

Keith Park Retirement Village Limited - Keith Park Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Keith Park Retirement Village Limited
Premises audited:	Keith Park Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 June 2025 End date: 11 June 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	84



Executive summary of the audit

Introduction

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

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

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

Keith Park Retirement Village is part of Ryman Healthcare Limited and provides dual purpose beds of rest home, hospital (geriatric and medical); and dementia levels of care for up to 120 residents in the care centre, and up to 30 residents requiring rest home level of care in the serviced apartments (a total of 150 beds for certification). On the days of the audit, there were 84 residents, including one resident receiving rest home level of care in the serviced apartments.

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, a resident services manager, and a team of experienced staff in their different respective roles. There are various groups in the Ryman support office who provide oversight and support to village managers, including a general manager, a regional clinical support manager, and a 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.

There were no shortfalls identified at this certification audit.

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.

Keith Park 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. The service 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 and well documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

which are reviewed on a regular basis. Keith Park Retirement Village has an established quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Keith Park Retirement Village provides clinical indicator data for the three service types 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 families/whānau reported staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated.

Activities are planned to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Activities developed cover a twenty-four-hour period for residents in the special care unit. Residents and family/whānau expressed satisfaction with the activity programme in place.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

Residents are referred or transferred to other health services as required.

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 facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current certificate of public use is in place. Clinical equipment has been tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and a warrant of fitness.

Appropriate emergency equipment and supplies are available. An approved evacuation scheme and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga best practice 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. Pandemic and outbreak response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid -19 and gastrointestinal outbreaks reported in 2024 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.

The restraint coordinator is a unit coordinator who is a registered nurse. There are no restraints used. Maintaining 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	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata whenua (and Māori cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their whānau. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Keith Park Retirement Village. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman places on tikanga Māori and Te Tiriti partnership with mana whenua.</p> <p>The service currently has residents who identify as Māori, and there are staff employed who identify as Māori, for whom the onboarding process evidenced documentation of iwi and tribal affiliations. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The organisational Māori Health plan identifies that the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure</p>

		<p>the wellbeing of the resident and their whānau are enabled. Residents and whānau are involved in providing input into the residents' care planning, their activities, and their dietary needs.</p> <p>Interviews with five managers (village manager, clinical manager, resident services manager, general manager, and regional clinical lead) and eighteen staff (two registered nurses, three unit coordinators, six caregivers, three activities and lifestyle coordinators, one lead chef and one regional lead chef, one maintenance lead and one housekeeping/laundry staff) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training contents include recognition of east versus west cultural perceptions, the four stages of the hui process, and ways in which the hui process can support culturally safe care and services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Ryman New Zealand have health plans for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups, where relevant to residents' preferences and needs.</p> <p>At the time of the audit, there were residents who identified as Pasifika. On admission, all residents state their ethnicity, and this is recorded in their individual files. The unit coordinators and registered nurses advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and 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 any staff that identify as Pasifika through the employment process. Applicants who apply for</p>

		<p>positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. Pacific staff interviewed confirmed management are supportive and use their skills within the team to connect with residents.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Eight families/whānau (one rest home, four hospital, three dementia) and seven residents (five rest home including one in a serviced apartment, and two hospital) interviewed stated they felt their rights are upheld and they are treated with dignity, respect, and kindness. The residents and families/whānau expressed they are 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 can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori-specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how they arrange their shifts to ensure they 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 the interview. There is a range of cultural safety policies in place, including access to services for kaumātua, tikanga Māori (Māori Culture) best practice, services to kaumātua, and providing services for Pacific elders and other ethnic groups.</p> <p>Ryman delivers training that is responsive to the diverse needs of people accessing services and training provided in 2024 and in the current year includes cultural diversity; informed consent; the Code; abuse and neglect; advocacy; spirituality; and tikanga Māori best practice. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care.</p> <p>The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with the 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 families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff cover 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 in the files reviewed. Electronic myRyman care plans identified residents' preferred names. MyRyman cultural</p>
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		<p>assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enables 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 has a zero-tolerance approach to racism and discrimination. The service also aligns with the Ryman Code of Residents' Rights and follows the Code of Health and Disability Services, which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment was completed in August 2024. 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 the signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have their property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff</p>

