

# Charles Fleming Retirement Village Limited - Charles Fleming Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Charles Fleming Retirement Village Limited
<b>Premises audited:</b>	Charles Fleming Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 3 June 2025    End date: 4 June 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	116



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Charles Fleming Retirement Village is a Ryman Healthcare facility, and provides hospital (geriatric and medical), dementia and rest home levels of care for up to 120 residents in the care centre, and up to 20 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 116 residents.

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

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

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

The certification audit identified that the service meets the Standard. This certification audit has resulted in continuous improvement rating around reduction of resident incidents.

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

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

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager, resident services 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. Charles Fleming Retirement Village has implemented the 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. Charles Fleming Retirement Village provides clinical indicator data for the three services being provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme 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 family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.

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

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

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

Transfer between services is coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia units are 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.
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Infection prevention management systems are in place to minimise the risk of infection to residents, staff 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. Outbreak response procedures are included to ensure screening of residents and sufficient supply of protective equipment. Covid-19 outbreaks and scabies 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.
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The restraint coordinator is a registered nurse. There are no restraints used. Maintenance of a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

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

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

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

# Attainment against the Ngā paerewa Health and disability services standard

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). The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Charles Fleming Retirement Village. Ryman Healthcare has employed a Taha Māori navigator, which recognises the importance Ryman places on tikanga Māori and Te Tiriti o Waitangi partnership with mana whenua. At the time of the audit, there were no residents who identified as Māori. There are staff who identify as Māori at Charles Fleming Retirement Village, who support the service in implementing the principles and ensuring recognition of the importance of tāngata Māori.</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 Tiriti o Waitangi principles and enabling residents and their family/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 family/whānau are enabled. Although there were no Māori residents at the time of the audit, staff are aware of how to involve residents and whānau in providing input</p>

		<p>into the resident's care planning, their activities, and their dietary needs.</p> <p>Interviews with four managers (quality manager, village manager, clinical manager, and resident services manager), and twenty-eight staff (nine registered nurses (including four-unit coordinators), nine caregivers, six lifestyle coordinators, one maintenance, one lead chef, one housekeeper, 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.</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 health outcomes.</p>	<p>FA</p>	<p>Ryman New Zealand has a health plan for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups relevant to residents' preferences and needs.</p> <p>At the time of the audit there were no residents that identified as Pasifika. On admission all residents state their ethnicity, which is recorded in their individual files. The unit coordinators and registered nurses advised that family/whānau members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed how they support staff that identify 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 share worldviews of Pacific people with staff</p>

		and residents.
<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>	FA	<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 family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum 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>Nine residents (five rest home and four hospital) and ten family/whānau (four rest home, two hospital and four dementia) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they are able.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy, as indicated for Māori residents. Clinical staff described their awareness of how to support Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports 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 the rosters are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to kaumātua, tikanga Māori (Māori Culture), best practice 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; the Code; intimacy and consent; abuse and neglect; advocacy; spirituality; cultural safety, and tikanga Māori. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. The caregivers and registered nurses 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 relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused, with resident and family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences, and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural</p>
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		<p>assessment information naturally weaves through care planning. Although there were no residents who identified as Māori, the service demonstrated an understanding of how to respond 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 Ryman Code of Residents Rights and follows the Code, 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.</p> <p>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 registered nurses 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. Residents in the dementia units have enacted enduring power of attorney documents in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace</p>

		<p>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 (April 2025). 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. Two monthly resident meetings and six-monthly relative meetings identify feedback from residents and consequent follow up by the service. Family/whānau interviewed for residents in the dementia units explained they are very well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau 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, all residents were able to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family members, cue cards, picture charts and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services (eg, dietitian, speech and language therapists, and wound</p>

