

# Kiri Te Kanawa Retirement Village Limited - Kiri Te Kanawa Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kiri Te Kanawa Retirement Village Limited
<b>Premises audited:</b>	Kiri Te Kanawa Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 August 2025 End date: 13 August 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	96

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Ryman Kiri Te Kanawa Retirement Village is a Ryman Healthcare providing age related care services, including rest home, hospital (geriatric and medical), and dementia-level care, accommodating up to 97 residents in the care centre. A further 30 serviced apartments are certified for rest home-level care, giving the village a total capacity of 127 residents. In the care centre, there are 81 dual-purpose (rest home/hospital) beds and 16 beds in the secure special care unit for dementia level of care. At the time of audit there were 96 residents in total.

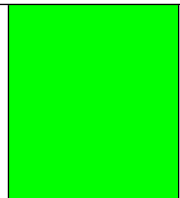
This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with the Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a Nurse Practitioner.

Ryman Kiri Kanawa Retirement Village is managed by a Village Manager with extensive experience in health management, supported by the clinical manager, Resident Services Manager, and three-unit coordinators. The clinical manager is highly experienced in their role and was recognised as Ryman Village Clinical Manager of the Year in 2025.

A comprehensive and robust quality management system is firmly embedded across the service, underpinned by a strong and capable clinical team. Staff are supported through a structured induction and ongoing in-service training programme, ensuring they have the knowledge and skills to consistently deliver high standards of care. Residents, family/whānau, and staff provided very positive feedback about the quality of care and services, highlighting confidence in the team's professionalism and compassion.

Ryman Kiri Te Kanawa Retirement Village meets the standard and has achieved a continuous improvement rating in Māori health.


## 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.
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Ryman Kiri Te Kanawa Retirement Village demonstrates a strong commitment to Māori mana motuhake and Pasifika consumer rights, with policies and practices that are culturally responsive and actively implemented. Residents and family/whānau confirmed communication is open and respectful, consent processes are well understood and consistently followed, and complaint management is transparent and accessible.

Residents receive services in a manner that considers their dignity, privacy, and independence. Kiri Te Kanawa 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 residents and family 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.
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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.		Subsections applicable to this service fully attained.
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Accurate information about the services is available in a welcome pack and online. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and 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 onsite. 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 haumaruru | Person-centred and safe environment

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

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

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

## **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 systems are implemented to reduce the risk of infection for residents, staff, and visitors. All staff receive infection prevention and control training during orientation and through the ongoing in-service education programme. Antimicrobial usage is monitored, and surveillance activities are appropriate to the size and scope of the service. Surveillance results are analysed, evaluated, and shared with relevant staff, with follow-up actions documented. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. Two outbreaks occurred in 2025, and records confirmed these were managed in line with policy and reported appropriately.

Processes for the safe management of waste and hazardous substances are documented and consistently followed, with incidents reported promptly. Chemicals were observed to be stored securely across the facility. Cleaning and laundry services are guided by documented policies and procedures, with monitoring systems in place to assess and maintain 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.

A registered nurse 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 ongoing training and mentoring on strategies to ensure 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	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ryman Kiri Te Kanawa Retirement Village (Kiri Te Kanawa) has 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. A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page and an extensive training programme provides guidance for staff, reinforcing the use of culturally appropriate practice at all levels. Care plans reviewed contained culturally safe and inclusive language, with input from residents and whānau. Observations confirmed that tikanga is embedded in daily practice, including karakia, cultural celebrations, and end-of-life rituals.</p> <p>At the time of audit, nearly 14% of residents and a significant proportion of staff identified as Māori, and there was clear evidence of strong whānau and iwi engagement. Māori staff and residents played an active role in shaping cultural activities, sharing traditional kai, kapa haka, and te reo Māori initiatives. The village manager maintained whanaungatanga connections with local iwi. Based on this evidence, the service demonstrates performance above the required standard and is recognised as operating at a level of Continuous Improvement.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Kiri Te Kanawa has documented policies in place to support Pacific residents, including Providing Services for Pacific Elders and Other Ethnicities. There are established connections with a local Pacific community group through staff members who provides cultural guidance and support. At the time of the audit, there were no residents who identified as Pasifika.</p> <p>Cultural and spiritual needs for all residents are documented within individual care plans and activity plans. Interview with the village manager and resident services manager confirmed that recruitment processes promote equity by ensuring all applicants are considered fairly through the interview process. At the time of the audit, several staff identified as Pasifika. Interviews with Pasifika staff confirmed management are supportive and encourage them to share their cultural knowledge and skills to strengthen connections with both residents and the wider community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and family/whānau are supported in accordance with their wishes, including access to independent advocacy. Advocacy information is provided on admission, included in admission packs, and displayed throughout the facility. Interpreter and advocacy contact details were readily available. Residents and family interviewed confirmed awareness of advocacy services and that these had been offered when needed.</p> <p>Residents meeting held as planned. Review of meeting minutes evidenced that residents are given opportunities to discuss and clarify their rights. The Code of Health and Disability Services Consumers' Rights (the Code) was clearly displayed in communal areas. Admission agreements sighted included signed acknowledgment that rights had been explained. Meeting minutes confirmed rights are a regular agenda item at resident and family forums. Residents interviewed confirmed they had been given the opportunity to ask questions and were satisfied with the explanations provided.</p> <p>Services are delivered in a manner that is consistent with residents' rights. Observations confirmed staff interacted respectfully with residents, used person-centred language, and maintained privacy</p>

