Bert Sutcliffe Retirement Village Limited - Bert Sutcliffe 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:	Bert Sutcliffe Retirement Village Limited
Premises audited:	Bert Sutcliffe 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: 18 August 2025 End date: 19 August 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: 112

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

Bert Sutcliffe Retirement Village is part of the Ryman group, and provides hospital (geriatric and medical), rest home and dementia levels of care for up to 120 residents in the care centre. A further 30 serviced apartments are certified for rest home-level care, giving the village a total capacity of 150 residents. At the time of the audit, there were a total of 106 residents in the care facility and six residents receiving care in serviced apartments.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and contracts with Health New Zealand Te Whatu Ora. 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 and staff.

The village manager has extensive management experience within Ryman and is supported by an acting clinical manager (registered nurse), a resident services manager, facilities manager, and a team of experienced staff. There are various members of the Ryman support office who provide oversight and support to the village and clinical managers.

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 programme and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall around interRAI assessments.

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.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Quality and risk management systems are fully embedded, with regular audits, incident analysis, benchmarking, and satisfaction surveys demonstrating favourable outcomes, confirming that the service operates in line with good practice.

There are robust staffing and rostering systems in place, with appropriate skill mix, management coverage seven days a week, and staff were observed to respond promptly to resident needs. A comprehensive training and competency programme is implemented, including dementia standards, medication competencies, interRAI training, and culturally responsive education reflecting the principles of Te Tiriti o Waitangi. Human resources processes are well documented, with evidence of safe recruitment, orientation, annual performance reviews, and ongoing support for staff wellbeing.

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

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 village operational objectives, which are reviewed on a regular basis.

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 and implemented. The general practitioner or nurse practitioner completes a medical assessment on admission, and reviews occur thereafter on a regular basis. The residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner respecting their cultural values and beliefs.

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

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

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

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.

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The special care unit (dementia) is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single with full ensuite facilities. There is lift access to all floors. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency

supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

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

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 analysed, evaluated, and shared with relevant personnel in a timely manner. Covid-19 response plans are in place, and the service has access to personal protective equipment supplies. There were four outbreaks reported since the previous audit and records reviewed confirmed these were managed in line with policy and reported appropriately.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. 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 clinical manager is the restraint coordinator. The clinical governance team at head office oversees all restraint practices and the restraint coordinator and restraint committee manage this on site. There is no use of restraint. The goal of care is to ensure residents needs are met and they are enjoying their lives.

Staff receive training and mentoring on strategies for individual residents to ensure restraint is not used.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	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 (their cultural heritage) and the possibility of unspoken and unconscious fears that can occur in residents and their family/whānau. Policies are developed in partnership with relevant teams, whānau representation, and cultural groups. The current policies and documents were developed by a Ryman quality team member, who identifies as Māori and Pasifika. Policies supporting Māori mana motuhake and cultural safety are actively implemented across the service. Policies and procedures are developed in partnership with Māori team members, kaumātua, and cultural groups, and are reviewed regularly to ensure alignment with Te Tiriti o Waitangi principles. Additionally, a dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including kaumātua, and team members who identify as Māori. Residents and family/whānau can access all policies. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and the services provided by staff at Bert Sutcliffe Retirement Village (hereafter referred to as Bert Sutcliffe) and training is based on this. The Hauora Māori Plan Partnership 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 Te Tiriti o Waitangi principles and enabling residents and family/whānau to provide input into care planning, activities, and dietary needs. At the time of the audit the service had staff who identify as Māori. There were no residents in the care facility who identify as Māori, although there are residents in the independent living areas of the village that the management team are able to consult with. The service has links with local schools who visit to perform kapa haka. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying Te Tiriti o Waitangi principles and enabling residents and their whānau to direct their care in the way they choose. The service has developed a site-specific Māori health plan. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their whānau are enabled. Interviews with four managers (the village manager, resident services manager, acting clinical manager, and regional clinical lead) and 20 staff (seven registered nurses (RNs), five caregivers, two diversional therapists, one activities and lifestyle coordinator, one chef, one laundry staff member, one housekeeper and two gardeners) described examples of providing culturally safe services in relation to their role. Interview with the village manager identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Training content includes ways in which the hui process can support culturally safe care and services. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role. A karakia was said before the opening meeting and waiata was sung at the closing meeting.

