

Kevin Hickman Retirement Village Limited - Kevin Hickman Retirement Village

Introduction

This report records the results of a Partial Provisional 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: Kevin Hickman Retirement Village Limited

Premises audited: Kevin Hickman 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: 12 May 2025 End date: 12 May 2025

Proposed changes to current services (if any): The service has built a new care centre across three floors with serviced apartments included as part of the build. Total number of beds verified at this audit included 80-care centre beds (including 40 dual purpose beds and 40 beds for residents with dementia), and 65 serviced apartments (26 verified as suitable to provide rest home

level care and 4 serviced apartments adjacent to the care centre wings verified as dual-purpose). Noting the service will only take up to 30 residents in the serviced apartments at any given time. Ryman Kevin Hickman plans to open the care centre and serviced apartments on 9 June 2025.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Ryman Kevin Hickman is part of the Ryman group, and intends to provide rest home, hospital, and dementia levels of care for up to 80 residents in the care centre and up to 30 residents across the 65 serviced apartments.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with the Health New Zealand. The audit process included a review of relevant policies and procedures, a review of documentation related to the ongoing build and the transition to operations, observations, and interviews with managers.

This partial provisional audit was completed to establish the level of preparedness for Kevin Hickman Retirement Village applying for certification of a new building. The service has built a new care centre with serviced apartments included as part of the build. Total number of beds verified at this audit included 80-care centre beds (including 40 dual purpose beds and 40 beds for residents with dementia), and 30 serviced apartments (24 verified as suitable to provide rest home level care and 4 serviced apartments adjacent to the care centre wings verified as dual-purpose). Noting the service will only take up to 30 residents in the serviced

apartments at any given time Kevin Hickman Retirement Village plans to open the care centre and serviced apartments on 9 June 2025.

The village manager will be supported by a resident services manager (to be employed) and clinical manager. The general manager operations provides support within the region, who were available to provide support on the day of audit. There are various groups in the Ryman support office who provide oversight and support to the village manager.

This audit has identified improvements required around preparing for opening the new units.

Ō tātou motika | Our rights

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Hunga mahi me te hanganga | Workforce and structure

The village manager and the clinical manager will be responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives. The partial provisional audit verified the facility as being suitable for rest home, geriatric and medical hospital services and dementia care (with two units of 20 beds).

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document with actions signed off when completed. The village manager, general manager operations have extensive experience in their respective roles and in working in aged care. The clinical manager has recently been appointed but worked for Ryman for the last thirteen years in various roles, eight years being a clinical manager at another Ryman Village in Christchurch.

There is a staffing and rostering policy with a planned approach to rostering at Kevin Hickman Retirement Village. Staff currently employed are in the process of completing an orientation to the site and training as per the training plan.

Ngā huarahi ki te oranga | Pathways to wellbeing

An activities programme is implemented at other Ryman sites including those with residents with dementia, and the programme reviewed during the audit is expected to be used at Kevin Hickman Retirement Village.

All meals are to be prepared on site. There are seasonal menus in place which have been reviewed by a dietitian, and the chef will provide oversight of food services. All kitchen equipment is in place. There are spacious dining areas in the care centre including one in each dementia unit and individual lounge/dining areas in each serviced apartment. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents. A current food control plan has been submitted.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers will be required to administer medications. Secure storage for medications is in place. An electronic medication system will be used as per Ryman facility expectations and policy to record administration of medication.

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

The ground floor of the facility includes two dementia/special care units (20 beds in each), with 20 dual purposes and communal rooms on the second and third floors. All bedrooms are single with ensembles. The serviced apartments are across second and third floor.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Both dementia units' outdoors are secure. The environment promotes purposeful walking.

Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and antimicrobial stewardship Lead (IPAS Lead) will be responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control. The infection prevention and antimicrobial stewardship Lead will be responsible for surveillance of infections.

There are documented processes for the management of waste and hazardous substances in place with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place with the managers interviewed confirming application and ongoing monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

The restraint coordinator role is delegated to the clinical manager. The service has a policy of maintaining a restraint-free environment with principles included as part of the education and training plan. The service managers described the intended use of the least restrictive practices, with implementation of de-escalation and alternative interventions 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	10	0	4	0	0	0
Criteria	0	90	0	4	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 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>	FA	<p>Ryman Kevin Hickman Retirement Village is a Ryman Healthcare facility located in Christchurch. This 80-bed care centre is located across three levels. All 40 beds in the hospital (geriatric and medical) and rest home are certified as dual-purpose. There are 20 rooms on level two and 20 rooms on level three. Initially one floor will open at a time. There are two dementia (special care) units (SCU), on level one (ground level), each with 20 beds.</p> <p>There are also a total of 65 serviced apartments across level two and three. Twenty-six serviced apartments (across level two and three) were verified at this audit as being suitable for rest home level. There are also a further four serviced apartments adjacent to the two dual-purpose units (two on each floor) verified at this audit as suitable for dual-purpose care (total of 30 serviced apartments were verified). Noting the service will only take up to 30 residents in the serviced apartments at any given time. The service plans to open on 9 June 2025. There is a total of 110 certified beds (80 beds in the care centre and up to 30 across the 65 serviced apartments).</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</p>

