

# Possum Bourne Retirement Village Limited - Possum Bourne Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Possum Bourne Retirement Village Limited
<b>Premises audited:</b>	Possum Bourne Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 15 July 2025    End date: 16 July 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	117

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Possum Bourne Retirement Village belongs to the Ryman Group of retirement villages and aged care facilities. The service provides rest home, hospital, and dementia levels of care for up to 122 residents in the care centre, and rest home level of care for up to 30 residents in the serviced apartments. On the day of the audit, there were 117 residents.

The service is managed by an experienced village manager, resident services manager, and clinical manager/registered nurse. They are supported by the general manager operations and the Board. The residents and relatives interviewed spoke positively about the care and support provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the service's contract with Health New Zealand- Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and their family/whānau; and interviews with staff, management, and the general practitioner.

This audit identified that the service meets the intent of the Standard.

## Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

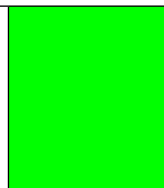
Possum Bourne Retirement Village offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to deliver high-quality and effective care to residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive manner, respecting their identities and experiences. The service listens to and respects the residents' voices 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 are fully attained.

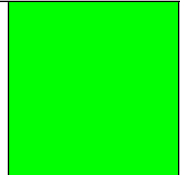
Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The village's annual plan for year 2026 includes a mission statement, purpose, values, direction, scope, and goals.

A documented quality and risk management system is in place, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

## 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 are fully attained.
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Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and myRyman care plans are developed and implemented. The general practitioner completes a medical assessment on admission, and reviews occur thereafter on a regular basis.

Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs.

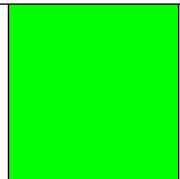
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The dementia unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single with full ensuite facilities. There is lift access to all floors. All communal areas and resident rooms have natural light.

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

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

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

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

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint coordinator is the clinical manager (registered nurse). The facility was restraint free at the time of the audit. There is leadership commitment to work towards providing a restraint-free environment. The service considers the least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as a 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 biases 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 Possum Bourne 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. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>Links have been established with the local Māori organisations and cultural advisors from Health New Zealand. Ryman partners with Whare Creative, who are 100% Māori-owned, and they are supported by a kaumātua. They provide advice on cultural support, advocacy, and are available in an advisory capacity with a Māori world view. Māori assessments were completed for residents who identify as Māori. The service has residents and staff who identify as Māori.</p> <p>The village manager (VM) reported that they support a culturally</p>

		<p>diverse workforce and encourage increasing the Māori capacity within the workforce. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with management and staff (general manager operations, village manager [VM], resident services manager [RSM], facilities manager, four-unit coordinators [UCs], three activity lifestyle coordinators, nine caregivers, lead chef, two house keepers, and one laundry staff), described ways they apply the principles of Te Tiriti into practice in relation to their roles.</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 and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. These policies note the Pacific people's worldviews and the need to embrace their cultural and spiritual beliefs. The Pacific health policy relates to Pacific residents and aims to uphold their cultural principles. There are staff members and residents who identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff, local churches, and the Filipino community. Staff have been introduced to the Fonofale model. There is a cultural input at the Board level, and Pacific cultural support and training are provided.</p> <p>Residents and whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, the satisfaction of the service, and the recognition of cultural needs. The VM interviewed stated that Pacific peoples' cultural beliefs, values, knowledge, arts, morals, and identity are respected.</p> <p>The Pacific health policy is based on Ola Manuia: Pacific Health and Wellbeing Action Plan and reflects the values that Pacific people hold as important for health and wellbeing. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in a range of Pacific languages, in addition to English and te reo Māori. The VM described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff, and documentation reviewed identified that the</p>

		service provides person-centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, Pacific languages and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Nine residents and seven family/whānau confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the residents' rights.</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</p>	FA	<p>Possum Bourne Retirement Village provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p>

<p>experiences.</p>		<p>The residents interviewed were positive about the service, as it considered their values and beliefs, and they felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are occasionally sung, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The VM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and felt safe. Police checks were completed as part of the employment process. Policies and procedures, such as the</p>

