

Jane Mander Retirement Village Limited - Jane Mander Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Jane Mander Retirement Village Limited
Premises audited:	Jane Mander Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 September 2025 End date: 16 September 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	103

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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 Jane Mander provides rest home, hospital, and dementia-level care for up to 142 residents, including the care centre and the serviced apartments. On the day of the audit, there were 103 residents at the care centre, including four residents in the service apartments.

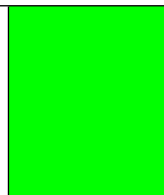
The service is managed by the acting village manager (resident services manager), clinical manager, and unit coordinators. They are supported by the acting regional operations manager, and the Ryman Board. The residents and relatives interviewed spoke positively about the care and support provided. Consumer survey results showed a high level of satisfaction with the services provided.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the general practitioner.

This audit identified no shortfalls.

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.



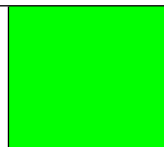
Subsections applicable to this service fully attained.

Ryman Jane Mander has a Māori and Pacific people's health policy and other relevant documents to fulfil their obligations and responsibilities under Te Tiriti o Waitangi. Individualised care is delivered with a specific emphasis on acknowledging and respecting the beliefs, values, and cultural backgrounds of each person. The Pacific People's policy includes the Pacific health plan.

Training on abuse and neglect is provided to staff. It was evidenced that the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) has been effectively implemented. Observations and evaluations during the audit underscore a commitment to upholding the rights and dignity of all residents. Informed consent processes are implemented. The complaints management process is implemented.

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.

Ryman Jane Mander is implementing their quality and risk management programme. There is a comprehensive health and safety system in place with identified health and safety goals.

There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. The Board monitors performance of the company, with reports written quarterly. The senior leadership and wider leadership team meet regularly to discuss key performance indicators, including quality and risk.

A significant number of staff maintain current first aid certificates so that there is always a first aider on site. Staff employed are provided with orientation and ongoing support through training. There is an extensive training programme within the service, with comprehensive records retained and a high rate of participation. Staff coverage is maintained for all shifts.

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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general and/or nurse practitioners and visiting allied health professionals.

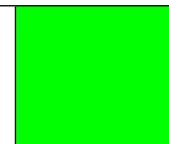
Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medication complete education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and were reviewed at least three-monthly by the general or nurse practitioner.

The service has a current food control plan. There are snacks available for residents if required.

All residents' transfers and referrals are coordinated with residents and 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.

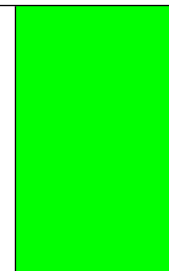


Subsections applicable to this service fully attained.

The building holds a current building warranty of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. Hot water temperatures are checked six-monthly and are within normal range.

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.

The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. Staff completed training around infection prevention and control.

The infection surveillance programme is implemented. Surveillance of all infections is reported on a monthly infection summary, and action plans are implemented. This data is monitored and analysed for trends, monthly, six-monthly and annually.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	18	0	0	0	0	0
Criteria	0	49	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. 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 Jane Mander has a Māori health policy, a Māori health plan, and a Māori engagement framework, which collectively outlines how the facility responds to the cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>On the day of audit, there were residents who identified as Māori. A review of the cultural aspect of the care plan showed that the care was provided equitably and based on Te Tiriti o Waitangi principles with recognition of mana motuhake.</p> <p>Staff (four registered nurses [RN], six caregivers, one housekeeper, one activities coordinator, two unit coordinators, one chef) and management interviews (acting village manager, acting regional operations manager, and clinical manager [CM]) confirmed that the staff have completed cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>The service has a current Pacific People’s policy which includes the Pacific health plan. These documents guide staff on how Pacific people who engage with the service are supported. During audit there were no Pacific residents; however, there were Pacific staff members at the facility. Staff</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>when interviewed, demonstrated an understanding of Pasifika culture, its relevance to their policies, and were knowledgeable about how to access community support for Pacific individuals.</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>A welcome package is provided that contains details about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there are opportunities for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with five relatives (three from the hospital, and two dementia level) and nine residents (six from the rest home and three from the hospital) revealed that they received information at admission which included the Code. Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Both residents and family/whanau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope, all of which are detailed in the service agreement.</p> <p>Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</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>Ryman Jane Mander (referred to as Jane Mander) has an implemented comprehensive training programme for all staff, focusing on sensitivity, ethics, and the importance of maintaining professional boundaries. This training is updated regularly to address emerging issues and reinforce the facility's zero-tolerance policy towards any form of abuse or discrimination. The effectiveness of this training is evident in the consistently positive feedback from resident and family/whānau satisfaction surveys, which highlight the respectful, compassionate care provided by the staff.</p> <p>Bi-monthly resident meetings provide a platform for voicing concerns and suggestions directly to management. Resident meetings have been instrumental in promoting a culture of openness and mutual respect, further</p>

