Ryman Napier Limited - Princess Alexandra Retirement Village

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Ryman Napier Limited
Premises audited:	Princess Alexandra Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 July 2025 End date: 11 July 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 91

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Princess Alexandra Retirement Village (Princess Alexandra) is a Ryman Healthcare facility situated in Napier. The service is able to provide rest home, hospital, and dementia levels of care for up to 108 residents in the care centre. There are 108 beds in the care centre; sixty dual purpose beds, twenty-four rest home beds, and twenty-four beds in the secure dementia unit. There are also thirty beds in the service that have been assessed at rest home level. There were 91 residents at the time of the audit.

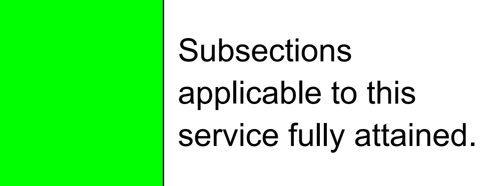
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents,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

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

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

This certification audit identified an area for improvement around care plan documentation.

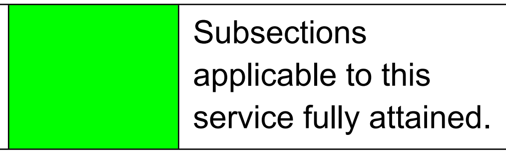
Ō tātou motika | Our rights

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

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Princess Alexandra provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

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

which are reviewed on a regular basis. Princess Alexandra has implemented the quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Princess Alexandra provides clinical indicator data for the three services being provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Some subsections applicable to this service partially attained and of low risk.

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 long-term care plans are developed. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated that long-term care plans are reviewed six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs.

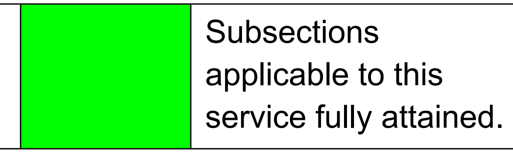
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. A comprehensive suite of policies is in place that align with current legislation. All medication charts were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

All food is 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 were satisfied with the food services provided. There are additional snack available 24/7.

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

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

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

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

The building holds a current warrant of fitness. There is a preventative maintenance plan. The facility meets the needs of the residents and was clean and maintained. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Electrical and medical equipment has been checked and assessed as required. Most residents have a full ensuite. There also sufficient communal toilets and showers with appropriate signage. Resident rooms are personalised.

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 Covid-19. 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 special care unit is secure and provides residents with a safe but homely environment. The appropriate security measures are undertaken.

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

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

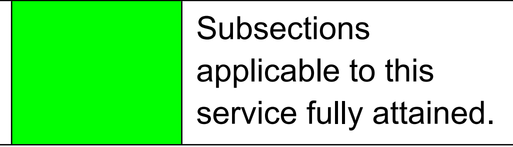
Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff. Documentation evidenced that relevant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

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

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and sufficient supply of protective equipment. The internal audit system monitors for a safe environment. Covid-19 outbreaks reported since the last audit were managed effectively. There were residents with Covid-19 at the time of the audit. Appropriate processes were in place to prevent the spread of infection.

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

Here taratahi | Restraint and seclusion

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

The restraint coordinator is a registered nurse. The service is committed to a restraint-free environment. There are currently residents using restraints. Restraint minimisation training is included as part of the annual mandatory training plan. An orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement diversion, de-escalation techniques, and alternative interventions and only use approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	175	0	1	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	Ryman Healthcare recognises the importance of tāngata Māori. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Princess Alexandra Retirement Village (Princess Alexandra). Ryman Healthcare has employed a Taha Māori navigator, which recognises the importance Ryman places on tikanga Māori and Te Tiriti o Waitangi partnership with mana whenua. There are both residents and staff who identify as Māori at Princess Alexandra. The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Tiriti o Waitangi principles and enabling residents and their family/whānau to direct their care in the way they choose. Princess Alexandra has employed a pou-awhina (cultural support person) who discussed how the service works with residents and family/whānau to Māori. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their whānau are enabled. Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs.

