not limited to) infection control, wound management medication and insulin competencies. At the time of the audit there were 24 RNs, one enrolled nurse, plus clinical manager (CM), and four unit-coordinators (UC) employed at Linda Jones. Nineteen have completed interRAI training (including CM and UCs). Staff have completed online training that</p>
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		<p>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>Existing staff support systems including peer support, wellbeing month, ChattR online communication application and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award.</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. Twelve staff files (six RNs, three caregivers, one activities and lifestyle coordinator, one fluid assistant and one activities and lifestyle assistant) reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</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 action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.</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>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information 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.</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>	<p>FA</p>	<p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team as requiring dementia, rest home or hospital level care. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. Family/whānau and residents interviewed stated the staff provide clear, accessible information and foster a respectful, responsive entry process, are commitment to equity, inclusion, and the well-being of the residents they serve.</p> <p>To date the facility has not declined entry; however, if a prospective resident does not meet the entry criteria, they would be referred back to NASC and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry. The service has links with local Māori and there are staff who identify as Māori who are available to support residents and whānau.</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>Eleven resident files were reviewed including four hospital level (one on respite from a serviced apartment rest home level), four rest home level and three dementia level residents. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools.</p> <p>Within three weeks of admission an interRAI assessment is completed and this is used to inform development of the myRyman long-term care plan along with input from resident, family/whānau, caregivers, registered nurses, and activities staff. The electronic my Ryman long-term care plans are developed by the registered nurse and are holistic, covering infection prevention, cognition, engagement, identity, behaviour and mood, vision, hearing, speech, mobility, transfer, positioning, continence, food and fluids, management of medical conditions, pain, skin and wounds, pressure care, activities of daily living, medications, cultural awareness and environment and equipment.</p> <p>Residents and family /whānau interviewed confirmed they participate in care planning and review processes and residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and families/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner or register with the facility contracted general practitioner service. The general practitioner is onsite two days per week and the nurse practitioner is onsite one day per week or more often if required to undertake three-monthly resident and medication reviews and to review residents with acute needs. Initial medical assessments occur within the required timeframes. The contracted general practitioner service provides medical cover after hours and on weekends for urgent care or advice to the registered nurses. The general practitioner was interviewed and expressed staff are very organised, competent and communicate with</p>
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	<p>them in a timely manner when there are changes or concerns about residents. All general practitioner notes are entered into the resident's hardcopy files located in locked cupboards in offices located in all wings. Allied health care professionals involved in the care of the resident include, (but are not limited to): physiotherapist who is onsite three days per week; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound nurse specialist; continence specialist; and dietitian document their notes in the resident's hardcopy files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and enduring power of attorney interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the myRyman care plan is being reviewed.</p> <p>The electronic files allow for integration of services with all staff, including caregivers, registered nurses and activities staff involved contributing to the residents' files.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded following all unwitnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the myRyman care plans and include (but are not limited to) intentional rounding, wound monitoring, distressed behaviour monitoring, regular repositioning, and food and fluid management.</p> <p>There is a wound register maintained showing there are currently 38 wounds for 23 residents including two stage two pressure injuries for one resident and three stage two pressure injuries for another resident, skin tears, skin lesions, and vascular ulcers. Review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans, which is developed by a registered nurse who has completed training in wound management. Wound assessments</p>
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		<p>include taking a photograph and measurements of wounds.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, caregivers, residents and family/whānau, and activities staff. The myRyman care plan is reviewed to ensure the residents goals are being met and if there are new goals identified, the myRyman care plan is reviewed and updated.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p> <p>MyRyman care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation, behaviours that challenge including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully. Families/whānau confirmed on interview they are very involved in assessments, care planning and review.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a total of 12 activities staff including activities and lifestyle coordinators (one of whom is a registered diversional therapist), lounge caregivers, a village centre host, a resident experiences coordinator and a van driver. Activities are provided seven days per week. In the dementia unit caregivers are titled care companions and assist in provision of activities throughout the day and evening. The activity and lifestyle coordinators and care companions implement the activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme</p>