	<p>to the Board. A range of reports are available to managers through electronic systems to include all clinical, health and safety and human resources. Reports are sent from the village managers to the general managers - operations on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager will present weekly reports to the GM operations and chief operating officer against targets.</p> <p>Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The Board oversees all operations from construction to village operations. The governance body has terms of reference. The Board is taking a comprehensive approach to addressing barriers to inequity, improve Māori and people with disabilities wellbeing outcomes. Reports are regularly provided to the Board and senior leadership to address inequity as required. A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua support to the Board.</p> <p>Training, part of an ongoing process, is being developed to ensure competence with Te Tiriti, health equity, and cultural safety. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Senior leadership team and board members have received training in the Mihi Whakatau process. Mauri Oho Ryman's Māori engagement strategy also includes objectives for developing learning modules specifically designed to meet the needs of the Board and Governance team.</p> <p>There is a clinical governance committee whose focus is the clinical aspects of operations. The clinical council sits under the clinical governance committee and comprises of managers that are subject matter experts, leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>Ryman engages with residents and family/whānau through input into care planning. Resident feedback/ satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and</p>
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		<p>through resident and family/whānau meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Kevin Hickman Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers – operations approve the Ryman organisational business plan. From this the individual villages develop their own operational objectives. The Kevin Hickman Retirement Village business 'plan on a page' FY26 is based around Ryman strategic direction and reflect the values and philosophy of providing quality of care, manage internal and external risk, opening of a new facility with sustainable financial results. There are village objectives documented and will be reviewed quarterly.</p> <p>Performance of the service will be 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.</p> <p>A transition plan is in place to ensure a seamless handover from the builders to the management team to operational management and occupancy of the service.</p> <p>The village manager (registered nurse) at Kevin Hickman Retirement Village has leadership experience in aged care, has been at Ryman for 13 years, three years at Ryman Kevin Hickman as village manager. They are supported by a newly appointed clinical manager that worked for Ryman for the last thirteen years either in a clinical manager role or quality auditor role. The GM operations oversees seven villages including Ryman Kevin Hickman and been with Ryman for more than 15 years. There is a resident services manager (yet to be employed) and receptionist to support the care facility and management.</p> <p>A clinical manager and village manager is well inducted to their roles, and both have completed the Ryman endorsed leadership programmes. The management team is supported by Ryman Christchurch (head office).</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers</p>	<p>PA Low</p>	<p>There are five residents on the waiting list for the dual-purpose beds and five for the SCU and no residents awaiting admissions to the new serviced</p>

