

Kevin Hickman Retirement Village Limited - Kevin Hickman Retirement Village

Introduction

This report records the results of a Partial Provisional 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:	Kevin Hickman Retirement Village Limited
Premises audited:	Kevin Hickman 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: 22 September 2025 End date: 22 September 2025
Proposed changes to current services (if any):	The new care centre and serviced apartments opened on 9 June 2025. This partial provisional audit verified the reconfiguration of the recently opened 20 bed special care unit to a dual -purpose unit. As a

result of the partial provisional audit the overall dual purpose bed numbers increase from 44 to 64 beds; the dementia (special care unit) beds decrease from 40 to 20 and the overall numbers remain 110.

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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 haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Kevin Hickman Retirement Village is part of Ryman Healthcare. The service opened their newly purpose-built 80 bed care centre in June 2025. This included 26 serviced apartments certified as suitable for rest home level of care and 4 serviced apartments certified dual-purpose, making a total of 110 beds.

The service notified their intention to reconfigure the recently opened 20- bed special care unit, to provide rest home and hospital level of care.

This partial provisional audit was conducted against a subset of the Ngā paerewa Health and Disability Service Standard 2021 and the contracts with the Health New Zealand. The audit process included a review of relevant policies and procedures, a review of documentation related to the transition to the new unit, observations, and interviews with managers.

The partial provisional audit was completed to establish the preparedness of Kevin Hickman Retirement Village for the reconfiguration of the service and the suitability of the environment for the provision of rest home and hospital level of care.

As a result of this partial provisional audit, the overall dual-purpose bed numbers increase from 44 to 64 beds; the special care unit beds decrease from 40 to 20; and the overall bed numbers remain 110. The transition of rest home residents from two other Ryman rest home care facilities are planned in a phased approach starting 20 October 2025.

The clinical manager and unit coordinator oversee and provide clinical oversight. Both have a long history of working for Ryman Healthcare in previous registered nurse roles. They are supported by a village manager and resident services manager. A general manager operations and the operations quality manager provide support within the region, who were available to provide support on the day of the audit. There are various groups in the Ryman support office who provide oversight and support to the village manager.

This audit has identified the service is prepared and the environment is suitable for the reconfiguration of the service. There are no improvements required prior to occupancy.

Ō tātou motika | Our rights

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Hunga mahi me te hanganga | Workforce and structure

The village manager and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives.

There is a vision, and values, and objectives relevant to an aged care facility. The transition plan is a working document with actions signed off when completed. All staff are already employed by Ryman Healthcare and will transition with the residents from two other sister facilities to Kevin Hickman Retirement Village. The admission process of the new residents is planned in stages.

There is a staffing and rostering policy with a planned approach to rostering at Kevin Hickman Retirement Village. All staff are currently employed within Ryman are familiar with Ryman processes. Specific site training will include a completing an orientation specific to the site.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management processes are established within the facility. There is an operational secure medication room. There is a food control plan. The menu caters for texture modified foods and cultural preferences.

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

The 20-bed dual purpose unit is adjacent to the 20-bed special care unit situated on the ground floor of the new building. Rooms are spacious, for single occupancy and all have full ensuite facilities.

All equipment and furniture are suitable for rest home and hospital level of care. There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are landscaped, safe and easily accessible.

Documented systems are in place for essential, emergency and security services.

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

There is a suite of infection prevention and control policies and guidelines available electronically to support practice. This includes an antimicrobial stewardship programme with responsibilities clearly defined. The infection prevention and antimicrobial

stewardship Lead (IPAS Lead) is responsible for surveillance of infections and to determine infection control activities, resources and education needs within the facility. Orientation and training programmes include infection prevention and control.

There are documented processes for the management of waste and hazardous substances in place with spaces to store chemicals safely throughout the facility. Documented policies and procedures for cleaning and laundry services are in place with the managers interviewed confirming application and ongoing monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

