

Bruce McLaren Retirement Village Limited - Bruce McLaren Retirement Village Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Bruce McLaren Retirement Village Limited
Premises audited:	Bruce McLaren Retirement Village Limited
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: 23 September 2025 End date: 24 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:	121

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

Bruce McLaren Retirement Village Limited provides rest home, hospital, and dementia-level care for up to 158 residents, including the 30 serviced apartments certified for rest home level of care. On the day of the audit, there were 121 residents at the care centre, including four residents in the serviced apartments.

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

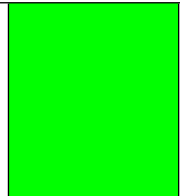
The village manager is supported by a clinical manager (registered nurse), unit coordinators, a resident services manager, and a team of experienced staff. There are various groups in the Ryman support office who provide oversight and support to village managers, including a general operations manager,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

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

The certification audit identified that the service meets the Standard.

This certification audit has resulted in two continuous improvement ratings around reduction of resident falls in the special care unit and supported transitions of care.

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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Bruce McLaren Retirement Village Limited offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to deliver high-quality and effective care to residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive manner, respecting their identities and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Bruce McLaren Retirement Village Limited is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The organisational strategic plan informs the site-specific operational objectives, which are reviewed on a regular basis. The village's annual plan for the year 2026 includes a mission statement, purpose, values, direction, scope, and goals.

A documented quality and risk management system is in place, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff have the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

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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Registered nurses are responsible for assessment, care planning and evaluations. Residents' needs, goals and aspirations are identified and incorporated into the care plan. The general practitioner or nurse practitioner completes a medical assessment on

admission, and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs.

There is a medicine management system in place. The organisation uses an electronic system to prescribe and administer medications. The general practitioners are responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

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

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

Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The 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 always on duty. The appropriate security measures are undertaken.

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

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

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

The service has a robust pandemic and outbreak management plan in place. There are sufficient supplies of personal protective equipment, should an outbreak of infection occur. The internal audit system monitors for a safe environment. Outbreaks of Covid-19, influenza-like illness, gastroenteritis and norovirus reported since the last audit were managed effectively.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager (registered nurse). The facility was restraint free at the time of the audit. There is leadership commitment to work towards providing a restraint-free environment. The service considers the least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as a last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	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>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata whenua (and Māori cultural heritage) and the possibility of unspoken and unconscious biases that can occur in residents and their whānau. The Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Bruce McLaren Retirement Village Limited. The appointment of the Ryman Taha Māori navigator recognises the importance Ryman places on tikanga Māori and Te Tiriti partnership with mana whenua. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>Links have been established with the local Māori organisations and cultural advisors from Health New Zealand. Ryman partners with Whare Creative, which is 100% Māori-owned. Ryman Healthcare is supported by a kaumātua, who provides advice on cultural support, advocacy, and is available in an advisory capacity with a Māori world view. Māori assessments were completed for residents who identify as Māori. The service has residents and staff who identify as Māori.</p> <p>The village manager (VM) reported that they support a culturally diverse</p>

		<p>workforce and encourage increasing the Māori capacity within the workforce. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with management and staff (general manager operations, regional clinical lead [RCL], village manager [VM], resident services manager [RSM], clinical manager [CM], four-unit coordinators [UCs], two registered nurses [RNs], one enrolled nurse [EN], two activity coordinators, ten caregivers, senior lead chef, one house keeper, one laundry staff, one lead maintenance, and an office administrator), described ways they apply the principles of Te Tiriti into practice in relation to 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> <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>Ryman New Zealand have health plans for Pacific and Māori residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. These policies note the Pacific people's worldviews and the need to embrace their cultural and spiritual beliefs. The Pacific health policy relates to Pacific residents and aims to uphold their cultural principles. There are staff members and residents who identify as Pasifika. The service has established links with Pacific organisations through their Pacific staff, and local churches. Staff have been introduced to the Fonofale model. There is a cultural input at the Board level, and Pacific cultural support and training are provided.</p> <p>Residents and whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and the recognition of cultural needs. The VM interviewed stated that Pacific peoples' cultural beliefs, values, knowledge, arts, morals, and identity are respected.</p> <p>The Pacific health policy is based on Ola Manuia: Pacific Health and Wellbeing Action Plan and reflects the values that Pacific people hold as important for health and wellbeing. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in a range of Pacific languages, in addition to English and te reo Māori. The VM described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p>

