

Miriam Corban Retirement Village Limited - Miriam Corban Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Miriam Corban Retirement Village Limited

Premises audited: Miriam Corban Retirement Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 9 January 2026 End date: 9 January 2026

Proposed changes to current services (if any): This partial provisional audit was undertaken to assess the provider's readiness to reconfigure 11 special care unit (dementia) beds to rest home level of care, thereby reducing the special care unit capacity from 31 to 20 beds, and to convert 19 serviced apartment care suites, previously certified for rest home care, to dual-purpose use.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

Executive summary of the audit

Introduction

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

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

General overview of the audit

Miriam Corban Retirement Village is part of the Ryman Group and provides hospital (including geriatric and medical care), rest home, and dementia-level care services for up to 101 residents. At the time of the audit, 55 residents were receiving care, including six residents supported in the service apartments.

A partial provisional audit was undertaken to assess the provider's readiness to reconfigure 11 special care unit (dementia) beds to rest home level of care, thereby reducing the special care unit capacity from 31 to 20 beds, and to convert 19 serviced apartment care suites, previously certified for rest home care, to dual-purpose use.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard, NZS 8134:2021. The audit process included the review of documents, observations, and interviews with the regional operations manager, regional clinical lead, clinical manager, resident services manager, and staff.

The village manager is supported by a clinical manager (registered nurse), unit coordinators, a resident services manager, and a team of experienced staff. Organisational oversight and support are provided through the Ryman support office, including a general manager of operations, a quality manager, a regional clinical lead, and the Ryman Board.

This partial provisional audit identified improvements in relation to hot water temperature monitoring.

Ō tātou motika | Our rights

Not Audited.

Hunga mahi me te hanganga | Workforce and structure

The governing body is committed to delivering high-quality services in the care delivery process. An experienced village manager is in this role and is well supported by the senior management team.

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 2025- 2026 includes a mission statement, purpose, values, direction, scope, and goals.

An established quality and risk management system focuses on improving service delivery and care outcomes. The current staff are adequate to address the required cultural and clinical needs of the current residents. Sufficient staffing is in place to support the reconfigured special care unit (dementia beds), and the conversion of 19 serviced apartment care suites, previously certified for rest home care, to dual-purpose use.

The transitional rosters have been developed in readiness. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. Staff can access New Zealand Qualifications Authority (NZQA) approved health and well-being courses.

Ngā huarahi ki te oranga | Pathways to wellbeing

There are documented policies and procedures for medicine management, including administering pro re nata (PRN) and short-course medications. All staff who administer medication have completed relevant training and are currently competent in medication administration. All medicines are stored safely and securely. There is a medication self-administration policy with clear guidelines for use when required.

The existing food control plan, and food safety policy, will continue to be used. Processes are in place to identify individual residents' dietary needs and preferences.

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

The service is clean and well-maintained. Electrical and biomedical equipment has been checked and assessed as required. Internal areas are accessible and safe. External areas have shade and seating provided and meet the needs of the residents. Staff have been trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, understood emergency and security arrangements and maintained security.

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

The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes appropriate to the service's size and complexity. An experienced and trained infection control coordinator (clinical manager) leads the programme.

Staff demonstrated good principles and practices around infection control. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances are well managed, and safe and effective laundry services were available.

There was an infection outbreak reported since the previous audit.

Here taratahi | Restraint and seclusion

A non-restraint policy is applied by the organisation. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There were no restraints in use at the service.

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	11	0	1	0	0	0
Criteria	0	39	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Ryman Miriam Corban Retirement Village (Miriam Corban) is a Ryman Healthcare facility located in Henderson, Auckland. The care centre opened in May 2024. There are 101 certified beds (71 beds in the care centre and up to 30 across the 50 serviced apartments). This partial provisional audit was undertaken to assess the provider’s readiness to reconfigure 11 special care unit (dementia) beds to rest home level of care, thereby reducing the special care unit capacity from 31 to 20 beds, and to convert 19 serviced apartment care suites, previously certified for rest home care, to dual-purpose use. Of these 19 dual purpose beds, nine are on level two and ten on level three.</p> <p>The 71-bed care centre is situated across three levels. All 40 beds within the hospital (geriatric and medical) and rest home services are certified for dual-purpose care, with 20 rooms located on level two and 20 rooms on level three.</p> <p>Two special care units (dementia) are located on level one (ground floor), comprising one 20-bed unit and one 11-bed unit, for a total of 31 special care beds. This partial provisional audit included verifying the reconfiguration of the 11-bed dementia unit to rest home services. Thereby reducing the special care unit capacity from 31 to 20 beds.</p> <p>There are 50 serviced apartments across levels two and three, with 25</p>