NOT AUDITED

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	12	0	0	0	0	0
Criteria	0	85	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ryman Kevin Hickman Retirement Village is a Ryman Healthcare facility located in Christchurch. This is a newly built facility and serviced apartments that opened in June 2025. This 80-bed care centre is located across three levels. All 40 beds in the hospital (geriatric and medical) and rest home are certified as dual-purpose. There are 20 rooms on level one (Rakaia/ for hospital level care) and 20 rooms on level two (Westport/for hospital level care). There are two dementia (special care) units (SCU), on ground level (Darfield East and Darfield West)), each with 20 beds. A total of 30 serviced apartments (across level one and two). Twenty-six are certified rest home level and 4 serviced apartments adjacent to the care centre wings are certified dual-purpose. All rooms are single occupancy.</p> <p>There is a total of 110 certified beds (80 beds in the care centre and up to 30 beds across the 65 serviced apartments). At the time of the audit there were 51 residents receiving care; 11 residents in the one SCU (Darfield East); 15 rest home residents in Westport and 14 hospital residents in Rakaia. There were no rest home or hospital residents in the serviced apartments or residents in Darfield West.</p> <p>A notification request to the Ministry of Health requested one 20- bed SCU (Darfield West) unit be reconfigured to a dual-purpose unit to accommodate the rest home residents transferring from Margaret Stoddart Retirement</p>

	<p>Village and Woodcote Retirement Village (both rest home) before Ryman permanently cease operation of the two facilities. This partial provisional audit was undertaken to establish the level of preparedness of Kevin Hickman Retirement Village to provide the reconfigured service. The service plans to open the reconfigured unit on 20 October 2025.</p> <p>The partial provisional audit verified that Kevin Hickman is prepared for the reconfiguration of the service, and the environment is suitable for providing rest home and hospital level of care. As a result, the overall dual purpose bed numbers increase from 44 to 64 beds; the SCU beds decrease from 40 to 20 and the overall numbers remain the same.</p> <p>Ryman Healthcare is based in Christchurch, with a regional office in Auckland. There has been a recent change in organisational structure. Village managers' report to the general managers - 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 general 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 GM operations and chief operating officer against targets.</p> <p>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 inequity, 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 support to the Board.</p> <p>Training is provided to ensure competence with Te Tiriti, health equity, and cultural safety. A cultural advisor incorporates cultural interactions and events to provide training on correct protocols and customs. Senior leadership team and board members have received training in the Mihi Whakatau process. Mauri Oho Ryman's Māori engagement strategy also</p>
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	<p>includes objectives for developing learning modules specifically designed to meet the needs of the Board and Governance team.</p> <p>There is a clinical governance committee whose focus is the clinical aspects of operations. The clinical council sits under the clinical governance committee and comprises of managers that are subject matter experts, leaders from the clinical, quality and risk teams and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements and clinical indicators for all villages.</p> <p>Ryman engages with residents and family/whānau through input into care planning. Resident feedback/ 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 Kevin Hickman Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers – operations approve the Ryman organisational business plan. From this the individual villages develop their own operational objectives. The Kevin Hickman Retirement Village business 'plan on a page' FY26 is based around Ryman strategic direction and reflect the values and philosophy of providing quality of care, manage internal and external risk, opening of a new facility with sustainable financial results. There are village objectives documented and are reviewed quarterly, beginning end of October 2025.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level.</p> <p>A transition plan is in place to ensure readiness of the unit, a seamless transition of residents to the new unit with a phased approach to admissions and transferring of the Ryman employees from the two sister facilities.</p> <p>The village manager (registered nurse) at Kevin Hickman Retirement Village has leadership experience in aged care. The VM has been at Ryman for 13 years, including three years at Ryman Kevin Hickman as</p>
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		<p>village manager. The VM is supported by a clinical manager, a unit coordinator and resident services manager.</p> <p>A clinical manager and village manager is well inducted to their roles, and both have completed the Ryman endorsed leadership programmes. The management team is supported by Ryman Christchurch (head office).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a 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 (numbers and acuity). A cover pool is established and will be utilised at times to cover short notice absences when these cannot be covered by Ryman staff.</p> <p>The draft roster reviewed aligns with the staffing rationale. The village manager works Monday to Friday. The clinical manager works Tuesday to Saturday, and the special care unit coordinator is appointed to work Sunday – Thursday. The special care unit coordinator will also oversee the clinical oversight of the newly reconfigured dual-purpose unit. Both units (the SPC unit and dual-purpose unit) share a nurses station.</p> <p>The clinical manager and the unit coordinator share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls. All staff are currently employed by Ryman and will transition with the rest home residents from Margaret Stoddart Retirement Village and Woodcote Retirement Village into the unit, starting 20 October 2025. The managers confirmed that the admissions of residents and transferring of staff are to be staged to allow for two admissions per day. Staff allocated to work in Darfield West unit are already familiar with the cares of the residents.</p> <p>The residents will transfer from their previous facilities with a recently updated interRAI, long term care plan, medication chart reviews and GP reviews. This will alleviate the documentation requirements in the first three weeks. The roster is planned to ensure a seamless transition and to assist new residents to adapt to their new residence.</p> <p>The draft roster sighted for Darfield West includes two registered nurses. They will cover the morning shift (8.00 am to 4.30 pm) over seven days to provide for care in the 20-bed dual purpose unit. They will have direct</p>