		Interviews with staff, and documentation reviewed identified that the service provides person-centred care.
<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>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, Pacific languages and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Families/whānau are invited to attend. Nine residents (six rest home and three hospital) and eight family/whānau (one rest home, two hospital and five special care unit [SPU]) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Nine residents and eight family/whānau confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the residents' rights.</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>	FA	<p>Bruce McLaren Retirement Village Limited provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented</p>

<p>Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service, as it considered their values and beliefs, and they felt they were listened to. Privacy is ensured and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple daily living chores. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are occasionally sung, and cultural days observed as reported by staff. Through the activities programme, tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The VM, CM, and RSM reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or</p>

		<p>neglect and felt safe. Police vetting checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA) and/or family/whānau, and Māori health organisations and practitioners (as applicable).</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>In interviews, residents and family/whānau reported that communication was open and effective and that they felt listened to. The EPOA and family/whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by a review of documentation in the residents' records. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family/whānau or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff were aware of how to access interpreter services if needed. Staff can provide interpretation as needed and utilise family/whānau as appropriate. The VM reported that any non-subsidised residents who are admitted to the service, are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/whānau to translate, and regular use of hearing aids by residents when</p>

		required are encouraged.
<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 is a policy and procedure for informed consent. Twelve resident files reviewed included informed consent forms signed by either the resident or EPOA, where these had been activated. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of EPOAs and letters of activation of EPOA were in resident files where applicable.</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> <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>	FA	<p>Bruce McLaren Retirement Village has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the HDC Code of Health and Disability Services Consumers' Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected.</p> <p>The service's complaints register was reviewed. There were seven complaints in 2024, and seven reported in 2025 (year to date). Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to the staff, with corrective actions put in place if required. There was one external</p>