		<p>during personal cares. Residents interviewed stated they felt safe and respected and confirmed that their dignity and independence were upheld. Care plans reviewed reflected resident choices, preferences, and goals.</p> <p>Staff demonstrated knowledge and understanding of residents' rights. Orientation records showed that rights and advocacy are covered at induction, and annual training records confirmed ongoing education. Resident interviews confirmed that they were aware of how to raise any concerns.</p> <p>The service recognises and upholds the mana motuhake of Māori residents. Policies sighted referenced Te Tiriti o Waitangi, tikanga Māori, and cultural safety. Staff education records confirmed training in Te Tiriti o Waitangi, Te Whare Tapa Whā, and cultural safety. Interviews with Māori residents and family/whānau confirmed their cultural needs were respected, and observations showed staff using te reo Māori greetings and supporting tikanga practices such as karakia.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents' values, beliefs, and cultural identities are identified during initial assessment and documented through life histories and identity mapping. Cultural assessments were evident in the files reviewed, with the myRyman system capturing preferred names and weaving cultural information throughout the care plan. Spiritual needs are assessed, with interdenominational services available.</p> <p>Both residents and family/whānau interviewed confirmed care was delivered with respect for their cultural values, beliefs, and preferences. Privacy and independence were actively promoted, and the service was described as caring and responsive. The service also responds to tāngata whaikaha, ensuring their perspectives are reflected in planning and that staff are supported with education in te ao Māori concepts to deliver holistic, collective models of care.</p> <p>Kiri Te Kanawa has a range of cultural safety policies, including guidance on kaumātua involvement, tikanga Māori best practice, and provision of services for Pacific elders and other ethnic groups. Policies addressing spirituality, counselling, and chaplaincy are also in place and understood by staff. Storage and security of health information is</p>

		<p>managed in line with policy requirements.</p> <p>Education programmes reflect the diverse needs of residents and include training on cultural safety, tikanga Māori, informed consent, the Code of Rights, sexuality and intimacy, advocacy, spirituality, abuse and neglect, and professional boundaries. Staff receive orientation and ongoing education on dignity, privacy, and residents' rights. Celebrations such as Matariki and Māori Language Week further reinforce cultural awareness and inclusion.</p> <p>Staff interviewed demonstrated knowledge of Te Tiriti o Waitangi and provided practical examples of how they integrate its principles into daily practice. Caregivers interviewed described a variety of practices that promote resident dignity and respect. These included offering choices around daily routines, addressing residents by their preferred names, and clearly explaining each step of care before proceeding. Staff also reported protecting privacy by closing doors and curtains during personal care and maintaining discretion with continence support. Independence was encouraged by enabling residents to do as much as they were able, with support provided only when required. Cultural and spiritual needs were also recognised, with examples given of facilitating resident participation in religious services, cultural events, and tikanga Māori practices.</p> <p>Staff were observed using respectful and person-centred communication, including recognising professional boundaries in practice.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies are in place covering abuse, neglect, professional boundaries, and expected staff behaviour. The policies clearly define acceptable and unacceptable conduct. Staff interviews confirmed awareness of the organisation's zero-tolerance approach to racism, discrimination, bullying, and harassment. Training on bullying and harassment has been completed by staff.</p> <p>Employment processes include mandatory police vetting. A staff code of conduct and house rules are reviewed with all new employees during induction and signed at commencement of employment.</p> <p>Professional boundaries are outlined in job descriptions and reinforced</p>

		<p>during orientation. Interviews with RNs and caregivers confirmed understanding of role boundaries and responsibilities.</p> <p>Staff interviewed were able to describe indicators of abuse and neglect and the process for escalating concerns. There was no evidence of abuse or neglect reported by staff, residents, family/whānau, or management. Residents' enduring powers of attorney for health, welfare, and financial matters were sighted in resident files. Residents' property is documented and signed for at admission. Residents and family/whānau receive written information on the management of possessions, with processes in place for monitoring residents' comfort funds.</p> <p>Te Whare Tapa Whā is recognised within the service and applied to support staff wellbeing and improve outcomes for Māori residents and staff. Education on cultural safety, diversity, and professional boundaries is provided. Cultural events are held to celebrate diversity within the facility.</p> <p>Residents interviewed consistently reported that staff were caring and responsive to their needs. Family/whānau interviews confirmed a high standard of care was being delivered.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau are provided with service information on admission. Policies and procedures relating to incidents, complaints, and open disclosure outline staff responsibilities for promptly informing next of kin of any adverse event.</p> <p>All communication with family/whānau is documented in the myRyman resident file. A review of 12 incident forms confirmed that family/whānau were notified of events, and interviews with family/whānau verified communication was consistent, timely, and comprehensive. Changes in care were escalated without delay.</p> <p>Interpreter services are available, supported by policy and contact details. At the time of audit, all residents were able to communicate in English. Staff confirmed strategies used when communication difficulties arise, including bilingual staff or family/whānau members, picture charts, online translation tools, gestures, simple choices, and</p>