		<p>nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Twelve electronic resident files were reviewed which evidenced signed consent forms. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as Influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreements are appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision, as with the residents in the dementia units (special care units).</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support, when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the Code, informed consent, and enduring power of attorney, as part of orientation and mandatory</p>

		training.
<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 documented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Nine complaints have been made since the last audit in June 2023 (four in 2023; four in 2024 and one year to date in 2025). The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. There has been one external complaint from HDC in 2024. A thorough investigation was completed, communication was made with the complainant, corrective actions implemented, and all the required documentation sent to HDC. The service awaits the outcome.</p> <p>Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with 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 and working in partnership with family/whānau through the process.</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>	FA	<p>Charles Fleming Retirement Village is a Ryman Healthcare facility located in Waikanae. The service is certified to provide rest home, dementia and hospital (medical and geriatric) levels of care for up to 140 beds. These include 20 serviced apartments certified for rest home level of care; two 20 bed dementia units (special care units); 40-bed</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>rest home unit; and a 40-bed hospital unit (all certified as dual purpose). There are no double or shared rooms.</p> <p>At the time of the audit, there were 116 residents: 37 dementia level care; 39 rest home level care, including one in the serviced apartments; and 40 hospital level care, including two on Accident Compensation Corporation (ACC) funding, one on respite care, and one resident on long-term support chronic health contract (LTS-CHC). All the other residents were under the age-related residential care (ARRC) agreement.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the general operations managers, 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 operations manager weekly. 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 general operations manager. A dedicated Nau Mai Haere Mai Māori cultural resource Sharepoint page, has been developed with internal and external collaboration, including Kaumātua support to the Board.</p> <p>The Board oversees all operations, from construction to village operations. There is a clinical governance committee focusing on the clinical aspects of operations and including members from the Board. Board members are given an orientation to their roles and to the company operations. All Board members are already skilled and trained in their role. 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>Training, part of an ongoing process ensures competence with Te Tiriti</p>
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	<p>o Waitangi, health equity, and cultural safety. All members of the Board have completed these training sessions. 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. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Ryman has an initiative to improve the care plan template and has implemented consultation with residents and whānau input into reviewing care plans and assessment content to meet residents' cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Charles Fleming can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers approve the Ryman organisational business plan. From this, the regional teams develop objectives, and the individual villages develop their operational objectives. The Ryman business plan is based on Ryman values, including (but not limited to) excellence, teamwork, and communication. These align with the village's objectives. Charles Fleming objectives for 2025 include (but are not limited to) those related to occupancy in dementia level care (special care unit); improvement in food satisfaction; resident and family experience; and improving resident health and wellbeing through clinical excellence. Organisational goals relate to the overall satisfaction of the service.</p> <p>Charles Fleming's objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman Healthcare's key business goals are embedded throughout all processes, from the Board down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day-to-day operations. The organisation has reviewed all policies to ensure they align with the Ngā Paerewa Standard.</p> <p>Service performance is monitored through clinical indicators, surveys, staff incident reporting, audit results, complaints, and resident and staff</p>
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		<p>input through feedback and meetings. All of this is discussed/reviewed from the Board level down to the village level, with corrective actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country. Outcome of the last resident and family survey demonstrates overall improved satisfaction from the 2023 results.</p> <p>The village manager at Charles Fleming Retirement Village has been in the role for six years. They have years of experience in business and management. The village manager is supported by a resident services manager, who has been in the role for three years and has previous managerial experience. The clinical manager has worked with Ryman for eleven years and has been at Charles Fleming since 2020. The management team is supported by the general operations manager, and Ryman Christchurch (head office).</p> <p>The village manager and clinical manager have completed training in excess of eight hours over the last year related to management of an aged care facility, including Ryman Leadership course, Tiriti o Waitangi, and cultural safety related training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Charles Fleming Retirement Village is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2024 are documented and progress towards quality goals has been reviewed and evaluated. There are SMART goals set for 2025 being implemented and evidence of progress reviews is documented regularly at management and full facility 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>Ryman have a cultural navigator/Kaitiaki who works with the Board. This person ensures that organisational practices from the Board, down to village operations improve health equity for Māori. Staff at Charles Fleming Retirement Village have received a wide range of culturally diverse training, including cultural sensitivity awareness, with</p>