		<p>complaint which was still open. The service has complied with the request to provide all the necessary information and awaits the final decision. All relevant interventions and resolutions have been implemented.</p> <p>The VM and RSM reported that any issues are discussed promptly with the residents before they escalate into complaints. An interview with the managers and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their right to complain, and posters of the Code were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or support the complainant to access independent advocacy services.</p> <p>The VM and RSM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori, and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</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</p>	<p>FA</p>	<p>Bruce McLaren Retirement Village Limited is a Ryman Healthcare retirement village located in Howick, Auckland, and provides rest home, hospital (geriatric and medical), and dementia levels of care for up to 158 residents. There are 43 beds on the first floor and 44 beds on the second floor. All these beds are approved for dual purpose (rest home or hospital). The secure dementia unit (special care unit) is located on the third floor and is separated into two secure units (20 beds, and 21 beds), with a shared nurse's station. Thirty beds in the serviced apartments across four levels have been approved for rest home level of care.</p> <p>At the time of the audit, occupancy was 121, including 51 residents</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>requiring hospital level of care (including three funded by the accident compensation corporation [ACC]); 27 requiring rest home level care (including one young person with a disability [YPD], and three on respite); 39 residents in the special care unit, including one respite; and four residents receiving rest home level care in the serviced apartments. All residents, other than ACC, YPD, and respite, were on the age-related residential care (ARRC) contract.</p> <p>The organisation is managed by a VM who has extensive experience in management and has worked for Ryman for over 17 years. The VM is supported by the RSM, CM, and the general manager operations. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector.</p> <p>The governance body consists of seven trustees. Each of the trustees contributes their own areas of expertise to the Board, including audit, risk and financial markets, legal/nursing, commerce, construction, business management, and extensive backgrounds in governance. Regular reports are completed to the general manager operations, the senior leadership team, and the Board. The Board oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>The Board is taking a comprehensive approach to addressing barriers to inequity, Māori, and people with disabilities. Ryman partners with Whare Creative, which is 100% Māori-owned, and are supported by a kaumātua. They provide advice on cultural support, advocacy and in an advisory capacity with a Māori world view. The organisation has leadership within the villages who identify as Māori, who provide feedback on barriers and any concerns from a Māori world view. Reports are regularly provided to the Board and senior leadership to address inequity as required. The Māori health plan incorporates the principles of Te Tiriti o Waitangi, including partnership in recognising all cultures as partners, and valuing each culture for the contributions they bring.</p> <p>Bruce McLaren Retirement Village Limited has an annual plan for 2025-2026, which is now called 'Plan on a Page', a summarised version of the annual goals. Ryman's key business and organisational goals are "Good</p>
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		<p>enough for mum or dad" and "We do it safely or not at all". These goals are embedded throughout the organisation, from the Board of Directors to the village and construction site level, through policies, procedures, training, and education resources. Ryman monitors and reports on the outcomes of these goals using various methods, including satisfaction surveys, clinical indicators, incident reporting, audits, complaints, and resident/team member feedback.</p> <p>The service ensures that family/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs and resident meetings. The service has Māori and Pacific health policies, which state the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pacific people, including services for tāngata whaikaha.</p> <p>The governance and management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety in the day-to-day running of the facility. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>The clinical governance committee is a subcommittee of the Board. It monitors the villages' performance and assists the Board in discharging its responsibilities. The general manager of clinical and resident services chairs the clinical governance committee. It includes leaders from the clinical, quality, and risk teams, as well as members of the senior leadership team, the village manager, and clinical manager from different villages.</p> <p>The clinical governance committee is responsible for regularly reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. This includes analysing audit results, resident satisfaction surveys, complaints, mandatory reporting requirements, and clinical quality metrics across all villages.</p>
Subsection 2.2: Quality and risk	FA	Bruce McLaren Retirement Village has a documented quality and risk programme that reflects the principles of continuous quality

<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>improvement. The clinical governance committee is responsible for regularly reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. This includes analysing audit results, resident satisfaction surveys, complaints, mandatory reporting requirements, and clinical quality metrics across all villages. The senior leadership team also provides regular risk reporting to the governance bodies, including the Board, and supports the Board in fulfilling its responsibilities related to clinical reporting and legislative compliance across New Zealand and Australia.</p> <p>Internal audits are completed by the Ryman clinical and quality team. Staff, registered nurses, and quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Corrective actions were documented to address service improvements, with evidence of progress and sign-off when achieved. The service has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. Benchmarking is performed using the data from the previous month and other sister facilities. Meeting minutes reviewed included full facility meetings, health and safety meetings, residents' meetings, and clinical meetings. Weekly manager's meetings were completed in a timely manner.</p> <p>Bruce McLaren Retirement Village was awarded the prestigious Village of the Year 2025, outperforming all Ryman sister facilities across New Zealand and excelling in every area of assessment.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys; all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Quality goals for 2025 are documented, and progress towards quality goals is reviewed regularly at management and quality meetings. The quality goals included reducing staff turnover, reducing falls in the special care unit (link 3.2.4), which have been achieved, and improving</p>
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	<p>the quality and consistency of transition planning and resident engagement (link 3.6.4).</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The care centre resident survey in February 2025, with a strike rate of 66.67%, and the independent services in May 2025, with a strike rate of 81.40%, were completed. The results were favourable, and areas requiring improvement related to laundry and housekeeping were addressed. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff meetings, senior management meetings, and Board meetings. Residents and their family/whānau were informed of the survey results.</p> <p>Policies and procedures meet the requirements of the Ngā Paerewa Standard 2021. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The VM, RSM, and CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans developed, and followed up in a timely manner. The VM was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2. There were 35 SAC2 reports completed as per protocol. Essential notifications for Covid-19 in June 2025, gastro-enteritis in May and September 2025, were completed.</p> <p>The VM was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety, and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed maintains</p>
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		<p>oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A hard copy of the risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman has implemented the Donesafe health and safety electronic system, which assists in capturing and reporting near misses and hazards. Reminders are set to ensure the timely completion of the investigation, and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The VM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers, with support from the clinical and management team.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The VM, CM and RSM reported that most of the training is completed online. Evidence of regular education provided to staff was sighted in attendance records. Training topics included outbreak management (donning and doffing of personal protective equipment and standard infection control precautions); moving and handling; palliative care; communication; challenging behaviour; safe food handling; personal grooming; cultural safety; ageing and promoting independence; falls prevention and management;</p>