		<p>complete education on orientation, and further training was completed in August 2024 on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Families/whānau 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. Six-monthly resident and six-monthly family/whānau meetings identify feedback from residents and family/whānau and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if the next of kin has been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified that family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. During the audit, there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreters, family/whānau, 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 the hospice and Health New Zealand specialist services (eg, dietitian, speech and language therapist, and wound 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</p>

		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 members interviewed stated they receive appropriate and timely notification to attend.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or a power of attorney/welfare guardian. Consent forms for vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the 10 files reviewed. Copies of enduring power of attorney (EPOA) or welfare guardianship were in resident files where available and had been activated where necessary. All residents admitted to the dementia units, referred to as the special care unit (SCU), have activated EPOAs in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The organisational complaints policy is being implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.</p> <p>Five complaints have been made since the facility opened. The complaints reviewed evidenced acknowledgement of the lodged complaint, an investigation, communication with the complainants on</p>

		<p>the findings of the investigation and corrective actions taken, and documented resolution. All complaints reviewed were of a minor nature, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result, are discussed at meetings. There have been no external complaints received.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Keith Park Retirement Village provides care for up to 120 residents at hospital, rest home and dementia level care in the care centre, and up to 30 residents at rest home level care in the serviced apartments. All rooms in the rest home and hospital units are dual-purpose.</p> <p>On the day of audit, there were 84 residents in total. There were 25 rest home level residents in the care centre (including one funded for respite care, and one in a serviced apartment). There were 36 hospital-level residents (including one funded for respite care, and one Young Person with Disability who is funded by Taikura Trust). The special care units (SCUs) provide care for up to 40 residents across two units; there were 22 residents on the day of the audit. One resident is privately paying (rest home level of care). All residents other than those specified, are under the aged residential care contract (ARRC).</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the general managers, who report to the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. Board members include a Māori advisor and the previous chair of Ngāi Tahu. 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 regional managers on a weekly basis. Dashboards on the electronic</p>

	<p>systems provide a quick overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board oversees all operations from construction to village operations. From this, there is a clinical governance committee whose focus is the clinical aspects of operations and includes members from the Board. Board members are given an orientation to their role and to the company operations. All Board members are already skilled and trained in their role as Board member. The clinical council is held by Ryman Christchurch, which is made up of 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>The governance body has terms of reference and Taha Māori Kaitiaki (cultural navigator), along with a Māori cultural advisor ensure policy and procedure within the company, and the governance body represents Te Tiriti partnership and equality. The cultural navigator consults with and reports on any barriers to the senior executive members and the Board to ensure these can be addressed. Ryman has commenced consultation with residents and whānau input into reviewing of 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 satisfaction surveys, through feedback forms and through meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Ryman Keith Park 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 own operational objectives. The Ryman business plan is based around Ryman values, including (but not limited to) excellence, teamwork, and communication. These align with the village objectives. Keith Park Retirement Village's objectives for 2025 include: reducing red clinical indicators such as falls, urinary tract infections and pressure injuries as</p>
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		<p>examples; maintaining a positive resident experience; growing occupancy; managing the roster and additional hours; increasing care suite sales; and managing operational costs. Organisational goals relate to the overall satisfaction of the service.</p> <p>The objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman's key business goals are embedded through all processes from the Board, down to the 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 completed reviewing all policies to ensure they align with the Ngā Paerewa Standard.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed and reviewed from the Board level down to the village level, with corrective action being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country. The Ryman organisation and Keith Park Retirement Village continue to strengthen relationships with local Māori and Pacific health providers.</p> <p>The village manager at Keith Park Retirement Village has been in the village manager role since 2021. They are supported by a resident services manager, and a clinical manager, who is a registered nurse with experience in dementia and as a unit coordinator from 2021, until they became the clinical manager at Keith Park in June 2024. The management team is supported by a regional clinical lead, general manager operations and Ryman Christchurch (head office).</p> <p>The village manager attends management development sessions through Ryman. The management team are supported to advance in the Ryman Leadership programme (LEAP- Lead Energise and Perform) and leadership development online course (eight hours).</p>
Subsection 2.2: Quality and risk	FA	Ryman Keith Park Retirement Village is implementing a quality and risk management programme. A strengths, weaknesses, opportunities, and