	<p>resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are weekly managers/quality meetings. Discussions include (but are not limited to): quality data; health and safety; infection prevention and 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 managers/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>The 2024 resident and family/whānau satisfaction survey showed an overall satisfaction with service delivery and an increase in the level of satisfaction compared to the previous results. Quality improvements were completed related to food services and activities which showed a decline from previous results. The outcome of the satisfaction surveys including areas of quality improvements, were discussed with management, staff, family/whānau and residents.</p> <p>Charles Fleming Retirement Village implements a continuous quality improvement approach with service delivery, including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for reduction in incidents related to falls, distressed behaviours, skin tears, urinary tract infections, and bruises and these demonstrate continuous improvement with improved outcomes for the residents.</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>
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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 works Sunday to Thursday and resident services manager works Tuesday to Saturday. The roster reviewed demonstrates that unit coordinators ensure there is seven days cover, with at least one senior clinical staff on site. The unit coordinators share on call after hours for all clinical matters, with escalation point to the clinical manager as indicated. The village manager is on call 24/7 for any non-clinical concerns. The maintenance lead is available for maintenance and property related calls. There are separate staff dedicated to laundry, cleaning, recreation, maintenance, and food services.</p> <p>Review of the previous two-week roster provides sufficient and appropriate coverage for the effective delivery of care and support to meet the needs of the service. There is a registered nurse on each shift. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is no use of agency staff. The service contacts own staff and those on the casual pool to cover short notice absences. Any absences and sick leave are covered by extending working hours through mutual agreement with staff, or use of the casual pool of staff. There were no staff shortages reported at the time of the audit and there were no vacancies reported. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>On the days of the audit, staff 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. Residents and family/whānau 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,</p>
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		<p>including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>Charles Fleming Retirement Village supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are 62 caregivers in total, 47 of whom have achieved NZQA level three and above qualification. Sixteen staff are regularly rostered in the dementia units (special care units) and all sixteen caregivers have achieved the required dementia related unit standards.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit there were 22 registered nurses, plus a clinical manager (CM), and four unit-coordinators (UC) employed at Charles Fleming; eleven have completed interRAI training (including the clinical manager and three-unit coordinators). Staff have completed 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. 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,</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development.</p>

<p>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>Staff files are securely stored. Thirteen staff files (one clinical manager, three registered nurses, two activity coordinators, one maintenance, one laundry assistant, one chef lead, one housekeeper and three caregivers) reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, physiotherapist, pharmacist and podiatrist. All staff who had been employed for more than 12 months have an annual performance appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme is tailored specifically to each position and monitored from the e-learning platform. All staff files reviewed had completed orientation records. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff 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</p>	<p>FA</p>	<p>Information associated with residents and staff are retained electronically and in hard copy (kept in locked cabinets when not in</p>

<p>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>use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored on site for two years, then transferred to an off secure location to be archived for ten years. Records are easily retrievable when required. The village manager is the privacy officer at Ryman Charles Fleming.</p> <p>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. 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 wellbeing of the residents they serve. The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service.</p> <p>To date the facility has not declined entry; however, if a prospective</p>

		<p>resident does not meet the entry criteria, they would be referred 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. A staff member who identifies as Māori provides links to support services and is available to support residents and whānau.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>Twelve resident files were reviewed, including four rest home including one resident on a LTS-CHC contract, four hospital level, including one resident on ACC respite and one resident on a long-term ACC contract; and four from the special care unit. Registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans documented in progress notes. All communication is linked to the electronic system (including text messages and emails) and automatically uploaded.</p> <p>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development, and reviews have been completed within the required timeframes. The resident on the long term ACC contract had an interRAI assessment completed, and the resident on ACC respite had a suite of nursing assessments completed, which informed the initial and ongoing plan of care.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan (My Ryman) includes sections on personal history and social wellbeing; mobility; continence; activities of daily living; nutrition; pain management; sleep; sensory and communication; medication; skin care; cognitive function and behaviours; resident identity and cultural awareness; spiritual; sexuality; intimacy; social; and cultural activities. Risk assessments are</p>