	<p>support from the morning RN in the adjacent SCU and a special care unit coordinator (work 7.00am-4.00pm). There are 24/7 RNs in the facility and based in Rakaia and Westport wings.</p> <p>The verified unit will be occupied by rest home residents only initially. There are currently no other external residents on the waiting list. The initial roster for the 20 dual purpose beds includes three caregivers on a morning shift; two caregivers on afternoon shift; and one caregiver overnight. There are two caregivers in the adjacent SCU (Darfield East) that can support the night caregiver in the 20-bed dual purpose unit. There are medication competent caregivers allocated to work on each shift and sufficient caregivers allocated to meet the health and personal care needs of all residents.</p> <p>Two registered nurses, an activities and lifestyle coordinator (qualified diversional therapist [DT]), and ten caregivers are currently employed either at Margaret Stoddart Retirement Village or Woodcote Retirement Village and will be transferred on existing employment conditions.</p> <p>There is a documented training programme which 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. The caregivers and RNs already employed all have medication competencies completed as part of their current roles at Ryman. The registered nurses, senior caregivers, caregivers, activities and lifestyle coordinator, all have current first aid certificates as part of their current employment/role at Ryman and ensures the roster is always covered with a first aider.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. Ten caregivers already employed, all have level three and/or four certificates in Health and Wellbeing. Ryman support caregivers to transition through the qualification levels.</p> <p>Registered nurses are supported to maintain their professional competency through attendance at regular journal club meetings; implemented competencies for RNs, and caregivers related to specialised procedures or treatments including infection control, wound management, medication and insulin competencies. The two RNs allocated to work in the 20-bed dual purpose unit have completed their interRAI competency and syringe driver</p>
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		<p>training. Staff have completed training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. The organisation has mandatory competencies which include (but not limited to): safe moving and handling; medication competency; hand hygiene/infection prevention and control; restraint; fire safety; and emergency management. These will be completed as they become due. Both RNs employed for Darfield West have a current interRAI competency.</p> <p>An annual staff survey will ensure staff satisfaction is monitored around approachable management, training opportunities, positive work environment and teamwork. Ryman systems are already established to encourage collecting and sharing of high-quality Māori health information. This includes documentation of ethnicity of staff and residents.</p> <p>There is an activities and lifestyle coordinator specific to the 20-bed dual purpose unit, and they will work Monday to Friday. There are separate staff dedicated to housekeeping (cleaning and laundry) and kitchen.</p> <p>There are current contracts in place for a podiatrist, pharmacy and GP. The GP visits weekly. The GP service provides on-call cover across 24/7. There is a Ryman dietitian available for support.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Information supporting the employees is available to staff in the staff room.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and</p>	FA	<p>The Ryman employment procedures are established. There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Staff files included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form and reference checks. All employees allocated to Darfield West unit are already employed by Ryman in other sister facilities and familiar with Ryman policies and processes. The management team advise that the employees will transfer with continuation in service and same terms of employment.</p> <p>A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to</p>

<p>services.</p>		<p>provide evidence of their registration. There are policies and systems in place to review staff performance. There are processes in place to ensure staff complete annual appraisals.</p> <p>Each staff member will commence a short version orientation specific to the site and include fire and emergency training before transfer to Kevin Hickman Retirement Village. There are weekly orientation days scheduled from 22 September 2025 onwards. A fire drill was completed by existing staff on 9 July and is again scheduled for October 2025. Competencies for all staff are current and completed at their sister facilities before transfer. The completion of the competencies will be monitored from the e-learning platform (e.g. fire and emergency training).</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified for staff, and the organisation maintains an employee ethnicity database. There are documented processes around ensuring follow up of any staff incident/accident, debriefing, and support. Wellbeing support is available for staff.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management. Caregivers and RNs have current medication competencies. There are established processes for the delivery of blister pack medications to the facility. Once the medication is received the RNs check the packs against the electronic medication chart and a record of medication reconciliation are maintained. The residents that transfer to Darfield West will have their medication reviewed and checked before transfer to Kevin Hickman. There is an electronic process in place to transfer the residents electronic medication charts from their previous facility to Kevin Hickman Retirement Village.</p> <p>A process for returning expired medications to the pharmacy in a safe and timely manner is established with a secure medication return box. Processes are in place to support any resident who wishes to self-administer their medications.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the GP discuss treatment options to ensure timely access to medications. These processes will continue and will</p>