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 have health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups where relevant to residents' preferences and needs. At the time of the audit 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 RNs advised that family/whānau 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 any staff who identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika and when 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 Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns. 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. Six family/whānau (one rest home, two hospital and three dementia level of care) and nine residents (four rest home and

		five hospital level of care) who were interviewed stated they felt their rights are upheld, and they are treated with dignity, respect, and kindness. The residents and family/whānau expressed they are 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 can be. 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 (if there were any) 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 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.	FA	Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each resident's needs. Residents choose whether they would like family/whānau to be involved in their journey at Bert Sutcliffe. 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 for kaumātua, tikanga Māori best practice, services to kaumātua and providing services for Pacific elders and other ethnic groups. Bert Sutcliffe has delivered training that is responsive to the diverse needs of people accessing services and training provided in 2024 and this has included sexuality/intimacy; informed consent; Code of Rights; intimacy and consent; abuse and neglect; advocacy; spirituality; cultural safety, and tikanga Māori. Matariki and Māori language week are celebrated throughout the village. The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. Staff described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries and practice in line with the policy. Privacy and independence were actively promoted, and the service was

		described as caring and responsive. Spiritual needs are identified, and interdenominational 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 family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. The care planning process is resident focused with resident and family/whānau input. Resident values, beliefs, and identity are captured in initial assessments, resident life experiences and identity map as part of the assessment and care planning process. This information forms the foundation of the resident's care plan. Cultural assessments were evident in files reviewed. Electronic myRyman care plans identified residents' preferred names. The 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 professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism and discrimination. The service aligns with the Code, which supports each 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 and 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. Staff, residents, family/whānau and the general practitioner GP) interviewed stated there was no evidence of abuse or neglect. Residents have enduring power of attorney (EPOA) for property and health and wellbeing documented in their files (sighted) where these have been activated. Residents have property documented and signed for at 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 for future Māori residents. The service provides education on cultural safety, cultural diversity, 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. All residents interviewed confirmed staff are caring and responsive to their needs. Family/whānau interviewed confirmed the care provided to their family/whānau was 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 about the service is provided to residents and family/whānau on admission and is also available on the Ryman website. Policies and procedures relating to accident, incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau or EPOA of any accident or incident that occurs. All correspondence with family/whānau is documented in the myRyman resident file. The accident and incident forms reviewed identified family/whānau are kept informed of any adverse event. Family/whānau interviewed confirmed communication with them is maintained consistently and comprehensively, with any change or review of care escalated immediately. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to

		communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family/whānau members, picture charts and online translation tools if required. Staff when interviewed gave examples of how they communicate with residents when there are difficulties for residents understanding information or directions. This included the use of body language, simple choices, patience, and direction if required. Staff also gave examples of residents who were extremely hard of hearing, with white boards used to communicate information. 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, including mental health services for older people. The service uses suppliers for training and resources, for example continence product supplier to ensure the right equipment is used. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinator 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 members interviewed stated they receive appropriate and 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,	FA	The informed consent policy guides staff in obtaining informed consent for cares, outings, photographs, and vaccinations. Completed consent forms were sighted in residents' files. These are either signed by the resident or their EPOA. Where the EPOA signs the consent, the resident is also involved in discussions. Residents and family/whānau confirm they are informed and given choices about their care and given time to make decisions. Where a resident chooses not to give their consent for certain cares, there is evidence in their file of extensive conversations with the resident and their family/whānau about the risks, but the resident has the choice to make decisions for