	<p>is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and enduring power of attorneys. These are completed within two to three weeks of admission.</p> <p>A monthly activities plan is posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities are available on a community whiteboard in the lounges in each unit and in resident rooms on pin boards. 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 are suitable for the residents. Activities are provided in each area of the facility. The activities on the programme included: walks; exercises to music; pet therapy; happy hour; church services; news and views; bingo; floor games; table games; van outings; karaoke; art and craft; and baking. There are regular outings weekly for each level of care (as appropriate). The activities coordinator stated when planning monthly activities residents are asked what they would like to do and where they would like to go on outings. Activity participation registers are completed daily. Residents were observed participating in a variety of activities on the audit days. For residents who chose not to participate in group activities individual activities such as conversations, hand massage and games are provided.</p> <p>Entertainers visit at least weekly including in the dementia unit. A local church provides a weekly service and a Catholic priest visits each fortnight. Some residents are taken out to church by family/whānau. Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Samoan language week, Matariki and Waitangi Day.</p> <p>In the dementia unit the care companions ensure a seven day a week programme is implemented. Engagement activities for residents in the dementia unit are tailored to meet the needs of the residents. There are resident engagement plans, which include strategies for distraction and de-escalation, completed for residents in the dementia unit. Activities are offered at times when residents are most physically active and/or restless. During the audit the residents were seen to be</p>
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		<p>enjoying exercises and sing-a-longs.</p> <p>The activity and lifestyle coordinators reported opportunities for Māori and whānau to participate in te ao Māori is facilitated through engagement with local Māori family and whānau.</p> <p>Family/whānau and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. Each area of the facility had a dedicated medication room.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general practitioner. Medications are reviewed three-monthly by the general practitioner, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Twenty-two electronic medication charts were reviewed, on the electronic medication platform. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff was sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects</p>

		<p>are documented in the progress notes. Linda Jones do not use standing orders. There is one resident who self-administers their medications. The resident has a current competency in place which is reviewed regularly evidencing they are safe to do this, and their medicines were seen to be stored in a locked cabinet in their room. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice and treatment for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared and cooked on site in a very well-appointed kitchen. The kitchen is managed by a lead chef assisted by two chefs, three cooks assistants, two bakers and three kitchen assistants. All have recognised food safety qualifications and records of training were sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is current till May 2026. 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 are available in an electronic system and a summary on a whiteboard in the kitchen. Seasonal menu in a four-weekly cycle is utilised. The menu was reviewed by a registered dietitian. During the audit, the meal service was observed in each area. Dining tables seat a maximum of four residents and residents were seen to be enjoying their meals. Where needed staff discreetly assisted residents. Residents participate in food preparation as part of the activities programme.</p> <p>Diets are modified as required and the kitchen staff confirmed</p>

		<p>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, hotboxes, bain-marie and freezers are maintained. All food is plated in the kitchen and delivered to the respective wings in hot boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The lead chef visits residents regularly to ask what food they enjoy and endeavours to provide this. In addition, residents can request a meeting with the lead chef at any time. Each area has a logbook for staff to record any dissatisfaction with the food and the lead chef checks this weekly.</p> <p>The lead chef reported the service prepares food that is culturally specific to different cultures including Indian, Asian and Pacific Island. There are menu options available which includes menu options which are culturally specific to te ao Māori.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian,</p>

		<p>speech language therapist and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 27 October 2025. The facilities manager works full time and is assisted by a maintenance person and village support person. Compliance for the building warrant of fitness, lifts and air conditioning is contracted out. The annual preventative maintenance schedule is online. This comes from head office and the facilities manager completes a form of checks monthly (sighted for December 2024 and January, February and March 2025). Staff can request repairs and maintenance via an electronic system that automatically alerts the facilities manager. For urgent repairs, staff call the facilities manager who can access essential contractors such as plumbers and electricians at any time. The facilities manager signs off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Electrical testing and tagging of all appliances was completed on 17 July 2024. Clinical equipment was last checked and calibrated on 14 January 2025. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. The building has ducted air conditioning for temperature control. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes and main kitchen.</p> <p>The dementia unit is situated on level two (entrance level) in two wings with 18 residents in each wing. Entry to the special care unit is by electronic fob. Each wing is a mirror image of each other with one main lounge and a dining area and a domestic style kitchen. Each wing has a separate family/whānau lounge and a lounge at the end of the wing for residents to sit quietly or visit with family/whānau. Resident room doors have a box with pictures and name for residents to easily identify which is their room. There is ample room for residents to walk freely and safely. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The dementia units includes the Austco security system, which includes sensors in resident rooms. When a resident gets up at night,</p>