		<p>include the newly transferred residents into Darfield West.</p> <p>The medication room is secure and is fully fitted, functional and secure. The medication room is shared with Darfield East (SCU) and situated at the back of the nurses station. The medication room is fitted with handwashing facilities, locked cupboards to store medications, and has adequate bench space. There is an air conditioning unit operational in the room to maintain the room temperature. The air temperatures and medication fridge temperature is monitored daily. The monitoring process is established, and evidence temperatures are within the safe limits.</p> <p>Ryman do not use standing orders in their facilities. All supplements and over the counter medications are considered by the GP and part of the electronic charting process. The medication management policies required effectiveness of pro re nata (prn) medication to be documented. This process is implemented as part of the electronic medication management system. Allergies are documented in the electronic medication management system.</p> <p>Managers interviewed described processes for working in partnership with Māori residents and family/whanau to ensure the appropriate support is available when admitted to care.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The service is overseen by a qualified senior lead chef that has been with Ryman for more than two years in the role as a roaming chef. There is a fully functional kitchen, and all food is cooked on site.</p> <p>The four-week winter/summer/autumn/spring menu is reviewed by a registered dietitian at head office level and is implemented at Kevin Hickman Retirement Village.</p> <p>The kitchen receives resident dietary forms and notification of dietary changes. The chef interviewed stated that dislikes and special dietary requirements are accommodated including food allergies, cultural preferences, residents requiring texture modified diets and other foods, or pureed/soft meals. All food goes directly to the dining rooms in temperature-controlled scan boxes; there is a separate scan box available for Darfield West.</p> <p>Caregivers serve the food directly from these with residents being able to</p>

		<p>choose to have their meals in their rooms. Food going to rooms are placed on trays with covers to keep the food warm. There is a pantry in the kitchenette of Darfield West where nutritious snacks are accessible to residents. There are tea and coffee making facilities within the dining room and a café in the main recreation area on the ground floor.</p> <p>A current food control plan is in place. Processes are in place to record daily temperature checks for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), scan box serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods are appropriately stored. Cleaning schedules are documented. There are safe storage areas for chemicals and managers interviewed stated that chemical use and dishwasher efficiency are monitored daily.</p> <p>The facility implements an advanced digital menu ordering system; this includes specific cultural choices. The staff education plan includes kitchen food service and safe food handling, nutritional needs and special diets.</p> <p>Residents have the opportunity to provide feedback around satisfaction with food services through the planned resident/family/whānau meetings, satisfaction surveys and through discussions with the chef.</p> <p>The dining room seating is placed to provide plenty of space for a pleasurable dining experience.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The environment including artwork is inclusive of peoples' cultures and supports cultural practices. There is a current certificate of public use.</p> <p>There is an annual maintenance plan and building maintenance policy currently implemented and signed off by a full-time maintenance lead. The annual preventative maintenance schedule is online and implemented since the facility opened in June. The maintenance schedule includes tasks that are signed off monthly. The hot water temperatures are monitored and within the required temperature range. The call bells are checked as part of the maintenance plan. All clinical equipment and electric beds are new and under warranty, annual checking for performance monitoring is included part of the maintenance programme.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These were operational on the day of audit. All medical</p>