	<p>conducted on admission relating to falls; pressure injury; continence; nutrition; skin; and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others, form the basis of the long-term care plans. Care plans were goal orientated and short-term care plans (or other documented information for acute or short-term needs) were in place.</p> <p>The service supports Māori residents and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p> <p>Residents in the special care unit all have behaviour assessment and a behaviour plan with associated risks and support needed, and include strategies for managing/diversion of behaviours.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GP visits three times a week and provides out of hours services. The GP (interviewed) commented positively on the quality and consistency of the care provided, and they confirmed links to the multidisciplinary reviews. The GP is involved in the ongoing resident reviews and has full access to My Ryman. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse is available as required. The physiotherapist is contracted to attend to residents nine hours a week.</p> <p>Registered nurses and caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. There is regular documented input from the GP and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health</p>
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	<p>status, or to complete regular registered nurse reviews of the care provided. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>An electronic wound register has been fully maintained. The wound log documented six wounds in the rest home (a surgical wound, skin tears and skin lesions); four wounds in the special care unit (all minor skin tears); and sixteen wounds in the hospital (stage II pressure injuries, skin tears, a post-surgical wound, and skin abrasions). The wound champion follows up each wound to ensure that all considerations to improve wound healing are considered (nutrition as an example). A task is automated on the RN daily schedule when wounds are due to be dressed. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed.</p> <p>The management team are working with RNs to ensure a high level of supervision and adherence to care plan interventions. Handovers witnessed in the secure unit, hospital and rest home were comprehensive in nature. There is support available as required from the wound care nurse specialist and district nurses as needed.</p> <p>Registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed as scheduled. Neurological observations have routinely and</p>
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		<p>comprehensively been completed for unwitnessed falls as part of post falls management. Long-term care plans had been updated with any changes to health status following the multidisciplinary case conference meeting. Family/whānau are invited to attend the multidisciplinary case conference meeting.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</p>
<p><b>Subsection 3.3: Individualised activities</b></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 five part time and full-time activity and lifestyle coordinators and offers an activity programme over seven days. The activity and lifestyle coordinators implement the activities programme in each unit, with variations to suit the physical and cognitive abilities of the residents within the unit. They are supported by volunteers who assist within the rest home and dementia special care units. The service apartment and townhouse activity and lifestyle coordinators also run activities that the residents from the other areas can attend. Examples of this are market day, and card games such as mahjong and bridge. The programme is overseen by a group diversional therapist who is based at Ryman Head Office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents and family/whānau. These plans were completed within three weeks of admission.</p> <p>A monthly activities plan is posted on noticeboards, and the daily activities are written on the whiteboard. This was evidenced in the rest home, hospital and special care unit. The planned activities were suitable for the residents. The planned activities and community connections were suitable for the residents and was witnessed to be adapted in the different units to suit the ability of the residents residing within them. The activities included walks; exercises to music; pet therapy; happy hour; church services; news and views; bingo; floor games; table games; van outings; music; cooking; movies; art and craft. There are also celebrations for special occasions, and this was evidenced by photos and displays for the King's birthday and planning</p>