<p>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>apartments. Any other potential residents will be admitted in a phased approach.</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 (numbers and acuity). Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager works Tuesday to Saturday and the special care unit coordinator is appointed to work Sunday – Thursday. The clinical manager and the unit coordinator will share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>There is a registered nurse appointed for the hospital/rest home and will initially share clinical oversight with the clinical manager. The clinical manager is based on the first floor and the RN will move to the second floor once the first floor is fully occupied. The managers are not intending to offer serviced apartments to those requiring rest home or hospital care until there is a full complement of staff able to support residents in the apartments.</p> <p>The unit coordinator in the SCU will be covered by a senior caregiver on their days off. This role is yet to be recruited for.</p> <p>The rosters have been planned for incremental occupancy of the care centre including opening first of the 20-bed special care unit, the first 20 beds on level two, and the serviced apartments as they are required. The initial roster for the 20 dual purpose beds includes two caregivers on a morning shift initially with this increasing to three if there are more than 10 residents; one caregiver on afternoon shift until there are seven residents when a second caregiver will be added; and one caregiver overnight. A registered nurse is rostered onto each shift.</p> <p>The initial roster for the 20-bed SCU includes the unit coordinator; one caregiver on the morning and afternoon shifts with an additional caregiver added to each shift when there are eight residents; and one caregiver overnight who will be supported by staff in the care centre. The serviced apartments will be staffed by a unit coordinator in the morning; one duty lead in the afternoon; and staff from the dual-purpose areas overnight. The serviced apartment call system is linked to their pagers.</p> <p>The village manager, clinical manager, an activities and lifestyle coordinator, one unit coordinator (SCU), three registered nurses and ten</p>
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	<p>caregivers have been employed to date for the care facility. Staffing for the care centre is not yet complete.</p> <p>There is a documented training programme which 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. The caregivers and RNs already employed all have medication competencies completed with previous employers will redo Ryman competencies at orientation. Registered nurses, senior caregivers, caregivers, activities and lifestyle coordinator, and van driver employed will be expected to have a current first aid certificate. Ten of the 21 staff employed for the care facility already have a current first aid certificate and rostered to provide a first aider on each shift.</p> <p>All caregivers will be encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Ten caregivers have been employed currently, and all have level four certificates in Health and Wellbeing, there are four caregivers with the required dementia standards and three are allocated to the SCU. Other caregivers are yet to be appointed including caregivers allocated to the SCU who may have or will be enrolled in the dementia unit standards.</p> <p>Registered nurses will be supported to maintain their professional competency through attendance at regular journal club meetings; implemented competencies for RNs, and caregivers related to specialised procedures or treatments including infection control, wound management medication and insulin competencies. There are three RNs that have interRAI competency and syringe driver competency. Staff will be completing training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi at orientation. The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; fire safety; and emergency management. These will be completed during the induction prior to opening. All training has yet to be completed by staff employed and those yet to be recruited (link 2.4.4).</p> <p>A staff survey will ensure staff satisfaction is monitored around approachable management, training opportunities, positive work environment and teamwork. Ryman systems are already established to</p>
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		<p>encourage collecting and sharing of high-quality Māori health information. This includes documentation of ethnicity of staff and residents.</p> <p>Once fully recruited for outstanding shifts on the rosters there will be sufficient and appropriate coverage for the effective delivery of care and support in a staged manner.</p> <p>The activities and lifestyle coordinator will oversee the activities provided in the hospital and rest home; initially caregivers will support implementation of activities in the SCU. There are separate staff dedicated housekeeping (cleaning and laundry) and kitchen. Grounds and maintenance staff are rostered over five days.</p> <p>The service has a contract with a local medical centre to provide a house GP. Initially the GP will visit once a week. The GP service provides on-call cover across 24/7. A cover pool will be established and utilised at times to cover short notice absences when these cannot be covered by Ryman staff.</p> <p>A contract is in place for a physiotherapist, initially as required and then it will increase to set number of hours a week. Other contracts include a local pharmacy, and podiatrist. There is a Ryman dietitian available for support.</p> <p>Staff wellness will be encouraged through participation in health and wellbeing activities. Information supporting the Employees is available to staff when employed.</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>PA Low</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Five staff files (a unit-coordinator, two caregivers and two RNs) reviewed included a signed employment contract, job description, police check (in progress) induction paperwork relevant to the role the staff member is in, application form and reference checks. 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. There are policies and systems in place to review staff performance.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice and is tailored specifically to each position and monitored from the e-learning platform. Staff who have recently been employed (activities coordinator, maintenance lead, gardeners, and the</p>

		<p>chef) have completed their orientation. The majority of the staff recruited (new to Ryman systems and processes) will commence a two-week orientation period started 26 May 2025 and the second group of staff (transfer from other Ryman villages) will commence their orientation on 3 June 2025. The orientation programme is face to face and include scenario-based learning, discussions, role play and include RN/EN clinical induction modules and topics related to caregivers and RNs. Competencies will be completed during orientation. There are processes in place to ensure staff complete annual appraisals.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>Activities and lifestyle coordinator employed will oversee the activities in the special care unit. Caregivers will provide activities for any residents in the hospital/rest home (20 bed), and they will be supported by the activities coordinator when appointed. Activities resources have been procured.</p> <p>The activities programmes for a similar Ryman facility with residents requiring rest home, hospital and dementia care were reviewed. The managers stated that the programmes were operationalised in other areas and would be 'tweaked' to accommodate needs of specific residents at Ryman Kevin Hickman.</p> <p>The activities coordinators for the SCU are still to be employed (link 2.3.1) will be rostered to provide activities over seven days per week. The SCU has two units, and an activities coordinator is rostered to be on each side (note that the initial roster focussed only on the first 20 bed SCU).</p> <p>The SCU programme allows for flexibility according to residents' mood and attention span. The managers stated that residents in the secure dementia areas would have 24-hour activity plans which would include strategies for distraction and de-escalation. The SCU activities calendar has activities adapted to encourage sensory stimulation and residents will be able to participate in a range of activities that are appropriate to their cognitive and</p>