	<p>te reo Māori; tikanga Māori; Te Tiriti o Waitangi; nutrition; harassment; pressure injury prevention; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>Related competencies are assessed as per policy requirements. Caregivers have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s funding and service agreement. Staff records reviewed demonstrated completion of the required training and competency assessments. There are 74 caregivers in total, 25 of whom work in the special care units (SCU). All caregivers in the SCU have completed the dementia standards.</p> <p>The provider has an environment that encourages the collection and sharing of quality Māori health information. The ethnic origin of each staff member is documented on their personnel records and used in line with health information standards. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools that are focused on achieving health equity for Māori. The service supports people’s right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau. Reading material related to health equity has been provided to staff, and in-service education is ongoing.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit, there were 17 registered nurses, in addition to the clinical manager, and four-unit coordinators employed and two enrolled nurses. Sixteen have completed interRAI training (including the clinical manager and unit coordinators). Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage the collection and sharing of high-quality Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
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		<p>Staff interviewed report a positive work environment. Ryman, as an organisation, has several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. An employee assistance programme (EAP) is in place to promote staff wellbeing. Each of the staff members interviewed reported feeling well-supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. Referees are contacted prior to an offer of employment being made. Fourteen staff files were reviewed (CM, RSM, two registered nurses, one unit coordinator, four caregivers, one senior lead chef, activities coordinator, two housekeepers, and office administrator/ health and safety officer). Staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction and orientation, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the Board. Following incidents, the management team are available for any required debriefing and discussion.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP), nurse practitioner (NP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The VM and CM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for data collection. The records sampled were integrated. The VM and CM reported that EPOA's can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</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 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>FA</p>	<p>Prospective residents are assessed by the needs assessment service coordination (NASC) team to determine the appropriate level of care. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity, and family/whānau are involved at all stages of service delivery. Family/whānau and residents interviewed stated that the staff provide clear, accessible information and foster a respectful, responsive entry process, are committed to equity, inclusion, and the wellbeing 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. Family/whānau and residents were updated where there</p>

		<p>was a delay in entry to the service.</p> <p>The service collects ethnicity data on all referrals for entry. The service has links with local Māori and there are staff who identify as Māori who are available to support residents and whānau.</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>	<p>FA</p>	<p>Twelve resident files were reviewed, including four hospital level (including one funded by the Accident Compensation Corporation [ACC]), four rest home level (including one on respite and one young person with a disability [YPD]) and four special care unit (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 and comprehensive covering physical needs, psychosocial needs, supports required, spiritual and cultural needs, and goals and aspirations.</p> <p>Residents and family/whānau interviewed confirmed they participate in the care planning and review processes, and residents are supported to have choice and control in meeting their needs and goals. They confirm that 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 (GP) or register with the facility's contracted general and nurse practitioner (NP) service. The GP is on site two days per week, and the NP is on site one day per week, or more often if required to undertake three-monthly resident and medication reviews, and to review residents with acute</p>