		<p>for Matariki.</p> <p>There are regular weekly van outings for each service level and the activity and lifestyle coordinators ensure that everyone who wishes to, get opportunities to participate in these on a rotating basis. Resident attendance records are updated daily. Activities for residents in the dementia special care units are tailored to meet the needs of the residents and observation of the activities showed good participation and engagement by the residents and the staff. The resident care plans showed activities over the 24-hour period relevant to the individual resident. Currently there are no Māori residents; however, the activity and lifestyle staff were able to identify how they would meet the needs of Māori residents.</p> <p>Family/whānau members and residents spoken to spoke very highly of the activities offered and how welcoming the staff were for them to join in.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Medications in each of the units are stored safely in a locked treatment room. Caregivers and RNs complete medication competencies. Regular medications and 'as required' medications are delivered in prepackaged packs. The RNs and caregivers check the packs against the electronic medication charts, and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were no residents self-administering medication on the day of audit; however, there is a process in place should this be requested. Assessments, reviews, storage, and procedures relating to self-administration of medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a RN.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GP are available to discuss treatment options to ensure timely access to medications.</p> <p>There are four medication rooms for which medication fridge and room</p>

		<p>air temperature are checked daily, recorded, and were within the acceptable temperature range. Eye drops are dated on opening and within expiry date. Twenty-four electronic medication charts were reviewed and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system.</p> <p>Standing orders are not in use. All medications are charted either regular doses or 'as required.' Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff received medication training in medication management/pain management as part of their annual scheduled training programme.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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, two cooks, three kitchen assistants, and two dining assistants. All have recognised food safety qualifications and a record of training in the food control plan was sighted. Food is prepared in line with recognised nutritional guidelines for older people. There is an up-to-date food control plan (dated 9 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</p>

		<p>modified texture requirements. Residents' dietary preferences are available in a new admission form and in the saffron application and a summary on a whiteboard in the kitchen. Seasonal menu in a four-weekly cycle is utilised. The menu was last reviewed by a registered dietitian in March 2025. 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 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 placed in hotboxes and served from bain maries in the serveries in each area. 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 attends resident meetings and visits residents individually if required to ask what food they enjoy and endeavours to provide this. Each area has a logbook for staff to record any dissatisfaction with the food and the lead chef checks this weekly. The lead chef also meets with the management team weekly to discuss any feedback received.</p> <p>The lead chef reported the service prepares food that is culturally specific to different cultures. There are menu options available which includes menu options which are culturally specific to te ao Māori. There are no current residents who identify as Māori; however, the lead chef reported they were able to provide 'boil ups', Māori bread and other individual options if required.</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</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of</p>

<p>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>		<p>residents is undertaken in a timely and safe manner. The facility participates in the Health New Zealand 'yellow envelope' scheme (sighted) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their family/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p> <p>The transfer and discharge policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau/enduring power of attorney, and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Referrals to seek specialist input for non-urgent services are completed by the GP and RNs. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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>FA</p>	<p>There is a current building warrant of fitness which expires on 18 March 2026. The lead maintenance person works full time and is assisted by a support maintenance person. Compliance for the building warrant of fitness, service of the lifts and air conditioning is contracted out. The annual preventative maintenance schedule is online. This comes from head office and the lead maintenance person completes a form of checks monthly (sighted for 2025 year to date). Staff can</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>request repairs and maintenance via an electronic system that automatically alerts the lead maintenance person. For urgent repairs, staff call the lead maintenance person 24/7, who can access essential contractors such as plumbers and electricians at any time. The lead maintenance person signs off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Electrical testing and tagging of all appliances was completed on 1 April 2025. Clinical equipment was last checked and calibrated in December 2024. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. The temperature in the care centre and communal areas are maintained by electric under floor heating. Heat pumps are installed in communal areas and medication rooms. Electric wall heaters are available in the serviced apartments. 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 units are situated on the third floor, with two adjoining 20 beds wings separated by a locked door. The doors are mostly kept open during the day to allow for integrated activities. Entry to the special care unit is by keypad. There are two lounges and two dining rooms with a servery for families/whānau to make refreshments and get snacks and a domestic style kitchen. Staff were observed offering snacks and drinks to residents throughout the day. Resident rooms have different coloured and styled vinyl door skins on the doors, with large room numbers and name plates. 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 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 is plenty of natural light with large windows. The unit has carpet 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 can supervise and monitor residents as they go about their day in a non-intrusive manner. The dementia units have a secure outdoor courtyard off the open-plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area has raised garden boxes, seating</p>
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		<p>and shade sails.</p> <p>The dual-purpose wing is located on level one and on the days of audit, were occupied by rest home residents only. The level one rooms look out on spacious gardens or alternatively have doors opening to a central atrium. The hospital unit is located on level two. Each floor has 40 beds with lounges, dining rooms and nurses' stations. Furniture is appropriate for residents. There is a servery in each dining room where residents can help themselves to drinks. There is a library and a quiet room.</p> <p>All level one dual-purpose and level two hospital 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 can 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 level one unit can accommodate residents requiring rest home or hospital level of care. The external courtyard available for the residents in level one have seating, shade and raised garden beds or pots.</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 19 February 2014. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drills were completed 7 May 2025, and a record of attendance was sighted. The staff</p>