		Interviews with four managers (regional operations manager, village manager, clinical manager, and resident services manager), and nineteen staff (four registered nurses (RNs), two-unit coordinators, five caregivers, one pou- awhina, two activity and lifestyle coordinators, the lead chef, two laundry assistants and two laundry staff) described examples of providing culturally safe services in relation to their role. Interviews with the village manager identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	Ryman New Zealand has health plans for Pacific and Māori residents. The Pasifika health plan was developed in consultation with team members and (previous) residents who identify as Pasifika to ensure this captures an individual's values, beliefs, and links within the community. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant, to residents' preferences and needs. At the time of the audit, there were two staff who identify as Pasifika. There were no residents who identified as Pasifika. On admission all residents state their ethnicity which is recorded in their individual files. The unit coordinators and registered nurses (RNs) advised that family/whānau members of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan. The village manager confirmed how they support staff that identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. Pacific staff interviewed confirmed management are supportive and

		use their skills within the team to connect with residents.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and relative meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire. Eight residents (four rest home, including one residing in the serviced apartments, and four hospital) and five family/whānau (one rest home, one hospital and three dementia) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and relatives felt they were encouraged to make their own choices. Interactions observed between staff and residents were respectful. Caregivers and RNs interviewed described how they support residents to choose what they want to do and be as independent as they are able. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing.
Subsection 1.4: I am treated with respect	FA	Caregivers interviewed described how the rosters are flexible to meet each resident's needs. Staff receive training on the Code at orientation

The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to services to kaumātua, tikanga Māori (Māori culture) best practice and providing services for Pacific Elders and ethnic groups. Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2024 and in the current year includes (but is not limited to): sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse & neglect; advocacy; spirituality; cultural safety, and tikanga Māori. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. The caregivers and RNs described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The care planning process is resident focused with resident and family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, resident life experiences, and identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that

		is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.
Subsection 1.5: I am protected from abuse 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.	FA	The Ryman professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Code of Residents Rights and follows the Code of Health & Disability Services, which supports the resident to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness, and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files. Residents in the dementia unit have enacted enduring power of attorney documents in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents

		interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family members is of a high standard.
Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information regarding the service is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and consequent follow up by the service. Family/whānau interviewed for residents in the dementia unit explained they are very well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit, all residents were able to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family members, picture charts, and online translation tools, if there were residents who could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, dietitian, speech and language therapist, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely

		notification to attend.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	There were appropriately signed resuscitation plans in the files reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available and had been activated where necessary. Files for residents in the secure dementia unit included an activated enduring power of attorney and a Needs Assessment Services Coordination approval for secure dementia care.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The organisational complaints policy is documented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings. Complaints over the last two years were reviewed, this includes: two for 2024 and five year-to-date for 2025. There is also a Health and Disability complaint closed May 2025. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. The Health and Disability complaint, closed by the Health and Disability Commissioner May 2025, has a series of actions for the service. The service has completed comprehensive training, staff development and provided staff with support related to the issues raised through the complaint. The service has met with the Health and Disability

		Commission team to discuss concerns. One family/whānau member has made a series of complaints regarding care (lodged and one ongoing complaint); the service has worked with the complainant regarding all aspects of the issues raised and there is an email indicating that the family is now satisfied. Staff interviewed reported that complaints and corrective actions are discussed at meetings. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. 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.	FA	Princess Alexandra Retirement Village is a Ryman Healthcare facility situated in Napier. The service is able to provide rest home, hospital, and dementia levels of care for up to 108 residents in the care centre. This includes 60 dual purpose beds, 24 rest home beds, and 24 beds in the secure dementia unit. There are also 30 beds in the service that have been assessed at rest home level. There were 91 residents in the care centre, including three rest home level residents in the serviced apartments at the time of the audit. The care centre residents included 30 rest home residents, including one resident on respite; 40 hospital residents, including two funded through Accident Compensation Corporation (ACC) and one respite; and 21 residents in the dementia unit. The remaining residents were under the age-related residential care agreement. Ryman Healthcare is based in Christchurch. The village manager reports to the regional operation manager, who reports to the chief operating officer (also a member of the senior executive team). The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are available to managers through