<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>threats (SWOT) analysis is included as part of the business plan. Quality goals for 2025 are documented, and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives.</p> <p>A cultural navigator/Kaitiaki role commenced in July 2022. This person ensures that organisational practices from the Board, down to village operations, improve health equity for Māori.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, registered nurse, activities and lifestyle coordinator, gardening and maintenance, and laundry/housekeeping meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints and feedback received; 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 staff room. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2025 resident and family/whānau satisfaction surveys were completed in April 2025 and demonstrate a net promoter score (NPS) of 4.39 out of 5. Corrective actions were initiated related to the activities programme because of survey comments. Results of the survey were communicated to staff, residents and families/whānau at the respective meetings.</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</p>
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		<p>facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety officer interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman has implemented the Donesafe health and safety electronic system, which assists in capturing and reporting near misses and hazards. Reminders are set to ensure the timely completion of the investigation, and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All residents' incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data are collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications and three Severity Assessment Code (SAC) reports to the Health Quality and Safety Commission. There has been one outbreak of gastrointestinal infection and one outbreak of Covid-19. Both of which were well managed.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</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</p>

<p>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>defines staffing ratios for residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager ensures there is seven-day-per-week clinical management on site. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The lead maintenance person is available for maintenance and property-related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers.</p> <p>A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. Review of the rosters shows absences are covered by casual staff and regular staff picking up extra shifts. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies.</p> <p>All caregivers are encouraged to complete the New Zealand Qualification Authority (NZQA) through Careerforce. There are 63 caregivers in total, 14 of whom work in the special care unit. Of the fourteen in the special care unit, seven have completed the dementia standards, and the other seven are due to enrol in the near future (within the eighteen-month time limit).</p> <p>Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to), infection control, wound management, medication, and insulin competencies. At the time of the audit, there were 14 registered nurses, in addition to the clinical manager and unit coordinators employed. Twelve have completed interRAI training</p>
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		<p>(including the clinical manager and unit coordinators). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, and safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collection 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, has several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Twelve staff files (three registered nurses, three caregivers, one activities and lifestyle coordinator, one chef, one laundry assistant, two housekeepers, and one maintenance person) reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All files reviewed of employees who have worked for six months, have a record of a performance appraisal. A register of registered nurses' practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling</p>

		programme.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or registered nurse, including designation. Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an off-site secured location to be archived for ten years.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Ryman Keith Park Retirement Village has a policy for managing inquiries, and entry to the service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, and where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home, hospital, respite, and dementia level of care, were in place. Residents in the SCU were admitted with consent from EPOAs, and documents sighted verified that EPOAs consented to referral and specialist services. Evidence of specialist referral to the service was sighted.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Exclusions from the service are included in the admission agreement. Family/whānau and residents were updated where there was a delay in entry to the service. This was observed during the audit and in the</p>