	<p>the lights illuminate depending on the location of the resident within the room. This is connected to the security system and can be timed to alarm if the resident doesn't go back to their bed. Staff stated a low-level alert will sound if the resident changes position in bed and staff will check on the resident. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways and outdoor area. The unit has been designed specifically for residents with a confused state. There is plenty of natural light with large windows in each resident room.</p> <p>The unit is carpeted with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. The design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>Each wing of the dementia unit has a spacious and secure outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor areas have safe pathways for residents to walk without any dead ends. There are raised gardens including a herb garden and water features. There is outdoor seating and shade.</p> <p>The dual-purpose wings are located on level three and level four. Each floor has 40 dual purpose beds with lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. Furniture is appropriate for residents. There is a domestic style kitchen in each dining room and a large communal lounge. There is an additional lounge on each floor for residents to meet with family/whānau or for staff to have family/whānau meetings.</p> <p>All dual-purpose rooms are single rooms with ensuites. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the</p>
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		<p>care centre can accommodate residents requiring rest home or hospital level of care. The gardens and grounds are well maintained and have seating and shade and safe walking pathways. Serviced apartments have a kitchen, lounge and dining area and separate bedroom with full ensuite. During the audit residents in serviced apartments were seen to dine in a main dining room and participate in various activities in the communal lounge areas and recital room.</p> <p>The service has no current plans to build or extend the care centre. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 13 November 2020. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drills were completed in October 2024 and a record of attendance was sighted. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. Fire evacuation chairs are on each level in the stairways and in each serviced apartment. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (6000 litres for the care centre and three 25 000 litre tanks for the village), continence products, and a generator. 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. An automated external defibrillator is located at reception and on each level of the care centre and all staff receive training in its use. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in</p>

		<p>toilet/shower areas. Some residents also have pendant call bells. These are checked monthly by the facilities manager and records were sighted for December 2024 and January, February and March 2025. Residents and whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors are automatically locked at predetermined times and entry is by electronic fob. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.</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) are integral parts 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 & 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 prevention and control matters are 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 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, who are advisory to the Chief Executive Officer and Board.</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>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPAS programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service and 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 prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control lead (IPCL) has a signed position description and has completed external IPC education.</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. 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 IPAS resources including personal protective equipment (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 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 they work with Māori residents, in partnership with them and their whānau for the protection of culturally safe practices in</p>

		<p>infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. 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. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility, and handbasins all have flowing soap.</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. 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 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 Villages' IPCL, IPAS nurse specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage is monitored monthly. Staff,</p>

		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 GP.
<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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection control surveillance is discussed at two-monthly infection control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes 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 clear communication to staff and residents who develop or experience a HAI.</p> <p>There were two scabies, one Covid-19, one influenza, and one gastro outbreak reported since the last audit. The IPCL described the outbreak management plan in place to manage these outbreaks. Outbreak management plans and post outbreak meetings were sighted for the outbreaks. 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>
Subsection 5.5: Environment	FA	Staff follow documented policies and processes for the management of

<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>		<p>waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are kept in locked cleaner’s rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and whānau feedback. Cleaning services are provided every day of the week.</p> <p>All laundry is completed on site. There are dedicated laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The IPCL oversees the implementation of the cleaning and laundry audits and monitors any corrective actions identified.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Linda Jones is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, unit coordinators and staff. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. There is no use of restraint.</p> <p>The restraint coordinator is a registered nurse. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting,</p>

		<p>implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with families/whānau and educating staff on maintaining safety for individual residents.</p> <p>There is a restraint free group in place consisting of the clinical manager, village manager, resident services manager and unit coordinators. The restraints committee meet six-monthly, and minutes of meetings were sighted for 24 April and 30 October 2024. A monthly report and restraint register is maintained showing there is no use of restraint and training is up to date.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention. Staff complete an annual competency test.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.