		electronic systems to include all clinical, health and safety, and human resources. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, has been developed with internal and external collaboration, including kaumātua support for the Board. The Board oversees all operations, from construction to village operations. From this, there is a clinical governance committee that includes Board members, focusing on the clinical aspects of operations. Board members are given orientation to their roles and the company operations. All Board members are already skilled and trained in their role as Board members. The clinical council sits under the clinical governance committee and includes managers who are subject matter experts, leaders from the clinical, quality and risk teams; and members of the senior leadership team. Terms of reference are available, and these include the aims of the committees. The clinical governance committee reviews and monitors audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages. Ongoing training ensures competence with Te Tiriti o Waitangi, health equity, and cultural safety. All members of the Board have completed these training sessions. Senior leadership team and Board members have received training in the mihi whakatau process. Mauri Oho, Ryman's Māori engagement strategy, also includes objectives for developing learning modules specifically designed to meet the needs of the Board and governance team. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Ryman has an initiative to improve the care plan template and has implemented elicited resident and family/whānau input into reviewing care plans, to ensure that they meet residents' cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, and through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Princess Alexandra can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.

		The Board, senior executive team, and general managers approve the Ryman organisational business plan. From this, the regional teams develop objectives, and the individual villages develop their operational objectives. The Ryman business plan is based on Ryman values, including (but not limited to) excellence, teamwork, and communication. These align with the village's objectives. Princess Alexander objectives for 2025 include (but are not limited to) care centre activities, resident communication, reduction in pressure injuries and reducing behaviours that challenge. There are also business / financially based objectives. Organisational goals relate to the overall satisfaction of the service. Princess Alexander's objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman Healthcare's key business goals are embedded throughout all processes, from the Board down to village and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day-to-day operations. The organisation has reviewed all policies to ensure they align with the Ngā Paerewa Standard. Service performance is monitored through clinical indicators, surveys, staff incident reporting, audit results, complaints, and resident and staff input through feedback and meetings. All of this is discussed/reviewed from the Board level down to the village level, with corrective actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages. The resident and family survey was in process at the time of audit. The service is managed by a non-clinical village manager, with previous business and management experience who has been in the role for two years. They are supported by a clinical manager, who is a registered nurse (has been in the role for two years), and a resident support coordinator (non-clinical). All have experience in the aged care setting. They are supported and have had mentoring from both the regional operations manager and the regional quality manager. The village manager and clinical manager have completed training in excess of eight hours over the last year related to management of an aged care facility, including their orientation, Te Tiriti o Waitangi and cultural safety related training. The management team has been

		supported in advancing in the Ryman Leadership programme and leadership development online course (eight hours).
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Princess Alexandra is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives. Ryman have a cultural navigator/kaitiaki who works with the Board as well as a local pou awhina. This team ensures that organisational practices from the Board, down to village operations improve health equity for Māori. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and RN meetings. There are monthly Team Ryman (quality) meetings and weekly manager meetings. Discussions include (but are not limited to): quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); staffing; and education. Internal audit reports, meeting minutes, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. There was evidence of progress and sign off of corrective actions when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.

		There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff. A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed (the resident support coordinator) maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A current risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented a health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident's incidents and accidents are recorded on the myRyman care plans, and data is collated through the electronic system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a RN. Discussions with the village manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT, and reporting as required to the Heath Quality and Safety Commission. There is a project in place around pressure injury reduction and skin care, and also a corrective action plan to address the high falls; both of which document a reducing trend at the time of audit. There were Covid-19 outbreaks reported to appropriate authorities since the last audit.

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday. The clinical manager and unit coordinators ensure there is seven days per week clinical management on site. Each unit is led by a unit coordinator, including the dementia unit. A review of the rosters for the previous two weeks evidenced that each of the units has been staffed according to the roster and provides safe staffing. Residents and family/whānau interviewed reported that there are adequate staff numbers. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of education. Courses offered, included: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 70 caregivers; 45 have achieved level four health and wellbeing and 18 level three. There are 12 caregivers who work in the dementia unit, 11 of whom have achieved the dementia unit standards, and one is in the process (within the eighteen-month time limit). Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings.