		<p>inquiry records sampled. Family/whānau and EPOAs interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>The clinical manager (CM), unit coordinators (UCs), and registered nurses (RNs) reported that all potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the reason for this, with other options or alternative services discussed. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>There were residents who identified as Māori at the time of the audit. Routine analysis is implemented through the Power BI system to show entry and decline rates, including specific data for entry and decline rates for Māori.</p> <p>The service has existing engagements with local Māori communities, health practitioners, traditional Māori healers, and organisations to support Māori individuals and family/whānau. The CM, UCs, RNs and the general practitioner (GP) stated 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>Ten resident files were reviewed. These included three rest home level of care, including one resident on respite care and one resident in the serviced apartments; four hospital level of care; and three residents requiring dementia (SCU) level of care. The nursing team completed all assessments, and these inform the development of resident care plans. Initial assessments and interRAI assessments were all completed within the required timeframes. Initial care plans were developed, and long-term care plans (My Ryman) were all linked to interRAI assessments, with all triggered outcomes scores identified. These were reviewed at least six-monthly or when there was a significant change in condition. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed, and this was documented in progress notes and family/whānau contact forms.</p>

	<p>All assessment tools included consideration of residents lived experiences, cultural needs, values, and beliefs. The CM, UCs, and RNs reported that the service develops goal-oriented long-term care plans (My Ryman). The care plans document the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of all changes where required, as evidenced in the residents' files reviewed. The family/whānau and residents reiterated their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe in detail interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health and well-being of the residents. Behaviour management plans were completed for residents in the special care unit, including other residents with behaviours that challenge. Triggers were identified, and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts. The CM reported that all referrals for residents who need behavioural support are sought from other agencies as required.</p> <p>The service has two GPs who visit twice weekly and are available 24/7 when required. Three-monthly reviews were completed promptly or, where required. Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans. Residents' care was evaluated on each shift and reported in the progress notes. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The goals sampled in the care plans reflected identified residents' strengths, goals, and aspirations that aligned with their values and beliefs. The evaluations included the degree of progress towards achieving their agreed goals. There were detailed documented strategies to maintain and promote residents' independent wellbeing.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff.</p>
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	<p>Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. Allied health interventions were documented and integrated into care plans. A podiatrist visits six-weekly, and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse are available as required through the local Health New Zealand service. The physiotherapist is contracted to attend to residents for four hours each day, five days a week. The GP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Handovers are conducted on all three respective floors. Interviewed staff stated that they were updated daily regarding each resident's condition. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapists, activities staff, kitchen staff, care staff and other allied health team members, residents, and family/whānau. Any change in condition is reported to the CM, UCs, RNs, and GP, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; blood glucose monitoring; behaviour monitoring charts; bowel charts; and food intake and output charts. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports were reviewed and evidenced by timely nursing follow up.</p> <p>Adequate dressing supplies were sighted in treatment rooms. Wound management policies and procedures are in place. There were 61 active wounds, including 17 pressure injuries. Eleven of the pressure injuries were present on admission and six facility-acquired (two-stage IV pressure injuries: six-stage III, four-stage II, three-stage I, one suspected deep tissue and one unstageable pressure injury). There were also 12 chronic wounds and 32 minor wounds. The electronic wound care plan documents assessments, wound management plans and evaluations, with supporting photographs and wound assessments. The Health New Zealand wound nurse specialist, and the GP have input into chronic wound management. Registered nurses and care staff interviewed stated that adequate clinical supplies and</p>
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		<p>equipment are provided, including continence, wound care supplies, and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The CM reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. Residents at the service of Māori descent have chosen not to practice their culture, as indicated in their care plans and reported by staff. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs a team of four activity and lifestyle coordinators. The activity and lifestyle coordinators implement the activities programme in each unit, which reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist (DT) at Ryman's head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, whānau and EPOAs. These were completed within two to three weeks of admission. The service has a contracted physiotherapist who is supported by an assistant.</p> <p>A monthly activities plan was posted on noticeboards, and each resident received a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar, so that they can join as desired. The activities are varied and appropriate for people assessed as requiring rest-home, hospital, dementia and respite level of care.</p> <p>The planned activities and community connections were suitable for the residents. The activity and lifestyle coordinators reported that activities are provided separately in the three respective wings. The activities on the programme included: walks; exercises to music; pet</p>