	<p>and nursing equipment required for a dual-purpose unit has been purchased and in place. A range of equipment (slings, nebulisers, oxygen concentrators, syringe drivers, transfer equipment including standing hoist and sara steady, lifting belts, pressure relieving mattresses and booties, sitting scale, wheelchairs, sensor and fall mats, low and high walker frames) is suitable for rest home and hospital level care.</p> <p>Darfield West (newly reconfigured 20 bed dual purpose unit)</p> <p>There are no residents in Darfield West currently. Darfield West was previously certified as a SCU unit and shares an open plan nurses area with an adjacent 20-bed SCU unit (Darfield East). The two units have separate access with no other shared amenities or shared outdoor space.</p> <p>The unit is complete with furnishings, appliances, furniture and carpeting that is appropriate for rest home and hospital level residents. This design layout is spacious and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner.</p> <p>The nurses station has direct view of/and oversee the lounge/dining area on each side of the nurses station. Entry to the nurses area is by swipe card. The managers confirmed that there will be a Perspex partition to reduce noise and minimise the direct view of residents between the two units. Behind the open nurse's station there is a working/computer office (via this nurse's station) suitable for handover. There is a family/whanau room near the nurses station where conversations can occur privately.</p> <p>All previous secure access doors have been deactivated to Darfield West. Visitors and residents have access to the unit through the main entrance where the reception, hair salon and café is situated. There is a second entrance directly to a foyer from a parking area at the back of the building. Visitors have speaker access to staff (after hours) and then the door will be released to enter the external the foyer. Access leads directly to the lounge area and visible to staff from the nurses station.</p> <p>There are two quieter lounges, one with a library/reading room and plenty of space to accommodate family/whanau and another smaller lounge. There is a large dining room and lounge adjacent to the nurses station. The dining area is easily accessible from the residents` rooms and there is plenty of space for mobility equipment. The dining room has a well-equipped kitchenette where residents may obtain snacks and drinks, the pantry entry is adjacent to the kitchenette. All appliances (fridge, stove, dishwasher) are</p>
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	<p>operational. There is safe access from the dining room and lounge to an internal courtyard.</p> <p>The lounge is spacious enough for group activities. There are plenty of storage and equipment for the implementation of activities suitable for rest home and hospital level residents. The recreation area on the ground floor can accommodate larger groups to include all the residents in the facility when required. There is other direct access to other outdoor spaces from the communal areas/recreational areas on the ground floor. There are communal toilets with disability access near the communal areas for residents and separate toilets for staff and visitors.</p> <p>Hallways are wide, there is ample room for residents to walk freely. There are handrails in ensuites and ledges in hallways. The hallways are easy to navigate. There are hand sanitiser dispensers available throughout.</p> <p>All rooms and communal areas allow for safe use of mobility equipment. Rooms are fitted with electric beds appropriate for rest home and hospital level care. There is an appropriate call bell and light above/near the bed.</p> <p>Residents can personalise their own room. There are plenty of space in built in wardrobes for personal belongings. Each room have their own ensuite with shower and toilet. The ensuite facilities are completed with handrails, flowing soap, and hand towel dispensers.</p> <p>Room and ensuite door openings are wide. All rooms are carpeted and is spacious to accommodate two caregivers to provide care and the manoeuvring of lifting equipment. The flooring in the ensuite is non-slip and the ensuite is spacious to accommodate shower chairs, mobility walkers and lifting equipment.</p> <p>Rooms and communal areas have plenty of natural light with large windows. There is an appropriate ventilation system, and residents can individually adjust the temperate in their rooms. There is adequate space in Darfield West for storage of mobility equipment, continence products and linen. There is a secure sluice and two secure cleaners' rooms.</p> <p>The outdoor area includes paths, raised gardens, seats, and shade. Outdoor areas are landscaped. There are adequate path lights. The environment is suitable and maintained at a comfortable temperature. The service has established relationships with the local Iwi who have also</p>
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		blessed the land and provided a blessing to the building.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. All existing staff have completed the required fire evacuation on 9 July 2025; all employees transferred from the sister facilities have completed the appropriate fire and emergency training as part of their orientation programme and a further fire drill is planned for 15 October 2025.</p> <p>The fire exits and signage is in place. The fire evacuation scheme has been approved by the New Zealand Fire Service on 9 June 2025 (sighted). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The service also has a generator available in the event of a power failure for emergency power supply. A number of water tanks are available (6000 litres) in a 'tank room' that meets the requirements of the local civil defence guidelines. Civil defence kits are in place in the unit.</p> <p>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. All staff employed have current first aid certificates and provide cover on each shift.</p> <p>There are first aid kits at the nurses' station/other key areas and an external defibrillator at reception.</p> <p>Each room and ensuite are fitted with call bell systems. The call bell systems are appropriate for sensor mat alerts. The call system involves a pager system whereby staff are alerted to a resident's call bell via the personal pagers, held by each care staff member. Neck pendant/wrist pendant are issued on request and these interfaces with the nurse call system. There are nurse call screens and sounders throughout the unit. The "nurse call solutions" call bell system, including staff assist` is available in each resident room. There are call bells and emergency bells in common areas.</p> <p>The system software is monitored. The call bell system is</p>