	<p>needs. Initial medical assessments occur within the required timeframes. The contracted GP service provides medical cover after hours and on weekends for urgent care or advice to the registered nurses. The NP was interviewed and expressed that staff are very organised, competent and communicate with them in a timely manner when there are changes or concerns about residents. All general and nurse practitioner notes are entered into the resident's electronic files. Allied health care professionals involved in the care of the resident include (but not limited to): physiotherapist who is on site at least 15 hours per week and more often as needed; podiatrist; hospice community staff; speech language therapist; older persons health clinicians; wound nurse specialist; continence specialist; and dietitian. These professionals document their notes in the resident's 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 the resident's health status, or when 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, 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 a handover at the beginning of their shift, as observed on the day of the 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 includes (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 are currently 23 wounds, including three suspected deep tissue injuries, one stage I pressure injury, skin tears, surgical wounds, a laceration, and chronic</p>
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		<p>ulcers. 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 a photograph 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 resident's 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 that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified where able, and strategies to manage these 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> <p>Care plans for residents in the special care 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. Families/whānau confirmed on interview that they are very involved in assessments, care planning and review. The service has achieved continuous improvement for falls reduction in the special care unit (link 3.2.4).</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.</p>	<p>FA</p>	<p>The service employs a total of fourteen activities staff, including seven activities and lifestyle coordinators (two of whom are registered diversional therapists), three lounge caregivers, an activities assistant, a village centre host, a resident experiences coordinator, and a van driver.</p>

<p>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>The activity and lifestyle coordinators 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's head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. 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 that 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: Triple A exercise programme, including walks and 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 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 special care 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. Local schools and kapa haka groups visit to perform, and a high school student plays the piano for residents.</p> <p>Calendar and cultural events are celebrated, including (but not limited to), Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Samoan language week, Matariki and Waitangi Day.</p> <p>In the special care unit, activities staff ensure a seven-day-a-week programme is implemented. Engagement activities for residents in the special care unit are tailored to meet the needs of the residents and</p>
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		<p>include activities to stimulate the senses and memories, including aromatherapy, “memory lane”, “sensational senses”, and “musical moments”. There are resident engagement plans, which include strategies for distraction and de-escalation, completed for residents in the special care unit. Activities are offered at times when residents are most physically active and/or restless. During the audit, 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 and school groups.</p> <p>Family/whānau 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 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>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication-competent caregivers, all of whom are required to pass an annual medication competency. Medication round is observed in each area and are 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 treatment rooms in each unit, and medication trolleys are also locked.</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. Medications with a short shelf life are dated when opened and discarded as per the manufacturer’s instructions. Over-the-counter medications and supplements that residents wish to take are prescribed on the medication chart by the GP / NP. Medications are reviewed three-monthly by the GP/ NP, in collaboration with the registered nurse and resident and family/whānau.</p> <p>Twenty-four electronic medication charts were reviewed, on the electronic medication platform. All had photographic identification, and any allergies or adverse drug reactions were recorded on the chart.</p>

		<p>Specimen signatures of staff were 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 electronic medication chart. The service does not use standing orders.</p> <p>There are no residents who self-administer their medications; however, there is a policy should they request this. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes and are informed of the indications and potential side effects. Staff were seen to explain the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. The Māori health plan includes a requirement for support, advice, and treatment for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared and cooked on site in a well-appointed kitchen. The kitchen is managed by a lead chef assisted by a second chef, three cook assistants, three kitchen assistants and four 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. There is a seasonal menu in a four-weekly cycle. The menu was reviewed by a registered dietitian on 6 August 2025. 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</p>

		<p>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. All food is transported to each area in a heated trolley and served from a heated bain marie in each kitchenette by dining assistants. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The lead chef visits residents regularly to ask what food they enjoy and endeavours to provide this. In addition, residents can request a meeting with the lead chef at any time.</p> <p>The lead chef reported that the service prepares food that is culturally specific to different cultures, including Indian, Asian and Pacific Island. There are menu options available that are culturally specific to te ao Māori.</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. To coordinate a supported transition of care, when residents are transferred to the public hospital, their family/whānau is informed, a registered nurse completes a set of transfer documents, and the general practitioner makes the referral to the hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of the enduring power of attorney documents. Residents' needs and potential risks are identified and communicated as required. A referral is made if a resident wishes to or needs to be seen by another health service.</p>