		<p>use of whiteboards for those with hearing loss.</p> <p>Non-subsidised residents receive written advice on eligibility and processes to become subsidised, if applicable. Residents and family/whānau are informed prior to admission of the scope of services and any excluded items.</p> <p>The service maintains liaison with external agencies involved in resident care, including mental health services for older people and other specialists. Six-monthly care plan reviews are completed with resident and family/whānau participation. Family/whānau interviews confirmed appropriate and timely notification to attend these reviews.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The informed consent policy provides clear guidance for staff when obtaining consent for cares, outings, photographs, and vaccinations. Consent forms sighted in residents' files were either signed directly by the resident or by their enduring power of attorney (EPOA). Where the EPOA had signed, records showed the resident was also included in discussions wherever possible. Residents and family/whānau confirmed they are provided with information, offered choices about care, and given time to consider their decisions. In situations where a resident declined consent for certain cares, documentation evidenced thorough discussions with the resident and their family/whānau regarding potential risks, while respecting the resident's right to make their own decisions. Tikanga best practice guidelines are followed when obtaining consent.</p> <p>Advanced directives were also sighted in residents' files, signed by the resident, their EPOA, and either a nurse or general practitioner. The policy provides staff with direction on adhering to tikanga in the consent process. For residents in the special care (dementia) unit, assessments of mental incapacity completed by a certified medical professional were on file before invoking the EPOA for Personal Care and Welfare.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>The village manager holds overall responsibility for ensuring all complaints, both verbal and written, are documented and investigated</p>

<p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>within the timeframes set by the Code. A current complaints register is maintained, and concerns and complaints are discussed at relevant meetings, as confirmed by the minutes reviewed. Six complaints have been received to date in 2025, and three complaints were recorded in 2024. Review of documentation confirmed complaints were acknowledged, investigated, and communication with complainants, along with resolution, was clearly documented.</p> <p>Resident and family/whānau interviews confirmed the complaints procedure is fair and accessible, and information about the process is provided to all residents and their family/whānau on admission. Complaint forms are readily available on noticeboards throughout the facility, and information about advocacy services is provided at admission and again as part of the resolution process.</p> <p>Residents and family/whānau have several avenues to raise concerns or make a complaint, including two-monthly resident meetings and six-monthly family/whānau meetings. Document review and staff interviews confirmed that the complaints process operates equitably for Māori, with appropriate support available. It is also understood that face-to-face meetings with family/whānau are the preferred approach when addressing and resolving concerns for Māori.</p> <p>In July 2025, a letter was received from the Health and Disability Commissioner (HDC) in relation to a 2020 case that followed a coroner's investigation into a sudden death. The letter was asking final comments from the management prior decision making by 20 August 2025. While the HDC investigation remains open, corrective actions have already been identified by Kiri Te Kanawa, and management has commenced work on these.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	<p>FA</p>	<p>Kiri Te Kanawa is a Ryman Healthcare provides comprehensive care services, including rest home, hospital (geriatric and medical), and dementia-level care, accommodating up to 97 residents in the care centre. A further 30 serviced apartments are certified for rest home-level care, giving the village a total capacity of 127 residents.</p> <p>In the care centre, there are 81 dual-purpose (rest home/hospital) beds and 16 beds in the secure special care unit for dementia level of care.</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>At the time of audit there were 96 residents in total.</p> <p>There were 31 rest home level care beds, 48 hospital level care beds, 14 dementia care beds were occupied. There were three residents in the serviced apartments receiving rest home level care. There was one married couple who were in single rooms. As part of the hospital level care there were two residents on Accident Compensation Corporation (ACC) funded contracts, and two residents on rest home level respite care. One of the ACC funded resident was underage of 65 years. All remaining residents are on the age-related residential care (ARRC) agreement.</p> <p>Ryman Healthcare head office is based in Christchurch. Village managers' report to the general manager operations, who reports 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.</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 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. Senior leadership team and board members have</p>
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	<p>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 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 set for the committees.</p> <p>At the village level, Kiri Te Kanawa Village has implemented initiatives that demonstrate strong leadership in community engagement, active whānau support, and inclusive employment practices across the organisation. Governance documents are treated as living frameworks, continuously reviewed and adapted to remain responsive and authentically embedded in practice.</p> <p>This work collectively illustrates the organisation’s deep and sustained commitment to Te Tiriti o Waitangi and the principle of mana motuhake, and underpins the CI rating achievement awarded (criteria 1.1.1).</p> <p>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 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 Kiri Te Kanawa 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.</p> <p>The Kiri Te Kanawa Retirement Village business plan FY25/26 is based around Ryman strategic direction and reflects the values and philosophy of providing quality of care, manage internal and external risk and sustainable financial results. There are village objectives with</p>
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		<p>evidence of completion of quarterly and annual reviews. 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, with corrective actions being filtered through all committees at all levels.</p> <p>Kiri Te Kanawa is managed by a village manager with extensive experience in health management, supported by the clinical manager, resident services manager, three-unit coordinators and regional operations manager. The clinical manager is highly experienced in their role and was recognised as Ryman Village Clinical Manager of the Year in 2025, an award that acknowledges clinical managers for their outstanding commitment to clinical excellence.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Kiri Te Kawana Retirement Village is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at management and quality meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve through quality initiatives. The facility meetings include quality and risk, staff, RN meetings, health, and safety an infection prevention and stewardship (IPAS) meeting, restraint meeting, resident and family/whānau meetings. The meeting schedule has been fully implemented. Discussions at meetings include quality data; health and safety; infection prevention and control, complaints received; staffing and education and clinical updates. The meeting minutes Includes follow ups and actions taken consistently completed.</p> <p>Staff able to access meeting minutes including quality data and trends. 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</p>