		<p>operational/activated. There are procedures in place as part of the maintenance plan to test call bells regularly. Call bell response times is currently monitored, and the process will extend to the new reconfigured unit. All caregivers/RNs will carry a pager.</p> <p>The doors of the village automatically lock at pre-determined times and have keypad access after-hours. There are documented security procedures and closed-circuit television cameras at the entrance.</p> <p>There is speaker access to staff for the door to be released to enter the entrance foyer. Staff wear uniforms and is identifiable. There is a main double-door entrance into the care centre that will be secure at dusk, with intercom access.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention & Antimicrobial Stewardship (IPAS) Governance policy was updated in January 2025 which refers to a set of commitments and actions that the village follows that optimise the treatment of infections while reducing adverse events associated with antibiotic use.</p> <p>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.</p> <p>The IPAS governance committee structure consists of organisational and village committees. The Village IPAS Committee will report to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors).</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The 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 are reviewed annually by the IPAS nurse specialist.</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme within the organisation. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The facility infection prevention control leader (IPCL) job description outlines the responsibility of the role relating to infection prevention and control matters and AMS. The IPCL is the clinical manager and the IPCL has completed external infection control education in 2024 as part of their previous Ryman quality auditor role.</p> <p>The Village IPAS Committee meets every two months. Meetings discuss relevant policy and document changes, relevant education, data and analysis and audits and any concerns. The Village IPAS Committee Consists of the village manager, receptionist, clinical manager (IPCL), RNs and special care unit coordinator.</p> <p>The service has access to a national IPAS nurse specialist. The managements described the outbreak management plan in place to manage any outbreaks within the facility. There are established processes within Ryman related to outbreak management plans and the required post outbreak meetings.</p> <p>The IPCL completes audits to monitor 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 kits are available and these are regularly checked. There are infection prevention resources distributed within the facility. Staff training ensures that staff demonstrated knowledge on the requirements of standard precautions. The internal audit schedule evidence spot audits are included on hand hygiene practices six monthly. The service has infection prevention information and hand hygiene posters in te reo Māori. Infection control resources are available on the intranet.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The 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 are reviewed annually by the IPAS nurse specialist and approved by the clinical governance committee. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Board of Directors).</p> <p>The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. There are processes in place to promote responsible use of antimicrobials. The Ryman medication advisory committee (MAC) works in collaboration with the Village IPCL, IPAS nurse specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage are monitored monthly. There are established processes where the monthly records of infections and prescribed antibiotic treatment and any adverse effects are documented and reported.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The IPAS programme is appropriate for the size and complexity of the service and provide guidelines in management of associated risks. The surveillance programmes and guidance are applied. Monthly infection data are collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are reported in the myRyman electronic system and data is extracted into Power BI for analysis.</p> <p>Surveillance of all infections (including organisms) are entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and then six-monthly. Infection control surveillance is discussed at the Village IPAS committee, Health and Safety committee meetings and various staff meetings. Infection surveillance data is reported 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 service incorporates ethnicity data into surveillance data. Meeting minutes are made available for staff. Action plans are completed as required. Internal infection control audits are completed according to an established Ryman internal audit schedule; with corrective actions for areas of improvement documented when required. Policies include clear communication pathways to ensure communication to staff and residents who develop or experience a healthcare associated infection is timely and effective.</p> <p>All outbreaks will be appropriately notified when they do occur, and policies guide the IPCL in the relevant requirements for health authorities notification and debrief meetings.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals currently on site were clearly labelled with manufacturer's labels and stored in locked areas. There are two secure areas within the unit to store cleaning chemicals with a trolley able to be taken to specific areas. Current material safety data information sheets are available and accessible to staff in relevant places, such as the sluice room and cleaners' room. The training schedule include education in waste management and infection control is completed as part of orientation and the mandatory training</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>programme. The housekeepers have all completed the relevant training.</p> <p>The relevant personal protective equipment is in place at point of care, cleaners rooms and sluice room. Sharp's containers are available and meet the hazardous substances regulations for containers. There are policies for cleaning and infection prevention, and linen handling and processing. There are documented systems for monitoring the effectiveness and compliance with the service's policies and procedures. Laundry and cleaning audits are conducted as per the internal audit programme.</p> <p>There is a sluice with a sink and separate hand washing facilities in Darfield West. Equipment including sanitisers are installed and operational.</p> <p>A housekeeper/s already employed implements the cleaning service. The laundry is operational seven days a week till 8.00 pm. There are dedicated laundry assistants employed. The laundry is divided into clean and dirty areas and is situated in the basement in the service areas. Laundry is delivered to the laundry area in/ on 'dirty' trolleys but is distributed back on 'clean' covered trolleys. Personal laundry is placed in named baskets. There are large linen storage areas in the unit. There is sufficient stock of linen in place.</p> <p>The IPCL and the maintenance lead are responsible for the oversight of the facility testing and monitoring programme for the built environment.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.