		<p>Examples sighted include 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>The facility is awarded a continuous improvement rating for management of the transfer plan, which includes current needs and risk mitigation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The Bruce McLaren Retirement Village features a modern three-level facility with ample space across a sloping terrain.</p> <p>The building warrant of fitness is current and expires on 14 October 2025. The environment, art and décor promote inclusivity and diversity.</p> <p>The facility manager works full-time, oversees maintenance of the village and is assisted by the lead maintenance and resident services manager. Compliance for the building warrant of fitness, lifts, and air conditioning are contracted out. The annual preventative maintenance schedule comes from the head office, and the facility manager completes a check-form monthly. Staff can request repairs and maintenance via an electronic system that automatically alerts the lead maintenance. For urgent repairs, front administrators or lead maintenance can access essential contractors, such as plumbers and electricians. The facilities manager signs off on all requests when completed. Fixtures, fittings, and flooring are appropriate.</p> <p>Electrical testing and tagging of all appliances (completed in August 2025) and calibration of medical equipment (completed in January 2025) are completed annually, with all current at the time of audit. Hot water temperatures are checked monthly in each area, and records show a safe temperature is maintained. The building has underfloor heating with a centralised heating control. 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 dual-purpose wings are on level one (ground floor) and two, and the dementia (special care) unit is on level three. Levels one and two are mirror images of each other. Each unit features a centrally located open</p>

	<p>nurse's station adjacent to a secure medication room. The nurse's station overlooks both the lounge and dining areas, ensuring clear visibility and effective supervision of residents. Larger lounges accommodate group activities, while smaller, quieter lounge or library spaces are centrally positioned on each floor. The dining areas on each level have a domestic-style kitchen, which adds to the homelike environment.</p> <p>The special care unit has a secure entrance with forty-one beds across two separate wings. One wing has 20 beds, and the other has 21 beds. Each wing has a big lounge for activities, a small lounge (for a quieter atmosphere), a dining area, and an outdoor space. The nursing station is situated centrally between the wings, with an adjacent secure treatment room. The corridors are easy to navigate with visible cues for toilets and residents' rooms.</p> <p>The serviced apartments span three floors and are built around a central atrium, creating an open and connected layout. A central nurse's station is located on Level one, equipped with its own treatment room. The rooms are generously sized to support rest home-level care. A large lounge and dining area provide comfortable communal spaces for big or small group activities.</p> <p>All resident bedrooms have ensuites, are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents can manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed.</p> <p>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. The gardens and grounds are well-maintained and have seating and shade, and safe walking pathways.</p> <p>The service has no current plans to build or extend the care centre; however, a consultation arranged by Ryman head office would ensure aspirations and identity of Māori would be reflected, should any build or major alterations occur. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in its preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency.</p> <p>A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 10 November 2019. The staff orientation programme includes fire and security training. Fire evacuation drills are conducted every six months; it is embedded in the annual training programme. A record of attendance was sighted for the training conducted on 23 and 29 April 2025.</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 (nearly 4000 litres for the care centre), continence products, and a generator. Emergency lighting is available and is regularly tested. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate. 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. Residents and family/whānau confirmed that staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. The dementia unit is secure. External doors are automatically locked at predetermined times, and entry is by electronic fob. 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 that 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 antimicrobial stewardship (IPAS) is an integral part of the organisation’s business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The infection prevention and antimicrobial SharePoint page was developed and implemented as a reference for the IPAS programme within the organisation. Staff can access the latest policies, procedures and guidelines related to antimicrobial stewardship, infection precautions, outbreak management, healthcare-associated infections, IPAS surveillance and reports. Advice on IPAS matters can also be sought from the Ryman IPAS nurse specialist, regional operations manager, general manager operations, group clinical care manager (RN), local infection control specialist team at Public Health, and liaising with the GP and NP.</p> <p>The Village IPAS committee consists of the village manager, resident services manager, clinical manager (who is the infection prevention coordinator [IPC]) and unit coordinators. Village IPAS meetings are held every two months and minutes were sighted for April, June and August 2025. Infection rates are presented and discussed at IPAS and staff meetings. The IPAS lead at the head office has access to the facility’s infection data. Any significant events are managed using a collaborative approach and involve the infection prevention coordinator (IPC), the senior management team, general practitioner and nurse practitioner. There is a documented pathway for reporting IPAS concerns to the governance body. Outbreaks are escalated in a timely manner to the senior management team, regional operations manager, group clinical care manager, and IPAS nurse specialist.</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>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 is reviewed annually by the IPAS lead at Ryman head office, and was last completed on 15 May 2025. In addition, the programme is updated when there are updated recommendations, such as during a recent outbreak of influenza-like</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>illness.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Ryman's head office in consultation with the IPAS lead. Policies are available to staff. The facility IPC job description outlines the responsibilities of the role relating to infection prevention and control matters and antimicrobial stewardship. The IPC has completed induction into the role of IPC and attends regular webinars for IPCs within Ryman. The service has access to a national IPAS nurse specialist at the head office.</p> <p>The IPC described the outbreak management plans used to manage the current and previous, and any possible future outbreaks within the facility. The IPC monitors the effectiveness of education and infection control practices and has oversight of internal audits related to infection prevention and environmental cleaning.</p> <p>The IPC has input in the procurement of consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources, including PPE were sighted and these are regularly checked against expiry dates. The IP resources were readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has IP information and hand hygiene posters in te reo Māori. The clinical team works in partnership with Māori residents and whānau for the protection of culturally safe practices in IP and acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system.</p> <p>Infection prevention is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and PPE competencies. Resident education occurs as part of the daily cares.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance team at Ryman's head office. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials is promoted. The clinical team work in collaboration with the NP, GP, and the pharmacist to monitor antibiotic use. The quantity of antibiotic usage is monitored two-monthly. Staff, residents and family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored, and the IPC reported that any adverse effects will be reported to the GP and NP. The AMS programme is evaluated annually.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at two-monthly infection control committee meetings and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service incorporates ethnicity</p>