		<p>physical capabilities.</p> <p>There is a whiteboard in the lounge areas and a daily activity programme will be documented. Residents will have the choice of a variety of activities in which to participate as per programmes documented including triple A exercises; individual walks; chats; hand massage/pampering board games; quizzes; music; reminiscing; sensory activities; craft and van trips, and one-on-one visits if needed. A van is available at the village for weekly outings.</p> <p>The managers stated that staff will support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. There are culturally appropriate activities including Māori language week identified as part of the documented programmes. There are also various denominational church services to be held in the care facility with entertainers visiting regularly. The programme notes that special events such as birthdays, Matariki, Easter, Father's Day, Anzac Day, King's birthday, Christmas, and cultural theme days would be celebrated.</p> <p>Policies describe residents having an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family. The policy states that resident files would include the activity plan (incorporated into the myRyman care plan) based on the assessment, with at least six-monthly review occurring at the same time as the review of the long-term care plan. Resident and relative meetings and satisfaction surveys are scheduled on the audit and meeting calendar.</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>	FA	<p>There are policies and procedures in place for safe medicine management. Caregivers who have completed medication competencies, and RNs will be responsible for medication administration. The three RNs will have completed Ryman medication competencies with numbers of medication competent staff rostered onto each shift in readiness for opening the 20 care beds (dual purpose) and the 20-bed SCU. Regular medications and pro re nata medications are delivered in blister packs. The RNs will check the packs against the electronic medication chart and a record of medication reconciliation will be maintained as described by managers interviewed. A process for returning expired medications to the pharmacy in</p>

		<p>a safe and timely manner is described and documented in policy (with a contract with the pharmacy detailing this sighted). Processes are in place to support any resident who wish to self-administer their medications.</p> <p>The managers stated that the service will provide appropriate support, advice, and treatment for all residents. Registered nurses and doctors will be available to discuss treatment options to ensure timely access to medications.</p> <p>The medication rooms are fully fitted, functional and secure in the special care unit and the dual-purpose unit on level 2. The medication room on the third floor is not yet fully fitted and functional (link 4.1.1). Each medication room is fitted with handwashing facilities, locked cupboards to store medications, and have adequate bench space. The serviced apartments medication trolley will be positioned on the first floor within the dual-purpose unit's medication room. There are processes in place to check air temperatures with air conditioning operational in each room. Medication fridges will be monitored for appropriate temperatures prior to placing medications.</p> <p>The managers stated that standing orders will not be in use; that all medications would be charted either regular doses or as pro re nata (prn); and over the counter medications and supplements would be prescribed on the electronic medication system as occurs in other Ryman facilities.</p> <p>Managers interviewed described processes for working in partnership with Māori residents and whanau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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</p>	FA	<p>The service has employed a qualified senior lead chef that has been with Ryman for more than two years in the role as a roaming chef. There is a fully functional kitchen, and all food will be cooked on site. The rosters reviewed indicates that the senior lead chef will be supported by a second chef to cover the off days for the senior lead chef and provide flexibility for an additional 3 days per week, and kitchen hands. The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level and will be implemented at Kevin Hickman Retirement Village. The menu includes texture modified menu. The kitchen will receive</p>