		<p>ensuring that the rights and dignity of all residents are upheld. These measures, alongside the policies and procedures already in place, demonstrate the facility's ongoing commitment to creating a safe, inclusive environment, that respects the dignity and rights of all individuals in its care.</p> <p>Systems are established to oversee the personal finances of residents. Residents have the option to buy items from the facility's shop, or have additional services and external purchases made on their behalf. The administrative staff maintains records of these transactions. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.</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>There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for relevant vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms of residents in the dementia unit were appropriately signed by the activated enduring power of attorney (EPOA). All documentation regarding enduring powers of attorney and activation is on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The acting village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Jane Mander has an up-to-date complaint register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been three complaints made in 2024 and two in 2025 year to</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>date. Review of the complaint register showed that all complaints were managed in accordance with the HDC Code. All concerns were addressed promptly, and resolution was documented. There have been two external complaints received from HDC in 2024, one of which has been closed with no actions required, and one has been fully investigated and responded to. The service is now waiting on further contact from HDC in relation to this.</p> <p>Residents and family/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the bi-monthly resident meetings and six-monthly family/whānau meetings. Interviews with the management team confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with family/whānau are preferred in resolving any issues for Māori.</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 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>FA</p>	<p>Ryman Jane Mander is a Ryman Healthcare retirement village located in Whangarei, Northland. It provides rest home, hospital (geriatric and medical), and dementia levels of care for up to 142 residents. There are 20 rest home beds and 20 dual purpose on the first floor, and 40 hospital level beds on the second floor. The secure dementia unit is located on the third floor and has 32 beds. Thirty beds in the serviced apartments across all levels have been approved for rest home level of care.</p> <p>At the time of the audit, occupancy was 103, including 52 residents requiring hospital level of care (three funded by ACC, and one using respite care); 16 requiring rest home level care; 31 residents in the dementia care unit (including one respite); and four residents receiving rest home level care in the serviced apartments. All residents other than those identified on an ACC or contract for respite are on the age-related residential care (ARRC) contract.</p> <p>Ryman Jane Mander is managed by an acting village manager, who is non-clinical (the current resident services manager), and they have been in the role for three months. They have worked for Ryman for over fifteen years. They are supported by an acting regional operations manager (Jane Mander village manager), and a clinical manager who has been at Jane Mander for six years.</p>

		<p>There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. As per the terms of reference of the clinical governance committee, they review and monitor the quality and risk programme, including audit results, complaints, consumer survey results, mandatory reporting requirements, and clinical indicators for all villages including Ryman Jane Mander. Reporting of risk is another key report communicated to the Board by the senior leadership team. The Board monitors performance of the company with reports written quarterly. The senior leadership team for Ryman and the wider leadership team meet regularly to discuss key performance indicators, including quality and risk.</p> <p>The Māori health plan is developed in partnership with local iwi and community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The Ryman Quality Auditor who has a taha Māori focus liaises with other teams within the business to assist in identifying barriers for Māori, and to improve policy and processes so that they are equitable and inclusive. Reports are sent to the Board and senior executive leadership team to address inequity as appropriate. A culture and equity resource, including a SharePoint page, are being developed. Feedback has been sought from team members and kaumātua.</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>Ryman Jane Mander is implementing their quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed at the head office, where the data is benchmarked within the organisation. Results are shared in staff meetings.</p> <p>A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and registered nurse meetings. Discussion with staff and a review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred have been reviewed by head office in a meaningful way, to identify trends and learnings that could be used to affect change or influence practice. There are monthly Team Ryman (quality/management) meetings and weekly manager meetings. Discussions include (but are not limited to) quality data; health and safety;</p>