		<p>orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (total of 18,400 in two 5000 litre tanks, plus header tanks and cylinders) continence products, and a generator. This is sufficient for 10 litres per day, for 7 days. Emergency lighting is available and is regularly tested. An automated external defibrillator is located at reception and all staff receive training in its use. Staff demonstrated their understanding of emergency procedures. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell and or a pendant. Pendants are checked monthly, and call bells are checked six-monthly by the maintenance officer. Residents and whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia units are secure. There is 24-hour security provided by an external provider, with scheduled checks overnight for the village, including the care centre. External doors are automatically locked at predetermined times. Side gates are accessed by keypad entry only. 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</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 &amp; Antimicrobial Stewardship (IPAS)</p>

<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>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." 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 Infection Prevention and Antimicrobial Stewardship (IPAS) governance committee structure consists of organisational and village committees. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee. The IPAS Advisory Committee 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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control, 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 infection control specialist. 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 support lead has a signed job description. The support lead works with the clinical manager, who has completed additional training around infection control and antimicrobial use.</p> <p>The IPAS Committee meets every two months and reviews the two monthly trends; weekly management meetings review new infections</p>

	<p>and emergent issues. Service meetings discuss relevant policy and document changes, relevant education, data and analysis and audits, and any concerns. The village IPAS committee consists of village manager, clinical manager, resident service manager (who looks after laundry and housekeeping), RNs and unit coordinators.</p> <p>The service has access to a national infection control 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 infection control audit monitors the effectiveness of education and infection control practices. The infection control specialist has input in the procurement of consumables and personal protective equipment (PPE). Sufficient IP resources, including PPE, were sighted and these are regularly checked against expiry dates. There are resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able 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 infection control specialist stated they work with Māori residents, in partnership with them and their whānau, for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi (previous residents, as there were no Māori residents at the time of audit). 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 infection control specialist would 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</p>
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		<p>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>Three outbreaks since the previous audit (one scabies and two Covid-19) were managed well and appropriately reported.</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>	FA	<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 infection control 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, infection control specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects are reported to the infection control specialist and nurse 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</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</p>

<p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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>The infection control specialist described the outbreak management plan in place to manage previous Covid-19, gastrointestinal and scabies outbreaks within the facility. Outbreak management plans and post outbreak meetings were sighted for the outbreaks of Covid-19, gastrointestinal and scabies. These included notifying Public Health and completion of daily case logs, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication, and a summary of the successfulness of the response.</p>
<p>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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are kept in locked cleaner’s rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these, as they performed their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE were available. Staff have completed chemical safety training. Laundry and</p>