<p>and wellbeing.</p>		<p>resident dietary forms and notification of dietary changes for residents once the facility is occupied. The managers interviewed stated that dislikes and special dietary requirements will be accommodated including food allergies, cultural preferences, residents requiring texture modified diets and other foods, or pureed/soft meals. All food goes directly to dining rooms in temperature-controlled scan boxes with these already in place during the audit. The food will be served directly from these with residents being able to choose to have their meals in their rooms. Food going to rooms will be placed on trays with covers to keep the food warm. There are facilities in the kitchenettes in each area to store nutritious snacks which will be available 24/7.</p> <p>The food control plan has been registered. Processes are in place to record daily temperature checks for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods are yet to be stored. Cleaning schedules will be documented. There are safe storage areas for chemicals and managers interviewed stated that chemical use and dishwasher efficiency would be monitored daily.</p> <p>The facility will implement an advanced digital menu ordering system into the service. The staff education plan includes kitchen food service and safe food handling, nutritional needs and special diets.</p> <p>Residents will have the opportunity to feedback around satisfaction with food services through the planned resident/family/whānau meetings, satisfaction surveys and through discussions with the chef. Dining rooms provide plenty of space for a pleasurable dining experience.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and</p>	<p>PA Low</p>	<p>The environment including artwork is inclusive of peoples' cultures and supports cultural practices. The first (ground) level and first floor are complete with furnishings, appliances, furniture and carpeting. Level three is still under construction. The floor plan is a mirror image of level two; however, flooring, furniture, appliances, and furnishings are yet to be installed. The managers confirmed that the incomplete process will not delay the issuing of the certificate of public use (CPU) which is estimated to be received 16 May 2025; however, the managers stated this floor will not be used/opened for occupancy before October /November 2025 as the</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>second floor will need reach full occupancy first.</p> <p>The maintenance lead works full time and be on call as required and other maintenance staff are already appointed. The annual preventative maintenance schedule is online. This comes from head office and tasks will be signed off monthly. A process to record reactive maintenance requests is in place and these will be documented on an i-pad at each nurse's station and reception. The maintenance lead will sign off all requests when completed. Fixtures, fittings, and flooring are appropriate. All flooring is appropriate for ease of cleaning.</p> <p>All hot water temperatures will be monitored, and call bells will be checked and recorded as part of the maintenance plan. All clinical equipment, electric beds, ceiling hoists are new and under warranty, annual checking for performance monitoring will occur as part of the maintenance programme.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These were operational on the day of audit. The call bell checks are in place with new equipment in place throughout the facility. A plan for ongoing electrical testing and tagging and calibration of medical equipment is in place. The service has an extensive list of medical and nursing equipment purchased. A range of equipment (slings, nebulisers, oxygen concentrators, syringe drivers, transfer equipment including standing hoist and sara steady, lifting belts, pressure relieving mattresses and booties, sitting scale, wheelchairs, sensor and fall mats, low and high walker frames) is suitable for hospital level care. The last of the equipment was arriving during the audit and the care centre and serviced apartments viewed had equipment in place relevant to the needs of residents, staff, and services.</p> <p>Dementia units (SCU)</p> <p>The ground floor of the building includes two special care units (dementia level). Visitors have speaker access to staff (after hours) and then the door will be released to enter the external foyer to the dementia units. The visitors` door at this reception provides cover from the weather/rain. Both have 20 beds, each having access to its own communal areas and outdoor area. Entry to each special care unit is by password door code or swipe entrance for staff, this is yet to be activated.</p> <p>The two units have a shared nurse's station in the middle that provide</p>
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	<p>separation between the two units; it is not yet secure from residents having access. Each side has a lounge and dining room. The dining rooms have small kitchenettes where residents may obtain snacks and drinks, the pantry entry adjacent to the kitchenette is yet to be secured (holds a hot water zip). There is also a quiet room in each of the 20-bed SCU and a family/whanau meeting room. Resident rooms have different coloured doors. Rooms can be personalised and have own full shower/toilet ensuites. Toilet seats are blue with green colour coded sliders to the ensuite. There is ample room for residents to walk freely, safely with turnaround bays.</p> <p>There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The SCUs also includes the nurse call solutions security system, which includes sensor lights and bed sensors in resident rooms. So, when a resident gets up at night, 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 does not go back to their bed. 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. There are communal toilets with disability access near the communal areas for residents and separate toilets for staff and visitors.</p> <p>The SCUs design and equipment purchased, specifically consider residents with confused state. The lighting is 2 x the normal lighting due to research from dementia experts. There is also plenty of natural light with large windows. The SCUs are carpeted with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the new unit for storage of mobility equipment, continence products and linen.</p> <p>Behind the open nurse's station there is a working/computer office (via this nurse's station) suitable for handover. This 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>A secure medication room is shared between the two units, each area have a secure sluice, secure cleaners' room and secure linen cupboards, are well placed near the nurses' station.</p> <p>The dementia units each have a spacious secure outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision.</p>
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	<p>The outdoor area include directional paths with raised gardens, seats, and shade. Outdoor areas are landscaped. The secure fencing is of material to deter from climbing. There are adequate path lights.</p> <p>Dual purpose unit (level two and three)</p> <p>The dual-purpose wings are located on level 2 and level 3. Each floor has 20 dual purpose beds with lounges, dining rooms and a nurses' stations. There is a library and a quiet room. Communal areas allow for safe use of mobility equipment and comfort chairs.</p> <p>There are an open plan dining room with kitchenette and lounge that have access to a balcony with 1.5 metre balustrade fencing in place. There are heat pumps and faux fireplaces in the lounge areas. The external area and balconies for the residents using the dual-purpose rooms have seating and shade. There is adequate space for storage of mobility equipment. There are communal toilets with disability access near the communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place.</p> <p>All dual-purpose rooms are single rooms (approximately 23 sqm) with ensuites. The resident rooms are of sufficient size to meet the residents' assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. The bedrooms are able to be personalised. The ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers. There are six rooms on each floor that are fitted with a ceiling hoist and all rooms have hospital beds with controls. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital level of care.</p> <p>There are lifts between floors which can accommodate ambulance stretchers/equipment. There is a nurses station on each floor, a separate office for handovers and a whānau room /meeting room where conversations can occur privately. There is adequate space for storage of mobility equipment. All safety doors require swipe card access by staff.</p> <p>A secure medication room, secure sluice and cleaners' room and secure linen cupboards, are well placed near the nurses` station. There are hand sanitiser dispensers available throughout. There are seats available for resting to be placed around the hallways. The environment was suitable and maintained at a comfortable temperature on the day of audit.</p>
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		<p>Serviced Apartments</p> <p>The nurses` station for the serviced apartments is located on the ground floor. Serviced apartments are across level two (32 serviced apartments) and three (33 serviced apartments) and have well-situated lifts and sitting areas in hallways. The serviced apartments have a separate bedroom, ensuite and open plan lounge/kitchenette area. There are two serviced apartments on the 2nd floor and two on the 3rd floor adjacent to the care centre were verified as dual-purpose. All others were verified at this stage as being able to provide rest home level of care.</p> <p>Rooms were observed to have sufficient light and ventilation. There are centralised heating and ventilation throughout the building with heat pumps in rooms. Residents are able to control the temperature in their rooms. The facility is non-smoking. Each resident`s room has at least one external window. The organisation has sought Māori advice to ensure their aspirations and identity is included in the new building as confirmed in the building plans and in discussions with the management team. There are two two-bedroom serviced apartments on the second and third floors (room 181,186 and 281, 286). The apartments have access to an open plan lounge/dining room (for rest home/hospital residents) with a full kitchenette on the first floor and second floor and access to the village recreation area with dining area on the ground floor. There is lift and stair access to the apartments from the main entrance. There is a lobby with seating.</p> <p>There are hand sanitiser dispensers available throughout the facility. There is adequate space for storage of mobility equipment. The service has established relationships with the local Iwi who have also blessed the land and provided a blessing to the building.</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</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There are evacuation chairs located at the stairs and evacuation mattresses on the beds in the dual-purpose units (except level 2).</p> <p>The fire exits and signage is in place. There are fire separation between</p>