		<p>harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA) and/or family/whānau, and Māori health organisations and practitioners (as applicable).</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>In interviews, residents and family/whānau reported that communication was open and effective and that they felt listened to. The EPOA and family/whānau stated they were kept well informed about any changes to their relative's health status, and were advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by review of documentation in the residents' records reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff were aware of how to access interpreter services if needed. Staff can provide interpretation as needed and utilise family/whānau as appropriate. The VM reported that any non-subsidised residents who are admitted to the service, are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate, and regular use of hearing aids by</p>

		residents when required are encouraged.
<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>The VM and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) and the residents. The general practitioners (GPs) make a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The VM reported that advance directives are explained and encouraged. All residents admitted to the secure unit had an activated EPOA in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed, before undertaking any of the actions that need consent. Interviews with relatives confirmed that the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In an interview conducted with residents, they reported that they felt safe, protected, listened to, and happy with care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</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>Possum Bourne Retirement Village has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected.</p> <p>The service's complaints register was reviewed. There were seven</p>

		<p>complaints in 2024, and one reported in 2025 (year to date). Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff, with corrective actions put in place if required. There was one external complaint which was still open. The service has complied with the request to provide all the necessary information and awaits the final decision.</p> <p>The VM reported that any issues are discussed promptly with the residents before they escalate into complaints. An interview with the managers and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and posters of the Code were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the complainant to access independent advocacy services.</p> <p>The VM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</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</p>	<p>FA</p>	<p>Possum Bourne Retirement Village is owned and operated by Ryman Healthcare Group, providing rest home, hospital, and dementia levels of care for up to 122 residents in the care centre. The facility is also certified to provide rest home level of care in 30 serviced apartments. The facility is comprised of four levels, with care beds located on three of the four floors. The second level has two 20-bed special care units</p>

<p>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>(SCU). The third level has 41 rest home beds (certified as dual-purpose), which include one double room for a couple if needed. The fourth level has 41 hospital beds (certified as dual-purpose), which include one double room for a couple if needed. Both double rooms had single occupancy at the time of the audit. Certified serviced apartments are spread across the three floors.</p> <p>On the day of the audit, there were 117 residents: 39 at rest home level of care, including one resident under the accident compensation corporation (ACC), and one respite privately paying; 39 residents at hospital level of care; and 39 residents in the SCU (20 residents in one unit and 19 in the other unit). All remaining residents were under the age-related residential care contract (ARCC). There was one resident using rest home level of care in the serviced apartments.</p> <p>The organisation is managed by a VM who joined the service from another Ryman facility in April 2025. The VM has extensive experience in management and is supported by the RSM, CM, and general manager operations. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The governance body consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including audit, risk and financial markets, legal/nursing, commerce, construction, business management, and extensive backgrounds in governance. Regular reports are completed to the general manager operations, the senior leadership team, and the Board. The board oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>The Board is taking a comprehensive approach to addressing barriers to inequity, Māori, and people with disabilities. Ryman partners with Whare Creative, who are 100% Māori-owned, are supported by a kaumātua. They provide advice on cultural support, advocacy and in an advisory capacity with a Māori world view. The organisation has leadership within the villages who identify as Māori, who provide feedback on barriers and any concerns from a Māori world view.</p>
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	<p>Reports are regularly provided to the Board and senior leadership to address inequity as required. The Māori health Plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring.</p> <p>Possum Bourne Retirement Village has an annual plan for 2026, which is now called 'Plan on a Page', a summarised version of the annual goals. Ryman's key business and organisational goals are "Good enough for mum or dad" and "We do it safely or not at all". These goals are embedded throughout the organisation, from the Board of Directors down to the village and construction site level, through policies, procedures, training, and education resources. Ryman monitors and reports on the outcomes of these goals using various methods, including satisfaction surveys, clinical indicators, incident reporting, audits, complaints, and resident/team member feedback.</p> <p>The service ensures that family/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs and resident meetings. The service has Māori and Pacific health policies, which state the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha.</p> <p>The governance and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety in the day-to-day running of the facility. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>The clinical governance committee is a subcommittee of the Board. It monitors the villages' performance and assists the Board in discharging its responsibilities. The general manager of clinical and resident services chairs the clinical governance committee. It includes leaders from the clinical, quality, and risk teams, as well as members of the senior leadership team, the village manager and clinical manager from different villages.</p> <p>The clinical governance committee is responsible for regularly</p>
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		<p>reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. This includes analysing audit results, resident satisfaction surveys, complaints, mandatory reporting requirements, and clinical quality metrics across all villages. The senior leadership team also provides regular risk reporting to the governance bodies, including the Board.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Possum Bourne Retirement Village has a documented quality and risk programme that reflects the principles of continuous quality improvement. The quality and risk management systems include performance monitoring through internal audits and the collection of clinical indicator data. There is an appointed clinical governance committee that supports and enhances the quality of the company's clinical performance, care, and explores new service provision. The committee assists the Board in discharging its responsibilities relative to clinical reporting and clinical legislative compliance across New Zealand and Australia.</p> <p>Internal audits are completed by the Ryman clinical and quality team. Staff, registered nurses, and quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Corrective actions were documented to address service improvements, with evidence of progress and sign-off when achieved. The service has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. Benchmarking is performed using the data from the previous month and other sister facilities. Meeting minutes reviewed included full facility meetings, health and safety meetings, residents' meetings, and clinical meetings. Weekly manager's meetings were completed in a timely manner.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys; all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved.</p>