		<p>cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>All laundry is completed on site. There are at least two laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control coordinator oversees the implementation of the cleaning and laundry audits.</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 restraint policy confirms the organisations commitment to restraint minimisation. Staff are guided to practising in a manner that ensures that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were no residents using restraints. The facility has been restraint free for over 18 months.</p> <p>Interview with the restraint coordinator, a registered nurse who has been in the role for over a year, confirmed that the service is committed to providing care to residents without use of restraint and will only be considered as a last resort when all alternatives have been trialled. The service has managed to maintain a restraint-free environment through ongoing staff education; liaising with the activity coordinators for resident engagement in activities; discussions with residents and family/whānau on admission and as needed during the multidisciplinary team meetings; and discussions of alternative with staff during meetings, including strategies to manage distressed behaviours and interventions to reduce falls.</p> <p>The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets six-monthly</p>

		to review any restraint events, policy, procedure, and training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.
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## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>During August 2024 it was noted that a range of clinical indicators were above the benchmarking for Charles Fleming Retirement Village. This included overall falls, fall with fracture, and distressed behaviour in the special care unit. A project plan was put in place to improve the safety and comfort of resident and improve the statistics. The plan included staff training, and in-depth review at the various staff meetings. The service wanted to ensure this project was not a ‘top-down’ exercise and wanted the caregivers to be a part of the solution. The service has seen a reduction in skin tears, falls and distressed behaviour because of this initiative. The caregiving staff have been highly motivated to continue their input and support for the project.</p>	<p>A key component of this initiative was to encourage the participation and input of caregivers in reducing adverse events.</p> <p>Action plans were documented for reducing distressed behaviour, reducing falls, skin tears and bruises. The action plans included training for staff around care and support and the importance of monitoring and reporting. Meeting minutes document weekly huddles (caregiver centred meetings) in each unit, monthly staff meetings and monthly registered nurse meetings, all discussing recent incidents and a component of training for issues raised. Formal training included: fall prevention, managing distressed behaviours, and manual handling. Each monthly meeting discussed trends and review of specific residents. For falls, the project plan included a focus on frequent fallers. Other interventions included medication reviews and exercises. For the</p>

			<p>distressed behaviours, specific interventions included a walking group, and an in-depth discussion around triggers, ensuring care plans reflected the triggers and interventions. Through the implementation of training, care plan interventions and monitoring, it was noted that falls and distressed behaviours began to reduce.</p> <p>Each nurse's station has large posters where caregivers are encouraged to write their own interventions (what worked for me?). A review of the interventions documented by caregivers included take your time; take the resident for a walk; make them a cup of tea; listen to the resident's needs; pay attention to their needs; be calm; talk to them; assist with toileting; always introduce yourself; and intentional rounding. This initiative has led to caregivers writing interventions and supporting the team in implementing them. Each shift noted that caregivers were asking what happened at the end of the shift, to see what interventions worked the best, and what had happened on their days off. Where there was a decrease in falls or distressed behaviour (as examples), a discussion was held and more ideas put forward.</p> <p>This simple initiative has had many staff related outcomes including the teamwork evidenced, greater information at handovers, and the ability for the registered nurses to discuss how care can be improved with the staff.</p> <p>In addition to the mandatory training in relation to management of behaviours and falls minimisation, Ryman Charles Fleming has created an environment where handovers and meetings incorporate robust training in relation to specific residents with incidents of concerns, or strategies to manage behaviours and minimise the risk of falls and fall related fractures. Interview with staff and observation of the posters in</p>
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			<p>the nurses' stations demonstrated a culture of ongoing training.</p> <p>For residents, a range of improved outcomes has been evidenced, including distressed behaviours have reduced from 6.7 per 1000 bed days in August 2024, to 5.3 for 1000 bed days May 2025. Incidents related to falls have reduced from 12 per 1000 bed days in December 2025, to 9 per 1000 bed days in May 2025 (a rate that is below the Ryman benchmark for falls). The trend for urinary tract infections, bruises and skin tears has also shown a downward trend.</p> <p>Interview with family/whānau on the days of the audit confirmed they were satisfied with the difference in the quality of life of their loved ones following implementation of the various initiatives, to address the identified risk. They especially felt that they were consulted and their suggestions during the six-monthly meetings were incorporated and could see the reduction in distressed behaviours and falls for the concerned residents.</p>
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End of the report.