<p>unexpected event.</p>		<p>evacuation areas such as open spaces such as lounges. There are manual call points throughout the facility. The fire evacuation scheme has not yet been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service also has a generator available in the event of a power failure for emergency power supply. A number of water tanks are available (6000 litres) in a 'tank room' that meets the requirements of the local civil defence guidelines. Civil defence kits are in place in the SCU and level 1.</p> <p>The emergency manual that includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. There are currently staff employed with current first aid certificates and will provide initial cover on each shift. Orientation includes emergency preparedness and fire drill training which is scheduled for staff during the induction weeks prior to opening (link 2.4.4). There will be a first aider on site in each shift on a daily basis. Staff employed to date have a current first aid certificate and can provide for a 24/7 first aider on site. All new registered nurses employed, the village manager, and a few newly employed caregivers holds first aid certificates. There are first aid kits at each of the nurses' stations/other key areas and an external defibrillator at reception.</p> <p>The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Residents will be issued with neck pendant/wrist pendant on request and these interfaces with the nurse call system. There are nurse call screens and sounders throughout the dual-purpose unit, SCU and apartments. The "nurse call solutions" call bell system, including staff assist` is available in each resident room. There are call bells and emergency bells in common areas. The system in the SCUs includes sensor bed mats that activate the lights in resident rooms, so when a resident gets up at night, the light in their ensuite automatically turns on.</p> <p>There is a nurse presence bell when a nurse/carer is in the resident room; a green light shows staff outside that a colleague is in a particular room. The system software is able to be monitored. A new call bell system has been installed throughout the facility and is operational/activated. There are procedures in place as part of the maintenance plan to test call bells</p>
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		<p>regularly. Call bell response times can be monitored, all caregivers/RNs will carry a pager.</p> <p>The special care units will be secure at all times (link 4.1.1). The doors of the village automatically lock at pre-determined times and have keypad access after-hours. There are documented security procedures and closed-circuit television cameras at the entrance, external areas and corridors in the SCUs.</p> <p>There is speaker access to staff for the door to be released to enter the entrance foyer. Staff wear uniforms and is identifiable. There is a main double-door entrance into the care centre that will be secure at dusk, with intercom access.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention & Antimicrobial Stewardship (IPAS) Governance policy was updated in January 2025 which refers to a set of commitments and actions that the village follows that optimise the treatment of infections while reducing adverse events associated with antibiotic use.</p> <p>Advice around infection control matters is also sought via Ryman's IPAS Nurse Specialist (RN), Regional operations manager and Operations manager (RN), Group Clinical Care Manager (RN), and local infection control specialist team at Public Health and liaising with GPs.</p> <p>The IPAS governance committee structure consists of organisational and village committees. The Village IPAS Committee will report to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors).</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>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 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 will be reviewed annually by the IPAS nurse specialist. The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme within the organisation. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The facility infection prevention control leader (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL is the clinical manager and has completed external infection control education in 2024 as part of their previous Ryman quality auditor role.</p> <p>The Village IPAS Committee will meet every two months. Meetings will 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, receptionist, clinical manager (IPCL), RNs and unit coordinator.</p> <p>The service has access to a national IPAS nurse specialist. The IPCL described the outbreak management plan in place to manage any outbreaks within the facility. Outbreak management plans and post outbreak meetings will occur. The clinical manager explained notification to 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 is part of a response plan.</p> <p>The IPCL will complete audits to monitor the effectiveness of education and infection control practices. The IPCL has input in the procurement of consumables and personal protective equipment (PPE). Sufficient IP resources including PPE kits are available and these will be regularly checked against expiry dates. There are resources purchased and will be distributed within the facility. Staff will demonstrated knowledge on the</p>
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		<p>requirements of standard precautions and will be orientated where to locate policies and procedures. The IPCL will conduct spot audits on hand hygiene practices six monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.</p> <p>The IPCL stated that when the service has any Māori residents, they would work in partnership with them and their whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff will be educated to understand cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices will not be reused. All shared and reusable equipment will be appropriately disinfected between use. The procedures to check these are included in the internal audit system. The policies and procedures require that the IPCL to be involved should there be any changes or refurbishment of the facility. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff will complete hand hygiene and personal protective equipment competencies at orientation and annually (link 2.4.4). Resident education will occur as part of the daily cares. Residents and family/whānau will be informed and updated through meetings, newsletters, and emails. Visitors will be asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist and approved by the clinical governance committee. 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 will be promoted. The Ryman medication</p>