	<p>Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Quality goals for 2025 are documented, and progress towards quality goals is reviewed regularly at management and quality meetings. The quality goals included staff turnover that decreased by 32.5%; dining experience 4.0%; distressed behaviour reduced from 35.7 % to 18.3%; activity participation increased by 3.90%; care occupancy 98%; operation costs decreased; daily care fees increased; and the implementation of an antimicrobial stewardship programme that has been in place for three years.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcome from the 2025 resident satisfaction survey was favourable, with the village ranking in 18th place overall within the Ryman organisation. Care, laundry management, and communication remained strong performing areas. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff meetings, senior management meetings, and Board meetings. Residents and their family/whānau were informed of the survey results.</p> <p>Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow up and reporting. The VM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The VM was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2. There were five SAC reports completed as per protocol.</p> <p>The VM was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety, and infection prevention and control. No events required reporting to WorkSafe NZ</p>
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		<p>in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The VM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers, with support from the clinical and management team.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The VM, CM and RSM reported that most of the training is completed online. Evidence of regular education provided to staff was sighted in attendance records. Training topics included outbreak management (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; palliative care; communication; challenging behaviour; safe food handling; personal grooming; cultural safety; ageing and promoting independence; falls prevention and management; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; nutrition; harassment; pressure injury prevention; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies are assessed as per policy requirements. Caregivers have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. All caregivers are encouraged to complete the New Zealand Qualification Authority (NZQA) through Careerforce.</p>

		<p>There are 88 caregivers in total, 18 of whom work in the special care units (SCU). Of these 18 in the SCU, 17 have completed the dementia standards, and one is currently in training.</p> <p>The provider has an environment that encourages collection and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations who provide the necessary clinical guidance and decision-making tools that are focussed on achieving health equity for Māori. The service supports people's right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been provided to staff, and in-service education is ongoing.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit, there were 23 registered nurses in addition to the clinical manager and four-unit coordinators employed. Ten have completed interRAI training (including the clinical manager and unit coordinators). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collection and sharing of high-quality Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>Staff interviewed report a positive work environment. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. An employee assistance programme (EAP) is in place to promote staff wellbeing. Each of the staff members interviewed reported feeling well-supported and safe in the workplace.</p>
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<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>Human resources management policies and processes reflect standard employment practices and relevant legislation. Referees are contacted prior to an offer of employment being made. Fourteen staff files were reviewed (CM, RSM, two registered nurses, one unit coordinator, four caregivers, one senior lead chef, activity and activities lifestyle coordinator, housekeeper, kitchen assistant, and reception health and safety officer). Staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board at Board meetings. Following incidents, the management team are available for any required debriefing and discussion.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a</p>

		<p>paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The VM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The VM reported that EPOA's can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team as requiring dementia, rest home or hospital level care. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity, and family/whānau are involved at all stages of service delivery. Family/whānau and residents interviewed stated the staff provide clear, accessible information and foster a respectful, responsive entry process, are committed to equity, inclusion, and the wellbeing of the residents they serve.</p> <p>To date the facility has not declined entry; however, if a prospective resident does not meet the entry criteria, they would be referred to NASC and this would be explained to the prospective resident and their family/whānau. Family/whānau and residents were updated where there was a delay in entry to the service.</p> <p>The service collects ethnicity data on all referrals for entry. The service has links with local Māori and there are staff who identify as Māori who</p>