	<p>infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits are completed as scheduled, and outcomes show a high level of compliance with the Ryman policies and procedures. Any areas that required improvements are followed up, and the audit is repeated, ensuring that the quality loop is closed.</p> <p>Jane Mander has village specific objectives that include enhanced resident and relative experience through communication, positive team culture, and reduction in clinical indicators, such as skin tears, skin infections, falls, and pressure injuries. Progress towards achieving these goals is monitored monthly, six-monthly and annually.</p> <p>Residents and relatives' surveys are undertaken annually (last April 2025). Results have been analysed, and a summary report was shared with staff, residents and family/whānau. No corrective actions were required following this report. Survey results from April indicated a rise in the net promoter score (NPS) up 25 points, to a score of +17 average satisfaction rating of 4.05 out of 5, reflecting their overall experience. Notably, satisfaction in all areas surveyed was evident.</p> <p>There is a comprehensive health and safety system in place with identified health and safety goals. The health and safety committee meets monthly with a wide range of topics covered including work related risks, opportunities for improvements, and topics related to staff, residents, and visitors' wellbeing. The hazard registers detail the risk and how each risk is mitigated and controlled. These are reviewed annually and were up to date with risks currently in the service.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and documentation confirming any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handovers. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse (RN).</p> <p>Discussions with the clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of changes in management, and severity assessment code (SAC) notifications related to stage III or above pressure injuries since the last audit.</p> <p>The service is focused on achieving Māori health equity, identifies external</p>
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		<p>and internal risks and opportunities, including potential inequities, and has developed a plan to respond to them. The management team confirmed that Ryman Jane Mander is focussed on building and maintaining partnerships within their community and with kaumātua.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. Jane Mander employs a total of 190 staff in various roles. Staffing rosters were sighted, and there are staff on duty to meet the resident's needs. The clinical manager is an experienced registered nurse with a current practising certificate who works full time. There is support from four unit-coordinators (rest home, hospital, dementia, and serviced apartments) who stagger the schedule/roster across seven days a week. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The maintenance lead is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated the staffing levels are satisfactory, and that the management team provide good support. There is 24/7 RN cover.</p> <p>A significant number of staff maintain current first aid certificates, so there is always a first aider on site. There is an extensive training programme within the service characterised by comprehensive records and a high rate of participation. This reflects a significant dedication to fostering staff development and enhancing competencies. The training programme included clinical trainings on different subjects, and training around the Code; infection control; restraint elimination; staff wellbeing; aging promotion and dementia related subjects; safe medication management; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; infection prevention and control; and outbreak management. Training also included residents' wellbeing, promotion of health, and managing valuables and cash. Staff interviews and documentation review confirmed high participation and attendance.</p> <p>Jane Mander supports all staff to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Staff completed related competencies and were assessed as per policy</p>

		<p>requirements. Twenty caregivers have achieved NZQA level 3 or above. There are 26 caregivers who work in the special care unit, and all caregivers have completed the dementia unit standards.</p> <p>There are three enrolled nurses (ENs), and 21 RNs. Twelve are interRAI trained. RNs have access to clinical training sessions and maintain syringe driver competencies.</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. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Twelve staff files reviewed (one RN, eight caregivers, one cooks assistant, one lead gardener, and the clinical manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented, and all staff files reviewed have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident files were reviewed: three hospital resident files (including one on a respite and one on an ACC contract); two rest home resident files, including one that identifies as Māori; and two dementia resident files. The registered nurses (RNs) are responsible for all residents' assessments, care planning, and evaluation of care. Care plans are based on data collected during the initial nursing assessments and interRAI assessments. All residents, excluding the respite resident and a new admission (rest home level of care), had an interRAI assessment.</p> <p>Initial assessments and myRyman long-term care plans were completed for all residents, detailing needs, and preferences within 24 hours of admission. The individualised myRyman long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented</p>