		<p>advisory committee (MAC) works in collaboration with the Village IPCL, IPAS nurse specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage will be monitored monthly. Staff, residents and family/whānau will receive education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment will be maintained. The effects of the prescribed antimicrobials will be monitored, and the IPCL will report any adverse effects to the IPAS nurse specialist and general practitioner.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The IPAS programme is appropriate for the size and complexity of the service and provide guidelines in management of associated risks. The surveillance programmes and guidance will be applied when required. Monthly infection data will be collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are reported in the myRyman electronic system and data is extracted into Power BI for analysis.</p> <p>Surveillance of all infections (including organisms) will be entered onto a monthly infection summary. This data will be monitored and analysed for trends, monthly and six-monthly. Infection control surveillance will be discussed at the Village IPAS committee, Health and Safety committee meetings and various staff meetings. Infection surveillance data will be reported to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors). The service will incorporate ethnicity data into surveillance data. Meeting minutes will be made available for staff. Action plans will be completed as required. Internal infection control audits will be completed with corrective actions for areas of improvement. Clear communication pathways will be documented to ensure communication to staff and residents who develop or experience a healthcare associated infection.</p> <p>All outbreaks will be appropriately notified to the health authorities and debrief meetings will be held with staff to identified opportunities for improvements and 'lessons learned'.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer’s labels and stored in locked areas. There are secure areas to store cleaning chemicals with a secure trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms on each floor. Training and education in waste management and infection control is completed as part of orientation and the mandatory training programme (link 2.4.4).</p> <p>All PPE has been purchased and include aprons, gloves, and masks (link 5.2.4). Sharp’s containers are available and meet the hazardous substances regulations for containers. There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service’s policies and procedures. Laundry and cleaning audits will be conducted as per the quality assurance programme.</p> <p>There are two sluice rooms on each floor, one on each wing. Sinks and separate hand washing facilities are in place. Equipment including sanitisers is to be installed.</p> <p>A housekeeper already employed will supervise the cleaning service once employed.</p> <p>The laundry is divided into clean and dirty areas and is situated in the basement in the service areas. Laundry will come in on ‘dirty’ trolleys but is distributed back on ‘clean’ covered trolleys. Personal laundry will be placed in named baskets. There are large linen storage areas on each floor.</p> <p>Cleaning and laundry services will be monitored through the internal auditing system (schedule sighted). The IPCL and the maintenance lead will be responsible for the oversight of the facility testing and monitoring programme for the built environment. They will report to management and the quality meeting. Linen has been purchased, yet to be delivered.</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>FA</p>	<p>Villages liaise with the clinical quality team around restraints in use to ensure this is appropriate, any other appropriate strategies have been tried and all required documentation is in place. Ryman operations and governance demonstrate a commitment toward eliminating restraint as</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>evidence in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint and application must be done in partnership with family/whānau. The choice of device must be the least restrictive possible. The facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The clinical manager is the restraint coordinator and confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee will meet every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme, and staff will complete competencies during orientation and annually (link 2.4.4).</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are currently 21 staff employed including the village manager, clinical manager, receptionist, maintenance, village support , gardeners three RNs (including SCU unit coordinator), kitchen staff and ten caregivers. The resident services manager is yet to be employed.</p> <p>Recruitment of staff including appointment of caregivers is underway. The 20 care beds (dual purpose) and the 20-bed SCU will be the first to open and once full, other beds will be opened (a further 20 dual purpose beds and a 20-bed SCU). There are still two afternoon and two nights RN shifts for the 20 dual purpose unit to be recruited for. Six caregivers shifts across morning, afternoon and night still needs to be filled in the SCU including a senior caregiver that will cover the unit coordinator</p>	A full complement of staff is not yet employed to cover the initial opening of the 20 dual purpose beds or special care unit.	<p>Ensure staff are recruited to the relevant positions as per the proposed roster to support residents initially in the 20 care beds (dual purpose) and the 20-bed SCU</p> <p>Prior to occupancy</p>