	<p>for Māori and other residents with diverse ethnicities. A resident (rest home and hospital) satisfaction survey (May 2025) and family/whānau satisfaction survey (November 2024) evidenced favourable results. Both survey results were communicated to residents and family/whānau. Internal audits are completed by the Clinical Manager, Unit Coordinators and Resident Services Manager according to schedule. Once completed they are returned to the Village Manager and incorporated into the required meetings and reports. All corrective actions identified have been closed off. In addition, head office conducts a compliance audit, and any corrective actions arising from this are also followed up and addressed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety officer interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard and risk register were sighted. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. An electronic health and safety system, DoneSafe, has been implemented to support the recording and reporting of near misses and hazards. Automated reminders are in place to ensure timely completion of investigations and reporting requirements. The internal audit schedule covers health and safety, maintenance, and environmental audits. All resident incidents and accidents are documented within the myRyman care plans, with data captured and collated through the electronic system. Review of incident forms confirmed that immediate actions were recorded, and appropriate follow-up measures identified. Incident and accident data is collated and analysed monthly, with outcomes discussed at quality meetings, staff meetings, and during handovers. Each resident-related event included a clinical assessment and follow-up by a registered nurse.</p> <p>Discussions with the village manager and the clinical manager</p>
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		<p>confirmed their awareness of the requirement to notify the relevant authorities in relation to essential notifications. In 2025, one Section 31 event was reported, along with six adverse event (SAC) notifications to the Health Quality and Safety Commission. In addition, two infectious outbreaks occurred in 2025, both of which were reported to Public Health Services.</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>A staffing and rostering policy and procedure is in place to determine appropriate staffing levels and skill mix for safe service delivery. Staffing resources are well aligned to the size and complexity of the service, ensuring that the needs of residents are consistently met and that safe, effective care is maintained.</p> <p>The village manager, clinical manager and three-unit coordinators (including one for serviced apartments) share the weekend cover, ensuring management presence seven days a week. Rest home unit coordinator also oversees special care unit. The clinical manager and the hospital unit coordinators share the 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 registered nurse and caregivers. During the audit, staff were observed to be present on the floor and responding promptly to call bells, which was also confirmed by residents spoken with. Staff reported that current staffing levels are adequate and that they feel well supported by the management team. Calls from the serviced apartments are escalated to the registered nurse overnight, and emergency call bells in both the care centre and serviced apartments are visible across all monitoring points at all times.</p> <p>The annual training programme that exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses hold current medication competencies. Caregivers are encouraged to undertake New Zealand Qualification Authority (NZQA) training through Careerforce. There are 73 caregivers in total, with a high proportion holding relevant qualifications. Of these, 13 work in the special care unit; 10 have</p>

		<p>completed the dementia unit standards, while the remaining three have been employed for less than 12 months. The clinical manager is aware of the qualification requirements.</p> <p>Caregivers' complete competencies including manual handling, medication (as relevant, wound care, use of personal protective equipment, insulin administration, fire and emergency and hand hygiene. Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures.</p> <p>At the time of the audit there were 18 registered nurses and one enrolled nurse. Eleven registered nurses 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.</p> <p>Learning opportunities are provided that support the collection and sharing of high-quality Māori health information. The training programme includes mandatory, recommended, and optional topics delivered through e-learning modules, webinars, external training opportunities, and comprehensive surveys. The programme is fully implemented in line with the planned schedule. Staff interviewed reported having access to extensive training and debriefing opportunities. Ryman has introduced staff wellness initiatives, such as a monthly Kindness Award and a Staff Appreciation Award.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	<p>FA</p>	<p>The service has comprehensive human resources policies covering recruitment, selection, orientation, and ongoing staff training and development. A sample of 13 staff files reviewed including those of the clinical manager, resident services manager, a rest home unit coordinator, four registered nurses, one housekeeper, one activities coordinator, one maintenance staff member, and three caregivers, contained signed employment contracts, job descriptions, police checks, orientation records relevant to each role, and completed reference checks. For employees with more than one year of service, annual performance appraisals were evidenced.</p> <p>A register of current registered nurse practising certificates is</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>maintained on site, with practising certificates for other health professionals also retained to verify registration status.</p> <p>An orientation and induction programme provides new staff with role-specific information to support safe practice. This is tailored to each position and monitored through the e-learning platform. Staff records are stored securely and remain confidential. Ethnicity data is collected during the employment process.</p> <p>Following incidents or accidents, evidence of debriefing and follow-up actions was sighted. Staff wellbeing is actively supported through the health and safety team, with initiatives such as social events, wellbeing acknowledgements, and access to the Employee Assistance Programme (EAP).</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files were appropriate for the service type. On admission, all relevant initial information is documented within 24 hours in the resident's individual record. Personal information is maintained in confidence and is not accessible to other residents or members of the public. Electronic records are password-protected to prevent unauthorised access, with entries dated, recorded under the caregiver, or registered nurse responsible, and identifiable by name and designation. Any paper-based records are stored securely in a locked cupboard within the nurses' station.</p> <p>Past residents' records are archived and kept for 10 years. Onsite, secured in a locked storage room, are two years' worth of past residents' information, beyond this information is stored off site in a secured facility. Records of what is kept off site and its destruction date is maintained. There is an archiving policy in place.</p> <p>The service does not hold responsibility for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>FA</p>	<p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) as requiring dementia, rest home or hospital level care. Prior to entry, residents and their</p>