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.		themselves. The appropriate best practice tikanga guidelines are followed in relation to consent. Advanced directives were sighted in residents' files. These are also signed by the resident, their EPOA and the GP. The policy guides staff in adhering to tikanga in obtaining informed consent. All residents in the special care (dementia unit) had letters of assessment of mental incapacity by a certified medical professional for invoking EPOA for personal care and welfare.
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 Ryman complaints policy is implemented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings, as sighted in meeting minutes reviewed. Five complaints have been received in 2025 to date, and there were seven complaints received in 2024. The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation and communication with the complainants. No trends were identified. There is documented evidence of complaint resolution with positive outcomes documented from complainants in the five complaints reviewed. One complaint was made to the Health and Disability Commissioner in 2023. There has been no response from the Health and Disability Commissioner, and the service has advised the family/whānau to contact them again. 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. Resources for Māori (when admitted) who wish to complain are 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	Bert Sutcliffe is a Ryman Healthcare retirement village providing rest home, hospital, and dementia levels of care for up to 120 residents in the care centre. The facility is certified to provide rest home level of care in 30 serviced apartments. There are 41 rest home beds (dual purpose), 41 hospital level beds (dual-purpose), and two 19-bed secure dementia care units. There are no double or shared rooms. There was one married couple who were in single rooms. At the time of the audit, there were 106 residents in the care facility and six residents in serviced apartments: 33 residents at rest home level of care (including one respite); 44 hospital level residents (including six respite, one funded by the Accident Compensation Corporation [ACC] and one on long-term support chronic health conditions [LTS-CHC]). There were 29 residents across the two special care units. Aside from the residents on respite, ACC and LTL-CHC funding all remaining residents are on the age-related residential care (ARRC) agreement. Ryman Healthcare head office is based in Christchurch. There has been a recent change in organisational structure. Village managers' report to the general manager operations, who report to the chief operating officer, who is a member of the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the village managers operations on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the general manager operations, and chief operating officer against targets. Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The Board oversees all operations from construction to village operations. The governance body has terms of reference. The Board is taking a comprehensive approach to addressing barriers to equity, to improve Māori and people with disabilities wellbeing outcomes. Reports are regularly provided to the Board and senior leadership to address inequity as required. A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint

		page, developed with internal and external collaboration, including kaumātua supports the Board. Training is in place to ensure competence with Te Tiriti o Waitangi, health equity, and cultural safety. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. The 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. There is a clinical governance committee whose focus is the clinical aspects of operations. The clinical council sits under the clinical governance committee and is comprised of managers that are subject matter experts, leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages. Ryman engages with residents and family/whānau through input into care planning. Resident and family/whānau feedback and satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms, and through resident and family/whānau meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how Bert Sutcliffe can deliver a service to improve outcomes and achieve equity for tāngata whaikaha. The Board, senior executive team, and village managers operations approve the Ryman organisational business plan. From this, the individual villages develop their own operational objectives. The Bert Sutcliffe business plan FY25/26 is based around Ryman strategic direction and reflect the values and philosophy of providing quality of care, manage internal and external risk, and sustainable financial results. There are village objectives documented with evidence of quarterly review of the objectives. New village objectives for 2025/2026 are expected to be reviewed quarterly against key milestones to measure village success. Performance of the service is

		monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed and reviewed from Board level down to village level, with corrective actions being filtered through all committees at all levels. The village manager (non-clinical) at Bert Sutcliffe has extensive leadership and management experience with Ryman and has been in the role for 12 months. The village manager is supported by a clinical manager, whose role was being covered by an experienced acting clinical manager and resident services manager. The management team are supported to advance in the Ryman Leadership programme (Lead and Empower).
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	Bert Sutcliffe 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. Quality goals for 2025 include reducing distressed behaviour; increasing engagement and activities by increasing cultural connections; improving the dining experience through food focus groups; maintaining high occupancy levels; and managing operational costs. 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. The facility meetings include quality and risk, all staff (includes restraint, RNs, health and safety, activities, kitchen staff and infection prevention and stewardship (IPAS) meeting), and resident and family/whānau meetings for each level of care. Discussions at meetings include quality data; health and safety; infection control and pandemic strategies; complaints and compliments received; staffing and education; and corrective actions identified through internal audits, complaints, and clinical indicator data. Meeting minutes include quality data and trends with staff able to access these documents in the staffroom. 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 and identities. A resident and family/whānau satisfaction survey from April 2025 evidence a high degree of satisfaction for all aspects of the service. The meal service had previously been an area for improvement and this was one of the goals in the current business plan. Residents, family/whānau and staff were informed of the results of the satisfaction survey at their respective meetings. Internal audits are delegated to staff and have been competed according to schedule. Once completed, they are returned to the village manager and incorporated into the required meetings and reports. Corrective actions are closed when completed. 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 officer interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date hazard and risk register were sighted. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. Ryman have implemented the DoneSafe 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. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident's incidents and accidents are reported on the myRyman system, and data is extracted and displayed on Power BI. 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. Section 31 events were reported appropriately to the Ministry of Health and reports to the Health Quality and Safety Commission were also reported appropriately. Since the last audit, there have been seven outbreaks of infection, three in 2024 and four in 2025, including an outbreak of influenza A in the special care unit during the audit. All outbreaks have been reported to Public Health as required.
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. A 'cover-pool' of staff are additional staff that are added to the roster to cover staff absences. The village manager works full time from Monday to Friday and the acting clinical manager works full time. They are supported by four-unit coordinators (one hospital, one rest home, one special care unit and one for the serviced apartments). The acting clinical manager and the hospital unit coordinators share the on call after hours for all clinical matters. The village manager is available 24/7 for any operational related matters. They are supported by a team of RNs and caregivers. 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 staffing levels are satisfactory and that the management team provides good support. The serviced apartment calls escalate to the hospital RN overnight. The emergency call bells in the care centre and in the serviced apartments show on all displays at any given time. Staff carry 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 educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and RNs have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 60 caregivers in total. Thirty-eight caregivers work in the special care unit and of these, thirty have completed the

		dementia standards, two are currently in progress, and six have yet to enrol and were employed within 18 months. Caregivers' complete competencies, including manual handling, medication (as relevant), donning and doffing of personal protective equipment, and hand hygiene. Registered nurses are supported to maintain their professional competency. Registered nurses attend regular journal club meetings. There are implemented competencies for RNs related to specialised procedures or treatments, including infection control, wound management, male catheterisation, medication, syringe driver, and insulin competencies. At the time of the audit there were 18 RNs, including the four-unit coordinators. Eight RNs are interRAI trained. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. Training topics for 2025 year to date and 2024, include (but not limited to) dementia model of care; ageing process; skin management and wound care; management of distressed behaviour; restraint; Code of Rights; continence management; informed consent; complaints management; responding to changes in residents (Stop and Watch); nutrition; and hydration. Clinical topics for RNs include management of acute deterioration, palliative care, pressure injury and wound management, mandatory reporting, infection control, and pain management. Staff interviewed report a positive work environment with a team approach and supportive management. Ryman as an organisation have 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	FA	There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Fourteen files were reviewed (two activities and lifestyle coordinators, a lounge caregiver, four RNs (including one unit coordinator), one laundry staff, one chef, one cooks assistant, two housekeepers, one gardener and one caregiver) and included a signed employment

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.		contract, job description, police check, orientation documentation relevant to the role, 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 current 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. Following any incident or accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through social events. Employee assistance programmes are made available through the occupational counselling 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 are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the residents' individual records. 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. Past residents' 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 village manager is the privacy officer and manages requests for health information in a manner according to the Privacy Act 2020. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry	FA	Prospective residents are required to be assessed by the needs