		<p>therapy; happy hour; church services; news and views; community library visits; bingo; floor games; table games; walks; triple-A functional; cluster activities; memory lane; hand massage; van outings; music; waiata; cooking; movies; art; and craft. There are regular outings and drives once a week for each level of care (as appropriate). Monthly resident meetings provide a forum for feedback relating to activities. Activity participation registers were completed daily. Residents were observed participating in a variety of activities on the audit days. Residents are assessed by the GP for approval for fitness to use the swimming pool.</p> <p>Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. There were 24-hour activity care plans, which included strategies for distraction and de-escalation, completed for residents in the special care unit. Activities are offered at times when residents are most physically active and/or restless. Each resident has a resident life experience detailing the past and present activities, career, and family/whānau. Some of the activities in the SCU include (but are not limited to): cards; gardening; knitting; embroidery; croquet, bowls; winter sensory kits; men's club; outings; mind benders; royals quiz; and tabletop games.</p> <p>The activity and lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements with the community Kapa haka group, and by celebrating national cultural events, Matariki, Waitangi and Māori language week.</p> <p>EPOAs, family/whānau and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GPs completed three-monthly medication reviews. A total of 18 electronic medicine charts and two paper medicine charts for respite</p>

<p>with current legislative requirements and safe practice guidelines.</p>		<p>residents were reviewed. These comprised six rest home, including one respite, eight hospital-level care, and six for residents in the special care unit, respectively. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements, on the medication charts. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were taken. A sample of these were reviewed during the audit. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridges and medication room temperatures was conducted regularly, and deviations from normal ranges were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse in the hospital wing was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards on all floors. There were residents self-administering medications. Appropriate processes were in place to ensure that residents who were self-administering medicines did it safely. A self-medication policy was in place when required. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. It is managed by the lead chef, who is supported by two other chefs, two cooking assistants, three kitchen assistants, and two</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>baristas. All have recognised food safety qualifications and relevant experience working in a kitchen environment. The lead chef reported that all food and baking are prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people.</p> <p>The food control plan expires on 9 May 2026. A registered dietitian, whom the organisation employs, reviewed the menu on 23 March 2025, and it was current. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff has confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying nutritional requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents' weights were monitored regularly, and supplements provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Meal times were observed during the audit. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>The senior lead chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups', hāngi, Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges normally go into similar facilities. The nursing team oversees discharges and manages the process until exit. All this is conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented in the residents' file. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, and the resident's safety was identified. Upon discharge, current and old notes are collated and scanned into the resident's electronic management system. If a subsequent GP require a resident's information, a written request is required to transfer the file.</p> <p>The reviewed files contained evidence of residents referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and their family/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building has a current certificate of public use (CPU) that expires on 2 August 2025. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area. The warrant of fitness for the facility van used to transport residents for outings is current.</p> <p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales</p>

	<p>were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Certified tradespeople carry out reactive maintenance where required.</p> <p>The service is on three levels, with the rest home and hospital beds located on levels two and three (dual purpose beds). The ensuites are spacious and safely accessible with a hoist, as observed on the audit day. All ensuites have external windows to provide natural light and have appropriate ventilation and central heating. Each floor has lounges, dining rooms and nurses' stations in the middle, with resident rooms on either side. There is a kitchenette in each dining room where residents can help themselves to drinks. There is a library and a quiet room on each floor. There are balconies off the lounges with 1.5 metre fencing in place. The furnishings and seating are appropriate for the resident group. Activities take place in the activities lounge area on each floor. Residents' rooms are personalised according to their preferences. No residents shared a room. Rooms, shower rooms, and toilets are a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The ground floor of the building includes two secure special care units (dementia level), with the units divided into two, with the nurse's station in the middle. Both have 20 beds, with each having access to its own dining area/lounge, and outdoor area. Entry to the special care units is by keypad door code or swipe. The dining rooms have small kitchenettes where residents may obtain snacks and drinks. There is also a quiet room in each of the 20-bed SCUs. Resident rooms have different coloured doors. There is ample room for residents to walk freely and safely. The two units are separated by a door. Each unit has an outdoor area with a circular path, where residents can walk freely. The outdoor areas have seating and shade.</p> <p>Each floor level of care has a small kitchen that staff and residents can use to make drinks for residents. There are also nurses' stations, large dining and lounge areas. All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the</p>
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		<p>washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. No residents smoked on the audit days.</p> <p>The village manager and lead maintenance reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. 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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible to staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The Fire and Emergency New Zealand approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was performed on 17 April 2025. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, a generator, and three gas BBQs to meet the requirements for 84 residents and rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have current first aid certificates. An automatic external defibrillator was in the reception area. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents,</p>