<p>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.</p>		<p>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 are committed to equity, inclusion, and the well-being of the residents they serve.</p> <p>To date the facility has not declined entry; however, if a prospective resident does not meet the entry criteria, they would be referred 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 with the facility being able to identify entry and decline rates for Māori. The service has developed working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for future Māori residents. The service has links with local Māori and there are staff who identify as Māori who are available to support residents and whānau. At the time of the audit there were residents who identified as Māori.</p>
<p>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.</p>	<p>FA</p>	<p>Ten resident files were reviewed including four hospital level (one on respite funded by the ACC), three rest home level (one in a serviced apartment) and three dementia level residents. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system, which includes the use of various validated assessment tools.</p> <p>Within three weeks of admission an interRAI assessment is completed and this is used to inform development of the long-term care plan along with input from resident, family/whānau, caregivers, registered nurses, and activities staff. The long-term care plans are developed by the registered nurse and are holistic, covering physical needs, support required for activities of daily living, and psychosocial and cultural</p>

	<p>needs and preferences. Residents in the dementia unit have a schedule of daily activities and routines over the 24-hour period.</p> <p>Residents and family/whānau interviewed confirmed they participate in care planning and review processes and residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and families/whānau as part of the quality system to reduce barriers to care.</p> <p>Residents can either retain their own general practitioner or register with the facility contracted general or nurse practitioner service. The general and nurse practitioners are each onsite one day per week to undertake three-monthly resident and medication reviews and to review residents with acute needs. Initial medical assessments occur within the required timeframes. After hours, the service relies on an online service for medical advice but the nurse practitioner stated they will attend residents who are at the end of life at any time. The nurse practitioner was interviewed and expressed staff are clinically very competent and communicate with them succinctly and in a timely manner when there are changes or concerns about residents. All general and nurse practitioner notes are entered into the residents' hardcopy files located in locked cupboards in offices located in all wings. Allied health care professionals involved in the care of the resident include, but are not limited to: physiotherapist who is onsite three days per week; a physiotherapy assistant who is employed, podiatrist; hospice community staff; speech language therapist; older persons health clinicians; district nurse for complex wounds; ostomy nurse specialist; and dietitian document their notes in the resident's hardcopy files.</p> <p>Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and enduring power of attorney interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or the care plan is being reviewed.</p> <p>The electronic files allow for integration of services with all staff, including caregivers, registered nurses and activities staff involved</p>
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	<p>contributing to the residents' files.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded following all unwitnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but are not limited to) intentional rounding, wound monitoring, distressed behaviour monitoring, regular repositioning, and food and fluid management.</p> <p>There is a wound register maintained showing there were 21 wounds including one stage three pressure injury, skin tears, skin lesions, and vascular ulcers. The review of the wound register confirms all are being assessed, monitored, and dressed as per their care plans, which is developed by a registered nurse who has completed training in wound management. Wound assessments include taking photographs and measurements of wounds.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, 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.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</p>
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		<p>Care plans for residents in the dementia unit include activities over the 24-hour period and strategies to manage disorientation, behaviours that challenge including triggers and strategies that have worked previously. Also included is information about the resident's past life and significant people and events for staff to use for reminiscing and conversations that engage the resident meaningfully. Family/whānau confirmed on interview they are very involved in assessments, care planning and review. Māori Health plans and its implementation collectively demonstrate Kiri Te Kanawa's strong and sustained commitment to Te Tiriti o Waitangi and the principle of mana motuhake in everyday service delivery.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs nine activities coordinators, a resident experience coordinator and a van driver. Activities are provided seven days per week. In the dementia unit caregivers assist in provision of activities throughout the day and evening. The activity coordinators and caregivers implement the activities programme in each unit, which reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist 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.</p> <p>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 whiteboard 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 so they can join as desired.</p> <p>The planned activities and community connections are suitable for the residents. Activities are provided in each area of the facility. 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; karaoke; art and craft; and baking. There are regular outings weekly for each level of care (as appropriate). The activities coordinator stated when planning monthly activities residents are asked what they would like to do and where</p>