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.		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. 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, and a 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 back to NASC and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry. The service has links with a Māori marae and there are staff who identify as Māori who are available to support residents and whānau. At the time of the audit, there were no residents who identified as Māori.
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. Eleven resident files were reviewed (four rest home, including one LTS-CHC, one ACC on respite and one in the serviced apartments; four hospital level, including one respite; and three from the secure dementia unit). There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes, and all communication is linked to the electronic system. An initial assessment is undertaken by a RN on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools. All interRAI assessments are currently up to date; however, when the files were reviewed, it was identified interRAI assessments are not

		always completed within three weeks from admission, six-monthly or prior to the care plan. MyRyman assessments, along with input from resident, family/whānau, caregivers, RNs, and activities staff and interRAI assessments (when completed) inform the development of the long-term care plans. Long-term care plans are developed by the RNs, 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. Long-term care plans were updated to reflect changes in care interventions. The residents on ACC and respite contracts had appropriate assessments completed and detailed care plans were in place. Residents and family/whānau interviewed confirmed they participate in care planning and review processes. Further to this, residents and family/whānau interviewed confirmed they are supported to have choice and control in meeting their needs and goals, and confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and family/whānau as part of the quality system to reduce barriers to care. Residents can either retain their own GP or register with the facilities two contracted GPs and nurse practitioner service. General practitioners visit regularly in each area on designated days. The GP and nurse practitioner are on site four days per week, or more often if required to undertake three-monthly resident and medication reviews, and to review residents with acute needs. Initial medical assessments occur within the required timeframes. The contracted general practice service provides medical cover after hours and on weekends for urgent care or advice to the RNs. The GP 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): physiotherapist who is onsite 15 hours per week; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound specialist; continence specialist; and dietitian, document their notes in the resident's files. Contact details for family/whānau are recorded in the electronic

		resident documentation system. 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. The electronic files allow for integration of services with all staff, including caregivers, RNs and activities staff involved in 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 completed as required and stated in the care plans, and include (but are not limited to) intentional rounding, wound monitoring, distressed behaviour monitoring, regular repositioning, and food and fluid management. There is a wound register maintained showing there are currently 34 wounds, including one non-facility acquired unstageable pressure injury, three stage I pressure injuries, skin tears, skin lesions, and a vascular ulcer. Review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans. Wound assessments include photographs and measurements of wounds. Registered nurses complete annual training in wound management. Multidisciplinary reviews occur six-monthly and includes input from the RNs, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the residents goals are being met, and if there are new goals identified, the care plan is reviewed and updated. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy 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 unit coordinators 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 processes 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 and 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	There are lifestyle and activities coordinators in each area and two are diversional therapists (DT). The rest home lifestyle and activities coordinator is currently completing diversional therapy training. Activities are provided seven days per week. In all areas (except the special care unit), activities (jigsaws, arts and crafts, board games) are left out on a table for residents to enjoy. In the special care unit, caregivers assist in provision of activities throughout the day and evening. The lifestyle and activity coordinators implement the activities programme in each unit, and this 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 enduring power of attorneys. These are completed within two to three weeks of admission. A monthly activities plan is posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities are available on a community board in the lounges in each unit and in resident rooms on pin boards. Interested family/whānau are also given a copy