		<p>data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed with corrective actions for areas of improvement. Communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>Since the last audit, there have been five outbreaks of infection: gastroenteritis in May/June 2025 (affecting eight hospital residents, one hospital staff and one rest home staff); Covid-19 in June/July 2025 (affecting 25 hospital residents, five hospital staff and one kitchen staff); influenza-like illness in July 2025 (affecting 10 special care unit residents and one special care unit staff); influenza-like illness in August 2025 (affecting four hospital residents and no staff); and norovirus current during the audit (affecting 16 hospital residents and 1 hospital staff). All outbreaks were appropriately notified to Public Health, where required and escalated within the organisation. Documentation of the outbreaks shows the policy and procedures were followed and staff received extra training in isolation precautions, PPE use, cleaning, catering and laundry.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with the manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each floor when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they carried out their duties on the days of the audit. There are sluice rooms in each area and a sanitiser with a stainless-steel bench and separate handwashing facilities. Eye protection and other PPE were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>All laundry is completed on site. There are dedicated laundry staff on duty each day. There is a clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to</p>

		<p>residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and the linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The IPC oversees the implementation of the cleaning and laundry 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>Ryman's operations team and governance demonstrate a commitment toward eliminating restraint, as evidenced in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint must be completed in partnership with family/whānau. The choice of device must be the least restrictive possible. At any time, if restraint were to be considered, the facility would work in partnership with Māori, to promote and ensure services are mana-enhancing. At the time of the audit, the facility was restraint-free.</p> <p>The CM is the restraint coordinator and confirmed that the service is committed to providing services to residents without the use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications, and if appropriate, strategies are in place for residents and staff education needs.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. The clinical governance committee also monitors the use of restraint through their group clinical indicator reporting.</p>