		There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit there were 24 RNs, an enrolled nurse, a clinical manager (CM), and four unit-coordinators (UC). Eleven have completed interRAI training. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. Existing staff support systems, including peer support, wellbeing month, ChattR online communication application, and provision of education, promote health care and staff wellbeing. Staff interviewed report a positive work environment. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Thirteen staff files (four RNs, four caregivers, one CM, one maintenance person, one administrator, one activity coordinator, and one cook) were reviewed. Each included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form, and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.

		Evidence of debriefing and follow-up actions taken are documented following any incident/accident. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant caregiver or RN, including designation. Any paper-based documents are kept in a locked cupboard in the nurses' station. Resident files are archived and remain on site for two years, then are transferred to an offsite secured location to be archived for ten years. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	Prospective residents are required to be assessed by the Needs Assessment Service Coordination (NASC) 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. When admission is delayed, the clinical manager informed family/whānau are provided with regular updates. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. Family/whānau and residents interviewed stated the staff provide clear, accessible information and foster a respectful, responsive entry process, are commitment to equity, inclusion, and the

		wellbeing of the residents they serve. 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. The service collects ethnicity data on all referrals, including both those accepted for admission and those declined. Routine analysis is undertaken to identify entry and decline rates for Māori. The service has developed meaningful links with local Māori who are available to support residents and whānau. The service works with Māori health practitioners as requested by residents and/or family/whānau to benefit Māori individuals. There are also staff working at the service who identify as Māori and are able to support Māori residents and family/whānau. Staff who identify as Māori, are also available to support residents and family/whānau.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files were reviewed, including three hospital level (including one long term resident on ACC); three rest home residents (including one respite resident, and one resident living in a serviced apartment); and four dementia level residents. An initial assessment is undertaken by a registered nurse (RN) on admission, and an initial care plan is developed on the same day. A resident under a respite contract for care has a comprehensive assessment and care plan completed on admission. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools. Within three weeks of admission, an interRAI assessment is completed, and this is used to inform development of the long-term care plan, along with input from resident, family/whānau, caregivers, RNs, and activities staff. The RNs develop long-term care plans, and the planned interventions are holistic. This includes interventions for physical needs, assistance required with activities of daily living, psychosocial and cultural needs and preferences, and interventions to address medical conditions. Long-term care plans have not always been updated to reflect changes to meet their needs. The residents on long term ACC had an interRAI assessment completed and a detailed

		care plan in place. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the care plan is being reviewed. Contact details for family/whānau are recorded in the electronic resident documentation system. 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 confirmed 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 family/whānau as part of the quality system to reduce barriers to care. Residents can either retain their own general practitioner or register with the facility contracted general practitioner service. The contracted general practitioner is on site three 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 weekends for urgent care or advice to the RNs. The general practitioner was interviewed and was very happy with the communication from the RNs and unit coordinators. Allied health care professionals involved in the care of the resident include (but are not limited to) the physiotherapist who is on site 12 hours per week; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound specialist; continence specialist; and dietitian. All document their notes in the resident's files. The electronic files allow for integration of services with all staff, including caregivers, RNs and activities staff involved, contributing to the residents' files. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.

		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 prescribed and includes intentional rounding, skin checks, behaviour monitoring, and food and fluid management. Skin checks and completion of exercises were not always documented as being completed in resident files reviewed. There is a wound register maintained showing 18 current wounds, including one unstageable pressure injury, skin tears, skin lesions, and vascular ulcers. Review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans, which is developed by a RN who has completed training in wound management. Wound assessments include taking a photograph and measurements of wounds. Multidisciplinary reviews occur six-monthly. This includes input from the RN, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed at six-monthly intervals. 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 would be included within the care plan for Māori. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training. 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. Family/whānau confirmed on interview they are involved in assessments, care planning and review.

Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The service employs a team of eight activity and activity and lifestyle coordinators, including full-time and part-time coordinators. Lounge carers provide activities at the end of the daily programme to support residents prior to the evening meal. A part-time van driver further complements the team. The activity and lifestyle team are all at varying stages of completing activity modules and/or dementia (Level three) qualifications. The activity and lifestyle coordinators implement the "Engage" activities programme in each unit, which reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These were completed within two to three weeks of admission. A monthly activities plan was posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired. The planned activities and community connections are suitable for the residents. The activity and lifestyle coordinators reported that activities are provided separately in the three respective wings. The activities on the programme included walks; exercises to music; pet therapy; happy hour; church services; news and views; community library visits; bingo; floor games; table games; walks; museum visits; van outings; music; cooking; movies; art; and craft. There are regular outings and drives twice a week for each level of care (as appropriate). Monthly resident meetings provide a forum for feedback relating to activities. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit days. Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. There were 24-hour activity plans, which included strategies for distraction and de-escalation, completed for residents in the special care unit. Activities are offered at times when residents are most physically active and/or restless. Each resident has an activity plan developed detailing the

		past and present activities, career, and family/whānau. The activity and lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with the community Kapa haka group, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility. Family/whānau/EPOA and residents reported satisfaction with the level and variety of activities provided.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	Medication management is safe and meets legislative requirements. Medications are administered by RNs and medication competent caregivers; all of whom are required to and do pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. Each area of the facility had a dedicated medication room. The medication room refrigerator temperatures are recorded daily. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general practitioner. Medications are reviewed three-monthly by the general practitioner, in collaboration with the RNs and resident and family/whānau. Twenty electronic medication charts were reviewed. All had photographic identification, and any allergies or adverse drug reactions are recorded on the chart. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes.

		Princess Alexandra do not have standing orders. There are residents who self-administer their medications. The residents have a current competency in place which is reviewed regularly, evidencing they are safe to do this. Their medicines were seen to be stored in a locked cabinet in their own 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.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food is prepared and cooked on site. The kitchen is managed by a lead chef, assisted by another chef and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is current. On the days of the audit, the kitchen was clean and well equipped. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and whānau/EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences were available in the kitchen folder. A seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by a registered dietitian. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required, including for residents in the dementia unit. Thermometer calibrations were completed every three months.

		Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The lead chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori. The menu included Māori bread and pork, and these are offered to Māori residents on special occasions, and when national cultural events are celebrated. Residents were noted to be enjoying the social aspect of the midday meal during both days of the audit.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	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. Family/whānau are informed when residents are transferred to a public hospital so that there is a coordinated and supported transition of care or support. The RN completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the health service by the RN. A referral is made if a resident wishes or needs to be seen by another health service. Examples sighted included a referral to the dietitian, speech language therapist and dentist. Residents attending external appointments are encouraged to be accompanied by their family/whānau whenever possible.

Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The rest home, hospital, and special care unit (SCU) are included in the care centre located on ground level. The serviced apartments are on three levels. There are lifts between floors. A keypad code is required to enter the special care unit. The front section on level one has offices, reception area, and toilets that can be utilised by the visitors and front office staff. A large area provided at the front of the facility provides space for residents and serviced apartment residents to socialise and access the Café. The building has a current warrant of fitness that expires on 25 November 2025. The physical environment supports the independence of the residents. Corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective units with mobility aids. There is adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and communal areas. The ensuites are spacious and safely accessible with the use of a hoist, as observed on the day of audit. Ensuites have external windows to provide natural light and have appropriate ventilation and central heating. Each warrant of fitness for the facility vans used to transport residents for outings was current. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside. Furniture is well maintained, and seating is appropriate for the residents. Residents' rooms are personalised according to the resident's preference. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices. The planned monthly preventive maintenance schedule includes testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and medical equipment. The scales are checked as per the maintenance schedule. Resident hot water temperatures are checked, and records demonstrate the temperatures were below 45 degrees Celsius. There is a covered swimming pool on site. The door to access the pool is locked and has fob access. Swimming pool water temperature checks are monitored twice per day. Reactive maintenance is carried out by the maintenance personnel and certified tradespeople where required. The service employs two