		<p>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 individual activities such as conversations, hand massage and games are provided.</p> <p>Entertainers visit at least weekly including in the dementia unit. A local church provides a weekly service and a Catholic priest visits each fortnight. Some residents are taken out to church by family/whānau.</p> <p>Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Matariki and Waitangi Day.</p> <p>Engagement activities for residents in the dementia unit are tailored to meet the needs of the residents. There are resident engagement plans, which include strategies for distraction and de-escalation, completed for residents in the dementia unit. 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.</p> <p>The activity and lifestyle coordinators reported opportunities for Māori and whānau to participate in te ao Māori is facilitated through engagement with local Māori family and whānau. Waiata with poi and rākau are sung. During Matariki residents learned about the Māori god for winter, the meaning of Matariki, the time for planting herbs, the stars and Māori new year. Staff speak te reo Māori with residents and some residents like to teach staff to speak te reo Māori. Karakia are said before meals with residents who prefer this.</p> <p>The service demonstrates a strong commitment to embedding and enacting Te Tiriti o Waitangi across all areas of work, recognising Māori as tāngata whenua and supporting Māori in their aspirations, consistent with the principle of mana motuhake. Please refer to the CI rating in criteria 1.1.1 for further evidence.</p> <p>Family/whānau, EPOAs and residents reported satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication</p>

<p>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.</p>	<p>competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. A medication round was observed in each area and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in locked medication rooms and medication trolleys are also locked. Each area of the facility had a dedicated medication room.</p> <p>The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the general or nurse practitioner. Medications are reviewed three-monthly by the general or nurse practitioner, in collaboration with the registered nurse, resident and family/whānau.</p> <p>Twenty medication charts were reviewed on the electronic medication platform. All had photographic identification, any allergies or adverse drug reactions are recorded on the chart. Specimen signatures of staff was sighted in each medication room. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed and the reasons and effects are documented in the progress notes. Ryman Kiri Te Kanawa do not have standing orders. There are residents who self-administer their medications. They have a current competency assessment in place which are reviewed regularly evidencing they are safe to do this, and their medicines were seen to be stored in locked cabinets in their rooms. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice, and</p>
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		treatment for Māori.
<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>	FA	<p>The food is prepared and cooked on site. The kitchen is managed by a senior lead chef assisted by three chefs, four cooks assistants and two dining assistants. All have recognised food safety qualifications and records of training were sighted. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is current to 9 May 2026. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in an electronic system and a summary on a whiteboard in the kitchen. Seasonal menu in a four-weekly cycle is utilised. The menu was reviewed by a registered dietitian. During the audit, the meal service was observed in each area. Dining tables seat a maximum of four residents and residents were seen to be enjoying their meals. Where needed staff discreetly assisted residents. Residents participate in food preparation as part of the activities programme.</p> <p>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.</p> <p>Records of temperature monitoring of food, chiller, fridges, hotboxes, bain marie and freezers are maintained. Food is transported in scan boxes to each wing and served from a bain marie by one of the chefs. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed expressed a high degree of satisfaction with the</p>

		<p>food service. The senior lead chef visits residents regularly to ask what food they enjoy and endeavours to provide this. In addition, residents can request a meeting with the senior lead chef at any time. Each area has a logbook for staff to record any dissatisfaction with the food and the senior lead chef checks this weekly.</p> <p>The senior lead chef reported the service prepares food that is culturally specific to different cultures including Māori, Indian and Asian. During Matariki fried bread was served to residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, registered nurse completes a set of transfer documents, and the general or 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 that had referred them by the registered nurse. Where residents wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</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>	FA	<p>The building warrant of fitness is current to 1 July 2026. The facilities manager works full time and is assisted by a maintenance person and four gardeners. Compliance for the building warrant of fitness, lifts and air conditioning is contracted out. The annual preventative maintenance schedule is online and comes from the Ryman head</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>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.</p> <p>Electrical testing and tagging of all appliances was completed on 14 April 2025. Clinical equipment was last checked and calibrated on 28 May 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 during the summer. There is underfloor heating and in some areas panel heaters have been installed where the underfloor heating is no longer working. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes, and main kitchen.</p> <p>The dementia unit is situated on the second floor. Entry to the dementia unit is by electronic passcode. The unit has one main lounge, dining area and a domestic style kitchen. There is a separate family/whānau lounge and seating areas for residents to sit quietly or visit with family/whānau. 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 dementia unit has a security system, which includes sensors in resident 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 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.</p>
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		<p>The 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. There is an outdoor patio in the dementia unit that residents can easily access. There is seating, shade and raised garden beds in the patio.</p> <p>There is a rest home wing with 12 resident rooms next to the dementia unit. The ground floor has one wing with 40 hospital level residents and a rest home wing with both hospital and rest home level residents. Each wing has a lounge, dining room and nurses' station and separate quiet rooms and seating areas. Furniture is appropriate for residents. There is a domestic style kitchen in each dining room.</p> <p>All 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 either dine a dining room or if preferred they could dine in their apartment.</p> <p>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.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>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 Evacuation New Zealand on 16 April 2012. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed on 30 April 2025 and a record of attendance was sighted. The staff orientation programme includes fire and security training.</p> <p>Fire exit doors were clearly labelled and free from clutter. Fire evacuation chairs are on each level in the stairways and in each serviced apartment. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (6000 litres of potable water, 10 000 litres of non-potable water and a 55 000-litre swimming pool with non-potable water), continence products, and a generator. Emergency lighting is available and is regularly tested. All registered nurses and caregivers have current first aid certificates. An automated external defibrillator is located at reception and all staff receive training in its use. Staff demonstrated their understanding of emergency procedures.</p> <p>Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. Some residents also have pendant call bells. These are checked monthly by the facilities manager and records were sighted for June and July 2025. Residents and whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors and are locked in the evening and entry is by electronic passcode. A security company patrols four times per 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.</p>
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<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, together with antimicrobial stewardship (AMS), form an essential part of the organisation's business and quality plan. Their purpose is to provide an environment that reduces the risk of infection for family/whanau, residents, staff, and visitors.</p> <p>The Infection Prevention &amp; Antimicrobial Stewardship (IPAS) Governance Policy was updated in January 2025. This policy outlines the commitments and actions the village follows to "optimise the treatment of infections while minimising adverse events associated with antibiotic use." Guidance on infection prevention and control is sought from Ryman's IPAS nurse specialist (registered nurse), the regional operations manager, the group clinical care manager (registered nurse), local Public Health infection control specialists, and in consultation with general practitioners.</p> <p>The IPAS governance framework includes both organisational and village-level committees. The Village IPAS Committee reports to the IPAS Operational Team, which then reports to the IPAS Advisory Committee. This committee provides advice to the Clinical Governance Committee, which in turn advises the Chief Executive Officer and the Board.</p> <p>A dedicated Infection Prevention and Antimicrobial SharePoint page serves as a comprehensive reference, providing resources on the IPAS programme and outlining escalation procedures across 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</p>	<p>FA</p>	<p>The IPAS programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. 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. The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for 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</p>