		of the activities calendar if desired. The planned activities and community connections are suitable for the residents. The activities on the programme included: walks; exercises to music; pet therapy; happy hour; church services; news and views; bingo; floor games; table games; van outings; art and craft; and baking. There are regular outings weekly for each level of care (as appropriate). The lifestyle and activities coordinators stated when planning monthly activities, residents are asked what they would like to do, and where they would like to go on outings. Activity participation registers are completed daily. Residents were observed participating in a variety of activities on the audit days. For residents who chose not to participate in group activities or preferred to stay in their room, individual activities such as conversations, hand massage, and books and music are provided. Entertainers visit at least weekly and sometimes perform in the special care unit, or some residents are escorted to another level for entertainers if appropriate. Residents were observed enjoying a piano accordion performance. There is a weekly church service, and a Catholic priest visits to give Mass. Some residents are taken out to church by family/whānau. Calendar and cultural events are celebrated, including (but not limited to) Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Samoan language week, Matariki and Waitangi Day. Activities for residents in the special care unit are tailored to meet the needs of the residents. Long-term care plans include strategies for distraction and de-escalation. Activities are offered at times when residents are most physically active and/or restless. During the audit, the residents were seen to be enjoying exercises and sing-a-longs. Lifestyle and activity coordinators reported opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagement with a local marae and visiting kapa haka groups. Family/whānau, EPOAs 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	There are policies and procedures in place which meet legislative requirements for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers and RNs complete an annual medication competency and training in medication management. Regular medications and 'as required' medications are delivered in prepackaged packs. The RNs check the packs against the electronic and some paper-based medication charts, and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were two residents who self-administer their medications on the day of audit. The residents have a current competency in place, which is reviewed regularly evidencing they are safe to do this, and their medicines were seen to be stored in a locked cabinet in their room. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse. A medication round was observed in each area and seen to be safe. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GPs are available to discuss treatment options to ensure timely access to medications. There are medication rooms, and the medication fridge and room air temperature are checked daily, recorded, and all were within the acceptable temperature ranges. Eye drops were dated on opening and within expiry date. Twenty-two medication charts were reviewed (twenty electronic and two paper based) and met prescribing requirements. Medication charts had photographic identification and allergy status notified. The GP or nurse practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews, and if additions or changes are made. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system and in the progress notes. All regular and 'as required' medications on the paper-based charts had been signed as administered.

		Standing orders are not in use. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system. Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Staff receive medication training in medication management/pain management as part of their annual scheduled training programme. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy 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 in a well-appointed, clean, and organised kitchen. The kitchen is managed by a senior lead chef, assisted by two chefs and four cook assistants, plus kitchen assistants. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is verified until 9 May 2026. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences are electronically on a tablet, and there is a summary on a noticeboard in the kitchen. There is a four-weekly seasonal menu. The menu has been reviewed by a registered dietitian. During the audit, the meal service was observed, and residents were seen to be enjoying their meals. Where needed, staff discreetly assisted residents with their meal. The dining rooms are spacious and have the days menu recorded on a board in large writing. Residents were observed at mealtimes to be having enjoyable dining experiences. 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. Records of temperature monitoring of food, chiller, fridges, scan-boxes, bain-marie, and freezers are maintained. All food is plated in the kitchen and delivered to the respective wing serveries 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 head chef visits residents regularly to ask what food they enjoy and endeavours to provide this. There is a residents' food group who meet with the village manager regularly to discuss any concerns. The chef interviewed reported the service prepares food that is culturally specific to different cultures. The chef stated that for Māori, they were able to provide 'boil ups," Māori bread and other individual options if required.
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. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the RN completes a set of transfer documents, and the nurse 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. Where resident's wish or need to be seen by another health service, referral is made, and 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.
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 building warrant of fitness is current to 11 June 2026. The facilities manager works full time and is assisted by the gardeners. Compliance for the building warrant of fitness, lifts and air conditioning is contracted out. The annual preventative maintenance schedule is online. This comes from head office and the facilities manager completes a form of checks monthly (sighted for June and July 2025). Staff can request repairs and maintenance via an electronic system, that automatically alerts the facilities manager. For urgent repairs, staff call the facilities manager, who can access essential contractors, such as plumbers and electricians at any time. The facilities manager signs off all requests when completed. Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances were completed on 15 May 2025. Clinical equipment was last checked and calibrated on 17 and 18 February 2025. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. The building has ducted air conditioning for temperature control. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes, and main kitchen. The special care unit is situated on the second floor in two wings, with up to 19 residents in each wing. Entry to the special care unit is by electronic passcode. Each wing is a mirror image of each other, with one main lounge and a dining area and a domestic style kitchen. Each wing has a separate family/whānau lounge, and a lounge at the end of the wing for residents to sit quietly, or visit with family/whānau. There is an additional lounge area set up for visiting families/whānau with children's toys and books. Resident room doors have a box with pictures and name for residents to easily identify which is their room. There is ample room for residents to walk freely and safely. There are handrails in ensuites and ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. The special care unit includes a security system, which includes sensors in resident beds and rooms. When a resident gets up at night, the lights illuminate depending on the location of the resident within the room. This is