		are available to support residents and whānau.
<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>	FA	<p>Eleven resident files were reviewed, including five hospital level, three rest home level (one from a serviced apartment), and three dementia level residents. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools.</p> <p>Within three weeks of admission, an interRAI assessment is completed and this is used to inform development of the myRyman long-term care plan, along with input from resident, family/whānau, caregivers, registered nurses, and activities staff. The electronic myRyman long-term care plans are developed by the registered nurse and are holistic, covering infection prevention; cognition; engagement; identity; behaviour and mood; vision; hearing; speech; mobility; transfer; positioning; continence; food and fluids; management of medical conditions; pain; skin and wounds; pressure care; activities of daily living; medications; cultural awareness; environment; and equipment.</p> <p>Residents and family/whānau interviewed confirmed they participate in care planning and review processes and residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and families/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner or register with the facility's contracted general practitioner service. There are two general practitioners who are on site four days per week, or more often if required, to undertake three-monthly resident and medication reviews and to review residents with acute needs. Initial medical assessments occur within the required timeframes. The contracted general practitioner service provides medical cover after hours and on</p>

	<p>weekends for urgent care or advice to the registered nurses. The general practitioner was interviewed and stated that staff are very organised, competent and communicate with them in a timely manner when there are changes or concerns about residents. All general practitioner notes are entered into the resident's hardcopy files, located in locked cupboards in offices located in all wings. Allied health care professionals involved in the care of the resident include a physiotherapist who is onsite three days per week; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound nurse specialist; continence specialist; and dietitian, and all document their notes in the resident's hardcopy files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and enduring power of attorney interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the myRyman care plan is being reviewed.</p> <p>The electronic files allow for integration of services with all staff, including caregivers, registered nurses, and activities staff involved, contributing to the residents' files.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a handover at the beginning of their shift, as observed on the day of the audit.</p> <p>Monthly (and more often if indicated) observations, such as weight and vital signs, are completed and are up to date. Neurological observations are recorded following all unwitnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the myRyman care plans and includes (but are not limited to) intentional rounding, wound monitoring, distressed behaviour monitoring, regular repositioning, and food and fluid management.</p> <p>There is a wound register maintained, showing there are currently 15 wounds, including skin tears and skin lesions, and pressure injuries. Review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans, which is developed by</p>
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		<p>a registered nurse, who has completed training in wound management. Wound assessments include taking a photograph and measurements of wounds. Health New Zealand specialist wound nurse, and the GP have input into chronic wound management.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, caregivers, residents and family/whānau, and activities staff. The myRyman care plan is reviewed to ensure the residents' goals are being met, and if there are new goals identified, the myRyman care plan is reviewed and updated.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical manager reported 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. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p> <p>MyRyman care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation, behaviours that challenge, including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully. Families/whānau confirmed on interview that they are very involved in assessments, care planning and review.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>A team of activity and lifestyle coordinators (two qualified diversional therapists), and lounge caregivers implement the Engage activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group of diversional therapists at Ryman's head office. The hospital and dementia units are open seven days a week. The rest home</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>programme is Monday to Friday, with resources available for family and resident-led activities, including a recent quality improvement by the service in the form of 'boredom buster packs.'</p> <p>There is a monthly programme for each unit, delivered to each resident's room. A daily activity programme is written on the lounge whiteboard in each area. Residents have the choice of a variety of Engage activities in which to participate, including (but not limited to): triple A exercises; breathing exercises; meditation; board games; quizzes; music; reminiscing; sensory activities; crafts; and walks outside. The rest home resident in the serviced apartment can choose to attend the serviced apartment or rest home activity programme. Those residents who prefer to stay in their rooms or who need individual attention, have one-on-one visits to check if there is anything they need and to have a chat. The village has a van available for the weekly outings and hires a wheelchair accessible minibus to cater for those residents who cannot access the village vehicle safely. The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community, and facilitates opportunities for Māori to participate in te ao Māori through cultural weaving, te reo Māori lessons, poi, and active links with the community.</p> <p>There are various denominational church services held in the care facility weekly. There are regular entertainers visiting the facility. Special events like birthdays, St Patrick's day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and themed days are celebrated.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the resident's past hobbies and present interests, career, and family. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly, at the same time as the review of the long-term care plan. Residents have the opportunity to provide feedback through resident and relative meetings and annual surveys.</p> <p>Residents in the secure dementia areas have a 24-hour activity plan, which included strategies for distraction and de-escalation. The dementia (SCU) activities calendar has activities adapted to encourage</p>
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		<p>sensory stimulation, and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and was seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms, and medication trolleys are also locked. Each area of the facility had a dedicated medication room.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly, and expired medications are returned to the pharmacy for disposal. Medications with a short shelf life are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements that residents wish to take are prescribed on the medication chart by the general practitioner. Medications are reviewed three-monthly by the general practitioner, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Twenty-two electronic medication charts were reviewed, on the electronic medication platform. All had photographic identification, and any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff were sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side effects. Pro re nata (prn)</p>