<p>scope of our services.</p>	<p>plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control lead (IPCL) has a signed position description.</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: Village Manager, Resident Services Manager, Clinical Manager, IPAS Leader (RN), and Unit Coordinators.</p> <p>The service has access to a national IPAS nurse specialist. IPCL described the outbreak management plan. Records confirmed an outbreak in January 2025 involving 12 cases and on July 7 residents. Documentation review indicated that both outbreaks were effectively managed, with post-outbreak review meetings evidenced.</p> <p>Staff interviewed demonstrated sound knowledge of infection prevention and control practices and confirmed participation in ongoing training, including annual competencies in hand hygiene and the correct use of personal protective equipment (PPE). Facility infection prevention and control audits are undertaken to monitor the effectiveness of education and compliance with these practices. This is undertaken by the IPCL six monthly. Staff were knowledgeable regarding the requirements of standard precautions and were able to readily locate relevant policies and procedures. Infection prevention and control information, including hand hygiene posters, is available in te reo Māori.</p> <p>Interview with the IPCL confirmed their involvement in the procurement of consumables and PPE. Sufficient infection prevention and control resources were observed, and these were readily accessible to support the outbreak management plan.</p> <p>The clinical team stated the service works in partnership with them and their whānau for the protection of culturally safe practices in infection prevention and control, acknowledging the spirit of Te Tiriti o Waitangi.</p> <p>Interviews confirmed staff understood cultural considerations in relation to infection prevention and control practices. Policies and procedures are in place for both reusable and single-use equipment. Single-use medical devices are not reused, and all shared or reusable equipment is appropriately disinfected between use. Policies require IPCL</p>
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		<p>involvement in any facility changes or refurbishments.</p> <p>Infection prevention and control is included in staff orientation and the annual training plan, with staff having completed competencies in hand hygiene and PPE. Resident education is incorporated into daily cares. Residents and family/whānau are kept informed through meetings, newsletters, and emails. Visitors are requested not to attend 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.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship (IPAS) programme is appropriate to the size, complexity, and risk profile of the service. It is integrated into the electronic quality, risk, and incident reporting system. The 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 reports to the IPAS Advisory Committee. This committee reports to the Clinical Governance Committee, which provides advice to the Chief Executive Officer (CEO) and Board of Directors.</p> <p>The programme is designed to promote the responsible use of antimicrobials, maximising treatment effectiveness while minimising potential harm. 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.</p> <p>Education on antibiotic use is provided to staff, residents, and family/whānau at the time of prescribing. Monthly records of infections and associated antibiotic treatments are maintained. The effects of prescribed antibiotics are monitored, and the IPCL confirmed that any adverse effects are reported to the IPAS nurse specialist and general practitioners.</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 infection surveillance programme is appropriate to the size and complexity of the service. Monthly infection data is collected for all infections, based on clinical signs and symptoms, infection definitions, and laboratory results. Infections are reported in the myRyman electronic system, with data extracted into Power BI for analysis. A monthly infection summary, including organisms, is maintained and reviewed. Data is analysed for trends on a monthly and six-monthly basis.</p> <p>Infection surveillance outcomes are discussed at Infection Control Committee meetings (held two-monthly) and staff meetings (held monthly). Data is reported to the governance body through clinical indicator reports. Ethnicity data is incorporated into surveillance reporting. Meeting minutes are available to staff. Action plans are developed and implemented as required. Internal infection control audits are undertaken, with corrective actions documented for improvement opportunities. Clear communication pathways are in place to ensure timely information is provided to staff and residents affected by healthcare-associated infections.</p> <p>In 2025, two outbreaks were recorded. Appropriate notifications were made, management was in line with requirements, and debrief meetings were held. Evidence confirmed that lessons learned were used to strengthen future practice.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Auditors observed staff following policies and procedures for the safe management of waste, infectious materials, and hazardous substances. All chemicals sighted were appropriately labelled with manufacturer's information and securely stored in locked areas. Cleaning trolleys were stored in locked cleaner's rooms on each floor when not in use. Safety data sheets and product information were available. Sharps containers met regulatory requirements, and a full range of personal protective equipment including gloves, aprons, masks, and face shields were accessible. Staff were observed wearing PPE correctly during the audit.</p> <p>Cleaning staff interviewed demonstrated understanding of their responsibilities and they completed chemical safety training. The</p>