	<p>interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss, and interventions are integrated into the long-term plans. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, or when there is a change in the resident's condition. All residents in the dementia unit who have challenging behaviour, have this clearly outlined in the care plan, with interventions to de-escalate their challenging behaviours. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents and family/whānau interviewed confirmed assessments are completed according to resident's needs, and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner within the required timeframe following admission. Residents have ongoing reviews by the GP or nurse practitioner within required timeframes and when their health status changes. The GP visits three days a week (Mondays, Wednesdays and Fridays) and nurse practitioner (Tuesdays and Thursdays) and as required. Medical documentation and records reviewed were current. The GP interviewed stated that they had good communication with the service and that they were informed of concerns in a timely manner. There is an after-hours service which is available to support Jane Mander Retirement Village after hours, weekends, and in public holidays. A physiotherapist visits twice a week (Tuesdays and Fridays). They are supported by a physiotherapist assistant who works daily from Monday to Friday. There is access to a continence specialist as required. A private podiatrist visits regularly and a dietitian and medical specialists are available as required. Support is also available for wound care from Health New Zealand district nurses.</p> <p>An adequate supply of wound care products is available at the facility. A review of the wound care plans evidenced that wounds were assessed in a</p>
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		<p>timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a referral made to district nurses. The facility has a dedicated wound champion, a registered nurse/unit coordinator who reviews all chronic wounds monthly. A report is then sent to the clinical manager monthly. At the time of the audit, there was two unstageable pressure injuries. The wound champion has regularly reviewed the pressure injuries.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records, and repositioning records. Staff interviews confirmed that they are familiar with the needs of all residents in the facility and have access to the necessary supplies and products to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses packs and an electronic medication system. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in all the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, with temperatures in range as per policy. All stored medications are checked weekly. Medications with a short shelf life are dated on opening.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy</p>

		<p>status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. There are residents self-administering medications at time of audit. The facility had policy and procedures in place, including completing three-monthly self-administration competency assessments for residents. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies and cultural preferences. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified current food control plan in place.</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</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures to ensure that the discharge and transfer of residents are undertaken in a timely and safe manner. Family/whānau are involved for all discharges and transfers from the service. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is a current building warrant of fitness report. The building is well maintained. Maintenance requests are completed online. The maintenance person checks online several times a day and signs off when repairs are completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including hoists and scales were checked and calibrated in July 2025. Electrical tagging was completed in August 2025. The RNs and caregivers interviewed stated they have adequate equipment to safely deliver care for residents using rest home, hospital, or dementia level care. Residents interviewed stated that the environment was warm and comfortable.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The clinical manager is the infection control officer. Along with the expertise from the Ryman head office, the clinical manager advises staff on the management of infection control issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date, with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. This includes reminders about handwashing and advice about remaining in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention</p>

		measures.
<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>	FA	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual provided by an external provider is used as reference for best practice around infection control. Advice around infection control matters is also sought from Ryman head office, the local infection control specialist in Regional Public Health, and by liaising with GPs/NPs.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>The facility had a Covid-19 outbreak in the serviced apartment area at the time of audit. Staff were observed to demonstrate effective management and containment protocols. Training and debriefing sessions were conducted after the prior events, and effective communication regarding the current outbreak was evident.</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</p>	FA	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator is the clinical manager. The restraint coordinator described the facility's focus as being on restraint elimination,</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>and this is also the focus of the organisation. If restraint has to be considered, the restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing.</p> <p>There were no restraints at the time of the audit. There is a restraint register in place. Restraint is discussed at staff, RN and quality meetings and is included in the monthly report to head office. An annual review of restraint is completed by head office. All staff have annual restraint training and restraint competencies. Maintaining a restraint-free environment and de-escalation techniques are included as part of the orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.