		<p>medication is administered as prescribed and the reasons and effects are documented in the progress notes. The service does not use standing orders.</p> <p>There is one resident who self-administers their medications. The resident has a current competency in place which is reviewed regularly, evidencing they are safe to do self-administer medications, and their medicines were seen to be stored in a locked cabinet in their room. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice, and treatment for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared and cooked on site in a very well-appointed kitchen. All kitchen staff have recognised food safety qualifications, and records of training were sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is current until 9 May 2026. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in an electronic system and a summary on a whiteboard in the kitchen. Seasonal menu in a four-weekly cycle is utilised. The menu was reviewed by a registered dietitian. During the audit, the meal service was observed in each area, and residents were seen to be enjoying their meals. Where needed, staff discreetly assisted residents.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights</p>

		<p>are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, hotboxes, bain-marie, and freezers are maintained. All food is plated in the kitchen and delivered to the respective wings in hot boxes. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The lead chef visits residents regularly to ask what food they enjoy and endeavours to provide this. In addition, residents can request a meeting with the lead chef at any time. Each area has a logbook for staff to record any dissatisfaction with the food, and the lead chef checks this weekly.</p> <p>The lead chef reported the service prepares food that is culturally specific to different cultures, including Indian, Asian and Pacific Island. There are menu options available which includes menu options which are culturally specific to te ao Māori.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, a registered nurse completes a set of transfer documents, and the general practitioner makes the referral to the hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the health service the residents have been to, by the registered nurse. A referral is made if a resident wishes to or needs to be seen by another health service. Examples sighted include referrals to the dietitian, speech language therapist and specialist</p>

		clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness is current. The facilities manager works full time and is assisted by a maintenance person and a village support person. Compliance for the building warrant of fitness, lifts, and air conditioning is contracted out. The annual preventative maintenance schedule is online. This comes from the head office, and the facilities manager completes a form of checks monthly. Staff can request repairs and maintenance via an electronic system that automatically alerts the facilities manager. For urgent repairs, staff call the facilities manager, who can access essential contractors, such as plumbers and electricians at any time. The facilities manager signs off all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Electrical testing and tagging of all appliances and calibration of medical equipment is completed annually, with all current at the time of audit. Hot water temperatures are checked monthly in each area, and records show a safe temperature is maintained. The building has ducted air conditioning for temperature control. All hand-washing areas have free-flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes, and main kitchen.</p> <p>The dementia unit is situated on level two in two wings, with 20 resident rooms in each wing (there are two double rooms that had single occupancy). Entry to the special care unit is by electronic keypad. Each wing is a mirror image of the other, with one main lounge and a dining area, and a domestic-style kitchen. Each wing has a separate family/whānau lounge and a lounge at the end of the wing for residents to sit quietly or visit with family/whānau. Resident room doors have a box with pictures and names for residents to easily identify which is their room. There is ample room for residents to walk freely and safely. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for the safe use of mobility equipment. There is plenty of natural light with large windows in each resident's room. The unit is carpeted with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for the storage of mobility equipment. The design layout enhances the</p>