		<p>facility was observed to be clean and well maintained.</p> <p>Laundry and cleaning processes are monitored through internal audits including environmental audits and resident/family/whānau feedback. All laundry is completed on site, with clear separation of clean and dirty items. Personal laundry is ironed and returned directly to residents' rooms. Adequate linen storage was observed, with linen in good condition and cupboards well stocked. Cleaning and laundry services are overseen through the internal audit system, and washing machines and dryers are maintained and serviced regularly. The IPCL oversees the completion of cleaning, laundry, and environmental audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Ryman Kiri Te Kanawa 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. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. There is no use of restraint.</p> <p>The restraint coordinator is a registered nurse and unit coordinator. 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 families/whānau and educating staff on maintaining safety for individual residents.</p> <p>There is a restraint free group in place consisting of the clinical manager, village manager, resident services manager, and unit coordinators. The restraint committee meet six-monthly, and minutes of meetings were sighted for 2024 and 2025. A monthly report and restraint register is maintained showing there is no use of restraint and training is up to date.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls</p>

		prevention. Staff complete an annual competency test.
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## Specific results for criterion where corrective actions are required

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

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

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

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

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.1</p> <p>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).</p>	CI	<p>The service demonstrates performance above the required standard through a strong organisational commitment to Te Tiriti o Waitangi partnership, cultural safety, and equity for Māori residents.</p> <p>Ryman head office works in partnership with team members who identify as Māori to review and update policies and procedures across all villages, ensuring these reflect Te Tiriti o Waitangi partnership and equality. Barriers identified through practice are reported to senior executive members and the Board, with outcomes used to guide policy updates and strengthen links with local iwi and community groups. Policies are developed collaboratively with staff, whānau representatives, and cultural groups. The current documents were developed by a quality team member who identifies as Māori and Pasifika, supported by consultation with kaumātua and other cultural advisors</p>	<p>A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page has been developed in collaboration with internal and external stakeholders, including Whare Creative, kaumātua, and staff who identify as Māori. This resource provides practical tools, guidance, and cultural learning opportunities for staff across the organisation.</p> <p>At the village level, care plans and assessments are reviewed to ensure culturally safe and appropriate language is used, that linkages with community supports are embedded, and services are delivered equitably. Reviews are undertaken in consultation with residents, kaumātua, and their family/whānau. Management has completed extensive research and engagement, identifying the 71 maraes in the region and the four principal iwi of Tairāwhiti. Strong whanaungatanga connections are maintained with Ngāti Porou and the wider East Coast. As part of</p>

			<p>this partnership, the service has supported community wellbeing initiatives, including the donation of two large water tanks to local marae.</p> <p>The service benefits from the guidance of a respected local kaumātua who resides at the village and, together with their whānau, facilitates access to cultural groups, kapa haka performances, and other community connections. Residents and whānau regularly participate in cultural events such as te reo Māori classes, Matariki celebrations, Māori stick games, arts and crafts, and shared kai including fried bread. Karakia are incorporated into meetings and daily practices. Tikanga is embedded in end-of-life care, including the mandatory blessing of rooms following a death and the provision of cleansing water for family/whānau and visitors.</p> <p>Links are also established with the Māori Health team at the local hospital and the Takatu Hub, which applies a te ao Māori approach to health, and supports the services.</p> <p>At the time of audit, nearly 14% of residents identified as Māori, supported by a significant number of Māori staff across organisational chart. The service consistently exceeds expectations in promoting cultural participation, with high levels of whānau involvement, visible iwi partnerships, community contributions such as marae water tanks, and active cultural celebration. Ongoing improvement goals include targeted engagement to further increase Māori resident representation.</p> <p>Evidence from 25 staff,( 12 caregivers, one fluid assistant, six registered nurses (RN), three activities staff, one domestic services staff, one chef and one maintenance staff),nine residents (two rest home level care, two serviced apartments and five hospital level care ), five family/whānau (three dementia level care and two hospital level care) and six</p>
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			management ( the regional operations manager, the village manager, the clinical services manager and three unit coordinators); interviews, together with observations and document review, confirms the service has embedded culturally responsive practice and demonstrates continuous improvement in recognising Māori mana motuhake and supporting Māori cultural needs.
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End of the report.