	<p>serviced apartments on each level. Of these, 36 serviced apartments are currently certified as suitable for rest home-level care and a further 14 serviced apartments, located adjacent to the two dual-purpose units (seven on level two and seven on level three), are certified as dual-purpose care.</p> <p>This partial provisional audit also included verifying 19 serviced apartments (nine are on level two and ten on level three) of the current 36 rest-home certified serviced apartments, as suitable to provide dual-purpose level care.</p> <p>With the reconfiguration overall 101 bed numbers remain the same with the following reconfiguration. 71-bed care centre (40 dual-purpose beds, 11-bed rest home unit, 20-bed dementia unit). There are 50 serviced apartments (17 rest home level and 33 dual-purpose level). The service will continue only having up to 30 residents assessed for rest home or hospital level of care occupying the serviced apartments at any one time.</p> <p>At the time of the audit, there were 55 residents in the dual-purpose beds, including 31 hospital-level residents and six (6) rest home-level residents. There were 18 residents in the 20-bed dementia unit and no residents in the 11-bed unit.</p> <p>The Miriam Corban Retirement Village FY26 “plan on a page” is aligned to the Ryman strategic direction and reflects the organisation’s values and philosophy, including delivery of quality care, management of internal and external risks, and the opening of a new facility with a focus on sustainable financial performance. Village objectives were documented and scheduled for quarterly review, commenced at the end of October 2025.</p> <p>The board oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required.</p> <p>The village manager (non-clinical) has previous leadership experience within Ryman and has held the village manager role at Miriam Corban for over two years. The village manager is supported by a clinical manager (CM) with extensive nursing experience and a resident services manager (non-clinical). There is a quality and risk management plan updated as required and at least annually.</p>
--	--

		The Clinical Governance Committee (CGC) is a subcommittee of the board. It monitors the villages' performance and assists the board in discharging its responsibilities. The CGC members are Ryman Board members and Senior Ryman Leadership team members.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A review of a sample of incident forms revealed that events were fully completed, investigated, and supported by documented action plans, with evidence of timely follow-up. The clinical manager demonstrated awareness of Severity Assessment Code (SAC) reporting requirements, including SAC1 and SAC2. Five SAC2 notifications had been completed in line with protocol. These related to three falls with fractures, one suspected deep tissue pressure injury, and one fall resulting in the death of a resident following transfer to the hospital.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	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 (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Caregivers reported that there has been adequate staff at the service. Rosters from the past four weeks showed that all shifts were covered by experienced caregivers, with support from the clinical and management team. The regional operations manager reported that sufficient staffing was in place to support the reconfigured rest home beds and the conversion of the rest home serviced apartments to dual-purpose beds. Review of the roster provided evidence of appropriate staff coverage to meet service delivery requirements. The proposed roster for the reconfigured rest home beds included three caregivers allocated across morning, afternoon, and night shifts, with clinical oversight provided by the registered nurse in the adjacent special care unit.</p> <p>The regional operations manager reported that additional staffing would</p>

	<p>be implemented as required to meet resident needs and the funder's staffing requirements.</p> <p>The regional operations manager reported that additional caregivers from the current staff would be allocated to support the conversion of the rest home serviced apartments to dual-purpose beds, with further staffing implemented as required to meet service needs.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The resident services manager 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; Te Tiriti o Waitangi; nutrition and hydration; infection prevention and control; urinary tract infections; wound care; acute deterioration; abuse and neglect; pressure injury prevention; safe medicine management; restraint minimisation; first aid; and fire evacuation.</p> <p>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. There were 33 caregivers employed, of whom 12 had achieved NZQA Level 4 qualifications. Fourteen caregivers regularly worked in the special care units. Of these, three had achieved the required dementia standards, and 11 were enrolled and working towards completion of the qualification.</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 hand hygiene, manual handling, wound management, medication, and insulin competencies. At the time of the audit, there were 16 registered nurses, including the clinical manager. Seven had completed interRAI training (including the clinical manager). Staff have completed online training that covers Māori health development, cultural</p>
--	--

		diversity and cultural awareness, safety and spirituality training that support the principles of Te Tiriti o Waitangi.
<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>	FA	<p>All new staff are police-checked, and referees are contacted prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Eleven staff files were reviewed: clinical manager, resident services manager, two registered nurses, three caregivers, one senior lead chef, one kitchen hand, one laundry, and one activities coordinator.</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 Council, 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 to work practices and orientation to the environment, including emergency management.</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>	FA	<p>Medication management practices were reviewed and found to be safe and aligned with legislative requirements. Medications were administered by registered nurses and medication-competent caregivers. Evidence was sighted that staff complete annual medication competency assessments. Allergies were clearly documented, and resident photographs uploaded to the electronic medication management system were current. Eye drops were dated on opening. Indications for use were noted for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes.</p> <p>The medication management system outlined processes for prescribing, dispensing, administration, review, reconciliation, and error reporting. Review of medication policies and procedures, along with the process described by the clinical manager, evidenced that approved protocols were being followed. Medications were stored securely in medication trolleys, locked treatment rooms, and cupboards. There is a designated</p>