	<p>residents' freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. Each wing of the dementia unit has a spacious and secure outdoor area off the open-plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor areas have safe pathways for residents to walk without any dead ends. There are raised gardens, including a herb garden and water features. There is outdoor seating and shade.</p> <p>The dual-purpose wings are located on level three and level four. Each floor has dual-purpose beds with lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. Furniture is appropriate for residents. There is a domestic-style kitchen in each dining room and a large communal lounge. There is an additional lounge on each floor for residents to meet with family/whānau or for staff to have family/whānau meetings.</p> <p>All rooms have ensembles. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the care centre can accommodate residents requiring rest home or hospital-level of care. The gardens and grounds are well-maintained and have seating and shade, and safe walking pathways. Serviced apartments have a kitchen, lounge and dining area and a separate bedroom with a full ensuite. During the audit, residents in serviced apartments were seen to dine in a main dining room and participate in various activities in the communal lounge areas and recital room.</p> <p>The service has no current plans to build or extend the care centre; however, consultation arranged by Ryman head office would ensure aspirations and identity of Māori would be reflected should any build or major alterations occur. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 29 April 2019. Fire evacuation drills are conducted every six months; with these part of the training programme. A record of attendance was sighted. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. Fire evacuation chairs are on each level in the stairways and in each serviced apartment. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (2430 litres for the care centre), continence products, and a generator. Emergency lighting is available and is regularly tested. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. Some residents also have pendant call bells. These are checked monthly by the facilities manager. Residents and family/whānau confirmed that staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors and are automatically locked at predetermined times, and entry is by electronic fob. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure that resident safety and wellbeing are not compromised by visitors to the service.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention and Antimicrobial Stewardship (IPAS) Governance policy refers to a set of commitments and actions that each Ryman village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use". Advice around infection prevention and control matters are sought via Ryman's IPAS Nurse Specialist (RN), regional operations manager and general manager operations (RN), group clinical care manager (RN), and local infection control specialist team at Public Health and liaising with GPs.</p> <p>The IPAS governance committee structure consists of organisational and village committees. The Village IPAS Committee reports to the IPAS operational team, which in turn reports to the IPAS Advisory Committee, who reports to the clinical governance committee, who are advisory to the Chief Executive Officer and Board.</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The IPAS programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service and is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist. The Infection Prevention and Antimicrobial SharePoint page is comprehensive and a reference for the IPAS programme within the organisation. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control lead (IPCL) has a signed position</p>

	<p>description and has completed external IPC education.</p> <p>The Village IPAS Committee meets every two months. Meetings discuss relevant policy and document changes, relevant education, data and analysis, and audits and any concerns. The Village IPAS Committee consists of the village manager, H&amp;S rep, clinical manager (IPCL), and unit coordinators.</p> <p>The service has access to a national IPAS nurse specialist. On interview, staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and the correct use of personal protective clothing. The IPCL audit monitors the effectiveness of education and infection control practices. The IPCL has input in the procurement of consumables and personal protective equipment (PPE). Sufficient IPAS resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. There are resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. The IPCL conducts spot audits on hand hygiene practices six-monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.</p> <p>The IPCL stated they work with Māori residents, in partnership with them and their family/whānau, for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between uses. The policies and procedures require that the IPCL be involved, should there be any changes or refurbishment of the facility. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked</p>
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		not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves strategically placed around the facility near the point of care. Handbasins all have flowing soap and paper towels. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility, and handbasins all have flowing soap.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked to the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist and approved by the clinical governance committee. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors).</p> <p>The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the potential for harm. Responsible use of antimicrobials is promoted. The Ryman Medication Advisory Committee (MAC) works in collaboration with the Villages' IPCL, IPAS nurse specialist, general practitioners, and pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage are monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects are reported to the IPAS nurse specialist and GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection control surveillance is discussed at two-monthly infection control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>There were three Covid-19, and one gastro outbreak reported since the last audit. The IPCL described the outbreak management plan in place to manage these outbreaks. Outbreak management plans and post-outbreak meetings were sighted for the outbreaks. These included notifying Public Health (where appropriate), completion of daily case logs, and daily updates to Health New Zealand, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication, and a summary of the successfulness of the response.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. The trolleys are kept in locked cleaners’ rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of the audit. There are sluice rooms in each area and a sanitiser with a stainless-steel bench and separate handwashing facilities. Eye protection and other personal protective equipment (PPE) was available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau</p>

		<p>feedback. Cleaning services are provided every day of the week.</p> <p>All laundry is completed on site. There are dedicated laundry staff on duty each day. There is a 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 the linen was sighted to be in good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The IPCL oversees the implementation of the cleaning and laundry audits and monitors any corrective actions identified.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Ryman operations team 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 completed 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 would 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>The CM 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 training plan and orientation programme. The clinical governance committee also monitors the use of restraint through their group clinical indicator reporting.</p>



## Specific results for criterion where corrective actions are required

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

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

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

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

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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
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End of the report.