		connected to the security system and can be timed to alarm if the resident does not go back to their bed. Staff stated a low-level alert will sound if the resident changes position in bed, and staff will check on the resident. The roster has been designed to ensure supervision of the lounge and the closed-circuit monitoring system also assists with supervising residents in the long hallways and outdoor area. The unit has been designed specifically for residents with a confused state. There is plenty of natural light with large windows in each resident room. The special care unit is carpeted with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. The design layout enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. The special care unit has a spacious and secure outdoor area off the open plan living area. This allows for easy indoor/outdoor flow and supervision. The outdoor area has safe pathways for residents to walk without any dead ends. There are raised gardens, including a herb garden. There is outdoor seating and shade. There is a covered deck in one wing of the special care unit that has seating and tables. The dual-purpose wings are located on level four and the hospital level rooms are on level three. Each floor has lounges, dining rooms and nurses' stations in the middle with resident rooms on either side. Furniture is appropriate for residents. There is a domestic style kitchen in each dining room and a large communal lounge. There is an additional lounge on each floor for residents to meet with family/whānau, or for staff to have family/whānau meetings. All resident rooms are single rooms with full ensuites. The resident rooms are of sufficient size to meet the residents' assessed needs, and have external windows providing natural light and ventilation. Residents are able to manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There are enough toilets in communal areas for residents, and separate toilets for staff and visitors. Toilets have privacy systems in place. There are lifts between floors which can accommodate ambulance stretchers. All dual-purpose bedrooms in the

		care centre can accommodate residents requiring rest home or hospital level of care. The gardens and grounds are well maintained, and have seating and shade, and safe walking pathways. Serviced apartments have a kitchen, lounge and dining area and separate bedroom with full ensuite. During the audit, residents in serviced apartments were seen to dine in a main dining room and participate in various activities in the communal lounge areas. The service has no current plans to build or extend the care centre. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.
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 event.	FA	Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the Fire Emergency New Zealand on 10 May 2021. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed on 7 May 2025 and a record of attendance was sighted. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. Fire evacuation chairs are on each level in the stairways. 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 for at least three days, 60 litres of bottled water, plus six 25,000 litre tanks of non-potable water (there are water purifying tablets in each civil defence kit on each level), continence products, and a generator. Emergency lighting is available and is regularly tested. All registered nurses and senior caregivers have current first aid certificates. An automated external defibrillator is located at reception and on each level of the care centre, and all staff receive training in its use. Staff demonstrated their understanding of emergency procedures. Call bells were sighted in each bedroom, communal areas and in

		toilet/shower areas. Some residents also have pendant call bells. These are checked monthly by the facilities manager, and records were sighted for June and July 2025. Residents and family/whānau confirmed staff respond to call bells promptly. Appropriate security arrangements are in place. The special care unit is secure. External doors are automatically locked at predetermined times and entry is by electronic passcode. A security firm patrols the grounds four times each night. 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 respond to relevant issues of national and regional concern.	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. The Infection Prevention and Antimicrobial Stewardship (IPAS) Governance policy was updated in January 2025, which refers to a set of commitments and actions the village follows that "optimises the treatment of infections while reducing adverse events associated with antibiotic use". Advice around infection control matters is also sought via Ryman's IPAS Nurse Specialist (RN), Regional operations manager and Operations manager (RN), Group Clinical Care Manager (RN), and local infection control specialist team at Public Health and liaising with GPs. The Infection Prevention and Antimicrobial Stewardship (IPAS) governance committee structure consists of organisational and village committees. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors). The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.