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, 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 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments</p>	<p>CI</p>	<p>The planned review of falls incidents and the analysis of data in 2024, led to intentional and specific review of processes to reduce fall rates. The involvement of care staff, education, resources and updated plans of care ensured the reduction in falls and improved outcomes for residents in the special care unit. Monthly (and more often if indicated) observations such as weight and vital signs are completed. 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>In August 2024, the service identified an increase in falls in the special care unit, up to 14.39 per 1000 bed nights, above the threshold group average of 11 per 1000 bed nights. A project was implemented with the objective of reducing the falls rate below the threshold group average.</p> <p>The following actions were implemented: daily staff feedback and review of call bell reports; a review of the mobility section of all care plans to confirm appropriate falls prevention measures and equipment were appropriate for those at high risk of falls; hourly intentional rounding; collaboration with the physiotherapist for targeted strategies for residents with high falls risk; allocation of a ‘lounge caregiver’ to actively engage residents in lounge; emphasis and increase</p>

<p>are an ongoing process and that any changes are documented.</p>			<p>in staff education on falls prevention; identifying and managing pain; encouraging resident participation in the Triple A exercise programme to support strength and balance; monitoring sleep patterns (as poor sleep can increase daytime falls); managing distressed behaviours and responding swiftly to distressed behaviour; and providing walking groups.</p> <p>The project was reviewed at monthly intervals by analysing and discussing fall trends during staff and management meetings, and using monthly clinical indicator reports to track progress, identify patterns and share findings with the team. New sensor mats were purchased, intentional rounding was increased, the staff ensured timely assessments for changes in level of care for residents with declining mobility and health, and there was ongoing review of Coombes falls assessments to identify those at high risk, and ensure appropriate falls prevention strategies were in place.</p> <p>The falls rate dropped below the threshold in September 2024 and has remained below the threshold since. Currently the falls rate in the special care unit in June 2025 was 9.75 per 1000 bed nights, with the group average being 12.2, and in August 2025, the falls rate in the special care unit was 6.65 with the group average.</p>
<p>Criterion 3.6.4 A documented transition, transfer, or discharge plan, including current needs</p>	<p>CI</p>	<p>The service developed and introduced a QR code system to gather feedback when a resident is transferred to the hospital. The QR code is attached to a transfer bag, which contains personal</p>	<p>This initiative demonstrates robust application of the principles of partnership, participation, and protection. It evidences a clear learning cycle from complaint to review, corrective</p>

<p>and risk mitigation, shall be developed in collaboration with the person and whānau and the accepting service provider.</p>	<p>belongings that the residents identified as important to bring with them when transferred to the hospital. This is documented in the resident profile and is reviewed and discussed with the resident and their family/whānau on six-monthly care plan reviews. Transition planning is embedded in the development and review of care plans.</p> <p>Care planning: Resident personal items for hospital transfer are discussed and documented during care plan reviews, updated six-monthly with residents and whānau.</p> <p>Feedback: Nineteen QR code surveys were completed in 2025. Results showed:</p> <p>Question 1 (functionality/design): 16% very satisfied, 84% satisfied.</p> <p>Question 2 (efficiency/experience): 16% very satisfied, 84% satisfied.</p> <p>Question 3 (suggestions): Feedback highlighted that the bags enhanced resident dignity, ensured all items were included, and supported hospital staff in receiving residents prepared.</p> <p>Qualitative comments: Included “These bags have made a real difference to residents’ experience” and “Very convenient for both residents and receiving staff.”</p> <p>Hospitalisation data:</p> <p>2023: 197 transfers; average hospital stay 9.7 days. 2024: 191 transfers; average hospital stay 7.5 days. 2025: 123 transfers; average hospital stay 7.5 days.</p> <p>Complaints: No complaints have been received related to hospital transfers since implementation.</p> <p>Outcome:</p>	<p>action, implementation, and evaluation. The integration of QR code feedback provides a sustainable quality improvement tool, supporting ongoing monitoring.</p> <p>The implementation of the hospital transfer bag system, combined with QR code feedback, represents a measurable and sustainable continuous improvement initiative. It has directly enhanced resident dignity, whānau engagement, communication with health partners, and efficiency of hospital transfers, with demonstrable positive impact on clinical outcomes and resident experience.</p>
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End of the report.