		maintenance personnel. One full time and one part time. The lead maintenance person works Monday to Friday and after-hours support is provided. The environmental temperature is monitored. Each level of care area has a small kitchen that can be utilised by staff, and whānau/family to make drinks for residents. The area provided in the SCU (dementia unit) has extra safety measures in place. There are nurses' stations within the rest home, hospital, and SCU (dementia unit). In each level of care, there are large dining and lounge areas, private areas or quiet rooms. All communal toilets have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas. The grounds and external areas were maintained to a high standard. External areas are independently accessible for residents in the rest home, hospital, and serviced apartments. Outdoor areas have seating and shade. There is safe access to all communal areas. Residents interviewed reported they were able to move around the facility and staff assisted them when required. In the special care unit, residents have access to a safe courtyard and have ability to walk around the secure grounds in a loop. Fences are subtle and have been camouflaged with appropriate planting/landscaping. Seating and shade are provided and enable the residents to access raised garden beds. The service has no current plans to build or extend the care centre. However, should this change, the requirement to involve Māori in a co-design approach is well known by the organisation. Residents and family/whānau interviewed expressed a high level of satisfaction regarding the comfort levels of the environment.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected	FA	Policies and procedures for fire safety, emergency planning, preparation, and response were 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 20 September 2019. Fire evacuation drills are conducted every six months, and these are included in the training programme. The latest fire evacuation drill was

event.		completed in April 2025. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, continent products, and a generator. Emergency lighting is available and is regularly tested. All registered nurses have a current first aid certificate. An automatic external defibrillator was located at the reception area. Staff interviewed understood the emergency procedures. The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance team. Emergency call buttons were available in all communal areas. Call bell audits are completed twice a year, and results were satisfactory. Residents and family/whānau confirmed that staff responds to call bells promptly. Appropriate security arrangements are in place. An external provider completes security checks four times each evening. Doors are locked at predetermined times. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and	FA	Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan, to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the infection prevention lead at the head office, Public Health, or from Health New Zealand. Infection control and AMS resources are accessible. The infection control committee meetings are held every two months. Infection rates are presented and discussed at infection control and

respond to relevant issues of national and regional concern.		staff meetings. The infection prevention lead at the head office has access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention control lead, the senior management team, and the general practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention (IP) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IP programme is linked into the electronic quality risk and incident reporting system. The IP and antimicrobial stewardship programme (AMS) were reviewed annually by the IP lead at the head office. The annual review was completed and documented. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman head office, in consultation with infection prevention lead. Policies are available to staff. The facility infection prevention control lead (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL has completed internal and external IP education over the 2024-2025 period. The service has access to a national infection prevention control lead at head office. If there were to be major refurbishments or building plans, this would be coordinated by Ryman head office and would have infection control input. Staff were observed to adhere to infection prevention practices during the days of the audit, with full PPE worn to attend to residents with Covid-19 infection. The IPCL ensures the audits monitor the effectiveness of education and infection control practices. The IPCL has input in the procurement of IP consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. The IP resources were readily accessible to support the

		pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The 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. There have been Covid-19 outbreaks since the last audit. Evidence of the communication sent to residents' whānau/family and staff to advise of a Covid-19 outbreak was sighted. This was noted to have been sent out promptly once the outbreak was known and ongoing updates ensured everyone was kept up to date. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care and outside the rooms of residents with Covid-19 infection, on the days of the audit. Handbasins all have flowing soap.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.	FA	The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for

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.		harm. Responsible use of antimicrobials is promoted. The clinical team work in collaboration with the general practitioners and the pharmacist to monitor the use of antibiotics. Quantity of antibiotic usage is monitored two monthly. Staff and residents/family/whānau have received education on antibiotic usage. 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 will be reported to the general practitioner. The AMS programme is evaluated annually. Improvements are put in place to service delivery if required.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. 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 were available for staff. Action plans were completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI. There were Covid-19 outbreaks reported since the last audit. Appropriate infection prevention and control measures were implemented, with evidence provided that the appropriate notifications had been made. This was communicated to all residents and family/whanau, and residents/family/whānau had been kept updated. Regular communication with staff ensured they were aware of the

		status of the affected residents and the ongoing requirements for them to adhere to all infection prevention measures and protocols.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Eye protection wear and other PPE was available. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with a stainless-steel bench and separate handwashing facilities. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. All laundry is completed on site. There are at least two laundry staff on each morning and one in the afternoon. Staff interviewed were aware of all requirements regarding management of laundry during any infectious outbreaks, and felt they had had sufficient training to manage these events effectively. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in covered trolleys. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. Cleaning and laundry services are maintained seven days per week. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The IPCL oversees the implementation of the cleaning and laundry audits.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving	FA	Ryman demonstrates a commitment to eliminating restraint. All episodes of restraint are reported through to Ryman Clinical

policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		Governance Committee, including the strategies in place to minimise restraint use. The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints and use of alternative interventions. The restraint coordinator (a registered nurse) provides support and oversight for restraint management in the facility. The restraint coordinator was not available for interview during the audit; however, the clinical manager (who oversees the programme) was interviewed. The registered nurses and caregivers interviewed are conversant with restraint policies and procedures. The restraint policy confirms that consideration of any use of restraint and application would be done in partnership with the resident (where able) and the family/whānau. The choice of device must be the least restrictive possible. When restraint is considered, the service works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were two hospital level residents using restraint (two bedrails). The service is committed to providing services to residents without use of restraint. The use of restraint (if any) is be reported in the monthly clinical indicator report and to the regional clinical manager, and through to clinical governance group. The restraint coordinator monitors and reports on all restraint use. The clinical manager confirmed the services focus on minimising restraint use. Restraint use includes ethnicity. Restraint minimisation is included as part of the training plan and orientation programmes and includes annual competencies.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	A restraint register is maintained. Two hospital level residents were using restraint. Both residents were using bed rails. The files of the two resident’s using restraint were reviewed. One of the two residents using restraint was competent, and verified on interview that they requested that the bed rails be in place. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Risks of using the restraint/s were identified. Both resident files had interventions documented in relation to the restraints used. Cultural considerations

		are considered and assessed. Restraint is used only as a last resort. Consent for restraint was evidenced in both resident files where restraint is used. One resident had consent signed by the resident's family/whānau and general practitioner; and in the second file the resident and general practitioner had signed the consent. Both residents' restraint use had been evaluated in a timely manner. Electronic monitoring forms are completed for each resident using restraint. Monitoring is scheduled and had been completed as prescribed. The use of the restraint, risk associated with restraint use, and frequency for monitoring is stated in the resident's care plan. A policy is in place for the use of emergency restraints. No emergency restraint has been used since the previous audit. The clinical manager (in lieu of the restraint coordinator) described the procedure for emergency restraint and stated that a debrief meeting would be held if emergency restraint was used. Accidents or incidents that occurred because of restraint use are monitored. There were no reported incidents since the last audit. Restraints are reviewed as per policy. Residents using restraint are also discussed during handovers and at staff meetings.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint programme is monitored and reviewed regularly by the restraint approval group, with the intent to eliminate the need for restraint. Restraint practice is discussed at the various meetings, including quality meetings and staff meetings. The restraint committee meetings are held six-monthly and include discussions on working towards a restraint-free environment. Monitoring of the restraint policy and implementation is part of the internal auditing programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated, and when all other alternatives have been tried. At Princess Alexandra, a comprehensive review of all restraints is completed quarterly. The review includes the types of restraint (if any) used and any trends. Alternatives to using restraint is considered as part of the review, with the aim of eliminating restraint. All restraint use

		is reported through to Ryman clinical governance. All aspects of criterion 6.3.1 (a) to (m) are part of the review.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes	PA Low	The RNs develop long-term care plans, and the planned interventions are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and preferences, and interventions to address medical conditions. The long-term care plans are living documents and as such, are required to be updated to reflect changes in health care needs. The care plans were not always updated as changes occurred. One rest home resident’s long-term care plan had not been updated to reflect the use of prophylactic medication to prevent recurrence of UTI. When this observation was made on the day of audit, the long-term care plan was updated. One rest home resident’s progress note did not include the GP consultation from the previous day, and the long-term care plan had not been updated to reflect the addition of	The long-term care plan is not always updated to reflect health changes. Monitoring of interventions as per the care plan is not always documented as having been completed.	Ensure the long-term care plan is updated in a timely manner to reflect health changes. Ensure that interventions are monitored as per requirements documented in the care plan. 180 days

are documented.		prescribed medication. There was a RN entry in the progress notes reporting the change. One rest home resident's long-term care plan did not include reference to oral health. Monitoring requirements were documented in the care plans. At times monitoring was not documented as occurring as per care plan. One hospital resident did not have monitoring completed as required in the long-term care plan. This included a lack of consistent documentation by the registered nurse of twice-weekly skin checks, and lack of consistent documentation of range of motion exercises five times per week, as per the plan documented by the physiotherapist.		

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.