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 and control, and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies are reviewed annually by the IPAS nurse specialist. The Infection Prevention and Antimicrobial SharePoint page is a comprehensive reference for the IPAS programme within the organisation. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control lead (IPCL) has a signed position description and has completed training for the role. The Village IPAS meets every two months. Meetings discuss relevant policy and document changes, relevant education, data and analysis, and audits and any concerns. The Village IPAS consists of village manager, clinical manager (IPCL), RNs, unit coordinator, and housekeeper. They are currently discussing including a caregiver on the committee. The service has access to a national IPAS nurse specialist. The IPCL described the outbreak management plan in place to manage previous Covid-19 and influenza outbreaks within the facility. Outbreak management plans and post outbreak meetings were sighted for the outbreaks of Covid-19 and influenza. These included notifying Public Health, completion of daily case logs, and daily updates to Health New Zealand, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication, and a summary of the successfulness of the response. On interview, staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective clothing. The IPCL audit monitors the effectiveness of education and infection control practices. The IPCL has input in the procurement of consumables and personal protective equipment (PPE). Sufficient IP resources including PPE were sighted and these are regularly checked against expiry dates. There are

		resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The IPCL conducts spot audits on hand hygiene practices six-monthly. The service has infection prevention information and hand hygiene posters in te reo Māori. The IPCL stated that when the service has any Māori residents, they would work in partnership with them and their whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The policies and procedures require that the IPCL be involved, should there be any changes or refurbishment of the facility. There are procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
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. 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.	FA	The infection prevention and antimicrobial stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the IPAS nurse specialist and approved by the clinical governance committee. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted.

		Quantity and types of antibiotic usage is monitored monthly. The Ryman Medication Advisory Committee (MAC) collaborates with the Village IPCL, IPAS nurse specialist, general practitioners, and pharmacists to monitor antibiotic use nationally. Antibiotic usage, including quantity and type, is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects are reported to the IPAS nurse specialist and nurse practitioner.
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 reported in my Ryman electronic system and data is extracted into Power BI for analysis. 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 during the infection control committee meeting held every two months and monthly staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare associated infection. Since the last audit (2023), there have been seven outbreaks, including influenza A, Covid -19 (two), respiratory syncytial virus (RSV), gastroenteritis, and scabies. The IPCL described the outbreak management plan in place to manage previous outbreaks within the

		facility. Outbreak management plans and post outbreak meetings were sighted for the outbreaks of Covid-19, influenza A, gastroenteritis, and scabies. These included notifying Public Health, completion of daily case logs, and daily updates to Health New Zealand, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication, and a summary of the successfulness of the response. On the days of audit there was an influenza A outbreak in the special care unit. This was observed to be well managed as above.
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 are clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaners' rooms on each floor when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields and masks are 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 stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE are available. Cleaning staff interviewed could describe their role and responsibilities and confirmed they had received training in the use of different coloured cloths and mops and in the dilution of chemicals used. The facility was seen to be clean throughout. 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 is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The IPCL oversees the completion of

		cleaning, laundry, and environmental audits.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving 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.	FA	Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. Ryman Bert Sutcliffe is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, unit coordinators and staff. At all times when restraint is considered, the facility will work in partnership with Māori, to ensure resident voices are heard, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The restraint coordinator (hospital unit coordinator) confirmed the service is committed to providing services to residents without use of restraint. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats, and landing mattresses as examples, effective communication with family/whānau, and educating staff on maintaining safety for individual residents. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. The monthly report showed there is no use of restraint and training is up to date. A restraint approval committee meets every six months (the minutes were available for the 2024 and 2025 years) to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. Staff complete an annual competency test.

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 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	All resident files reviewed had initial assessments and care plans completed within required timeframes. All resident files where required (one ACC and one respite resident did not require an interRAI) had a current interRAI assessment; however, this was not consistently completed within required timeframes, and did not always inform the long-term care plan.	InterRAI assessments were not completed within required timeframes for five of nine files (two rest home, one hospital, one serviced apartment and one special care unit) where this was required, and assessments did not consistently inform the care plans.	Ensure interRAI assessments are completed within required timeframes and prior to the long-term care plan. 90 days

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.