		<p>family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officers check monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. An external provider provided 24-hour security. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>A visitors' policy and guidelines are available to ensure that residents' safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention lead at the head office, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. There is a documented pathway for reporting infection control and AMS issues to the governance body. This was confirmed in an interview with the management team.</p> <p>Infection control committee meetings are held every two months. Infection rates are presented and discussed at infection control and staff meetings. The infection prevention lead at the head office has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention control lead, the senior management team and general practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention programme is linked to the electronic quality risk and incident reporting system. The infection prevention programme and AMS are reviewed annually by the infection prevention lead at Ryman's head office.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman's head office in consultation with the infection prevention lead. Policies are available to staff. The facility infection prevention and control lead job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The clinical manager is the infection prevention and control lead at Keith Park Retirement Village, and they have completed internal infection prevention education specific to the role. The service has access to a national infection prevention and control lead at the head office and the regional clinical manager.</p> <p>The infection prevention and control lead described the outbreak management plans used to manage previous, and any possible future outbreaks within the facility. This includes reviewing each outbreak and identifying where improvements can be made in future. The infection prevention and control lead audit and monitors the effectiveness of education and infection control practices.</p> <p>The infection prevention control lead has input in the procurement of infection prevention consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including PPE, were sighted, and these are regularly checked against expiry dates. The infection prevention resources are readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p>

		<p>The service has infection prevention information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti O Waitangi. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>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 uses. The procedures to check these are included in the internal audit system.</p> <p>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.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers strategically placed around the facility, and handbasins all have flowing soap.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman head office. 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 clinical team work in collaboration with the general practitioner and the pharmacist to monitor the use of antibiotics. Quantity of antibiotic usage is monitored two-monthly. Staff and residents and families/whānau have received education on antibiotic usage.</p> <p>Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored,</p>

		and the infection prevention control lead reported that any adverse effects will be reported to the general practitioner. The AMS programme is evaluated annually.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance are applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at two monthly infection control committee meetings and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service incorporates ethnicity data into surveillance data. Meeting minutes were available for staff. Action plans were completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>There was an outbreak of gastrointestinal infection in September/October 2024 and an outbreak of Covid-19 in December 2024. Both were appropriately reported and managed and staff were debriefed following the outbreaks.</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>	FA	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each floor when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms on</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>each floor that have sanitisers, with stainless steel bench and separate handwashing facilities. Eye protection wear and other personal protective equipment (PPE) are available. Staff have completed chemical safety training. Laundry and 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 dedicated laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. 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 control lead 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>Ryman operations and governance demonstrate a commitment toward eliminating restraint, as evidenced in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint and application must be done in partnership with family/whānau. The choice of device must be the least restrictive possible. At any time if restraint were to be considered, the facility will work in partnership with Māori, to promote and ensure services are mana-enhancing. At the time of the audit, the facility was restraint free.</p> <p>A unit coordinator is the restraint coordinator and confirmed that the service is committed to providing services to residents without the use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications, and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory</p>

		training plan and orientation programme.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.