		<p>in the SCU for the two days that they are not rostered.</p> <p>The managers are not intending to offer serviced apartments to those requiring rest home or hospital care until there is a full complement of staff able to support residents in the apartments.</p>		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>The service is still recruiting staff who will be rostered to support residents initially in the 20 care beds (dual purpose) and the 20-bed SCU. The staff already employed have either completed or are in the process of finishing their orientation.</p>	<p>The newly employed staff commencing employment have not yet commenced the orientation programme; however, a plan is in place which includes the completion of competencies.</p>	<p>Ensure that staff are orientated to the service.</p> <p>Prior to occupancy</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is an organisational maintenance programme which is overseen by the maintenance lead that includes regular hot water temperature testing equipment checks and call bell testing.</p> <p>The first (ground) level and second floor is complete with furnishings, appliances, furniture and carpeting. Level three is still under construction; however, is a mirror image of level two and flooring, furniture, appliances, and furnishings are yet to be installed, and the medication room is not yet fully fitted, functional and secure. The managers confirmed that the incomplete process will not delay the issuing of the CPU (estimated to be received 16 May 2025); however, the managers stated this floor will not be used/opened for occupancy</p>	<p>(i). The building has not yet received a Certificate of Public Use.</p> <p>(ii). Both access doors to the SCUs from the external foyer are yet to be secured.</p> <p>(iii). The nurses area separating the SCUs are not yet secured to deter from residents having access.</p> <p>(iv). The dining rooms have small kitchenettes where residents may obtain snacks and drinks, the pantry entry adjacent to the kitchenette is yet to be secured (holds a hot water zip).</p>	<p>(i). Ensure a Certificate of Public Use is obtained.</p> <p>(ii). Ensure both SCUs are secured.</p> <p>(iii)-(iv). Ensure that areas in the SCUs are secure to deter residents from having access.</p> <p>(v). Ensure level three flooring, furnishings and appliances are installed and the medication room is completed and secured as planned in the 20 dual purpose beds and apartments prior to opening this floor.</p>

		<p>before October /November 2025 (estimated time given).</p> <p>There are two SCUs which will operate independently. Visitors have speaker access to staff (after hours) and then the door will be released to enter the external foyer to the dementia units. The visitors door at this entrance provides cover from the weather/rain. Both have 20 beds, each having access to its own communal areas and outdoor area. Entry to each special care unit is by password door code or swipe entrance for staff, this is yet to be activated.</p> <p>The dining rooms have small kitchenettes where residents may obtain snacks and drinks, the pantry entry adjacent to the kitchenette is yet to be secured (holds a hot water zip)</p> <p>The two units have back-to-back communal lounge and dining areas separated by an open plan nurses' area. The nurses area is not yet secured.</p>	<p>(v). Level three is still under construction with flooring, furniture, appliances, and furnishings yet to be installed, and the medication room is yet to be fully fitted, functional and secured.</p>	<p>Prior to occupancy</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire evacuation scheme is in draft but has not yet been approved by the New Zealand Fire Service. There are plans to include the fire drill during the orientation plan; however, this is yet to be completed.</p>	<p>(i). The draft fire evacuation scheme is yet to be approved by the New Zealand Fire Service.</p> <p>(ii). The staff have not yet completed a fire drill.</p>	<p>(i). Ensure that a fire evacuation scheme is in place that has been approved by the New Zealand Fire Service.</p> <p>(ii). Ensure a fire drill is completed with all staff.</p> <p>Prior to occupancy</p>

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.