		<p>medication room where medication will be stored in the special care unit. Medication administration records were maintained.</p> <p>Medications were supplied by a contracted pharmacy. The general practitioner reviews of medications occurred three-monthly, in collaboration with the registered nurse and the resident and, where appropriate, family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services were appropriately managed. Meals were prepared and cooked on site in a well-equipped kitchen. The kitchen was overseen by a lead chef, supported by two chefs, two cooks, three kitchen assistants, and two dining assistants. Review of staff records evidenced that all kitchen staff held recognised food safety qualifications, and training records aligned to the food control plan were sighted.</p> <p>Food was prepared in accordance with recognised nutritional guidelines for older people. The food control plan expires 9 May 2026. On the days of the audit, the kitchen environment was observed to be clean, orderly, and well-equipped, with specialist equipment available as required. Kitchen staff were observed following appropriate infection prevention and control practices during food preparation and service. Residents received the support they needed and were given enough time to eat their meals in an unhurried fashion.</p> <p>Residents' nutritional requirements were assessed on admission in consultation with the resident and, where appropriate, family/whānau. Review of nutritional assessments evidenced that individual food preferences, allergies, intolerances, special diet requirements, cultural preferences, and texture-modified needs were identified and documented. Dietary information was made available to kitchen staff through a kitchen folder and a summary displayed on the kitchen whiteboard.</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</p>	PA Low	<p>The certificate of public use (CPU) was issued on 3 November 2025 and is current to 24 February 2026. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely</p>

<p>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>with mobility aids in their respective wings.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The service employs a team of four maintenance officers on a full-time basis who work seven days a week. Certified tradespeople carry out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>Special Care Units (SCUs):</p> <p>The ground floor comprised two special care units (dementia level of care), one with 20 beds and one with 11 beds. Each unit has access to its own communal areas and secure outdoor space. This partial provisional audit was conducted to verify the provider's preparedness to reconfigure 11 dementia beds to rest home level of care. All resident rooms were reviewed and found to be suitable for their intended purpose.</p> <p>The two units share a centrally located nurses' station. Each unit has its own lounge and dining area. The dining rooms included small kitchenettes, enabling residents to access snacks and drinks. A quiet room was available within the 20-bed special care unit. Resident bedroom doors were differentiated by colour. The environment provided ample space for residents to move freely and safely. Access to the units was via an external entrance foyer and a secure entry into each dementia unit. The regional operations manager reported that the door to the 11-bed special care unit can be secured in an open position to allow residents unrestricted access to the lounge and dining areas.</p> <p>Handrails were installed in ensuites, and corridor ledges were in place. All resident rooms and communal areas supported the safe use of mobility equipment. The special care units were fitted with the Austco security system, including sensor lighting in resident rooms. The sensor lights activated based on resident movement at night and were linked to the security system, with the capacity to alarm if a resident did not return to bed within a set time. Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These were operational on the day of the audit.</p> <p>A documented roster was in place to ensure supervision of the lounge</p>
---	--

	<p>areas. Closed-circuit monitoring supported the supervision of residents in long corridors and outdoor areas. The units were well-lit with ample natural light from large windows.</p> <p>The SCU is fitted with carpet tiles, with vinyl surfaces in bathrooms, toilets, and kitchen areas. Adequate storage space was available for mobility equipment. Access to the nurses' work and computer office is provided via the nurses' station, which is located adjacent to the open-plan dining and lounge areas of the two units. This design supported resident freedom of movement and enabled staff to supervise and monitor residents throughout the day in a discreet and non-intrusive manner.</p> <p>Dual-purpose unit (levels two and three)</p> <p>The dual-purpose wings are located on levels two and three. Each level comprised 20 dual-purpose beds, with lounges, dining rooms, and a centrally located nurses' station, and resident rooms positioned on either side. Each dining room included a kitchenette that enabled residents to independently access drinks. A library and a quiet room were available. Balconies are accessed from the lounges and were fitted with 1.5-metre fencing.</p> <p>All dual-purpose rooms are single occupancy with ensuite facilities. The resident rooms are of sufficient size to meet assessed needs and support safe manoeuvring of mobility equipment around the bed and within personal spaces. Bedrooms can be personalised. Sufficient communal toilets were available for residents, with separate toilet facilities provided for staff and visitors. Privacy systems were installed in toilet areas.</p> <p>Lifts are available between floors and can accommodate ambulance stretchers. All dual-purpose bedrooms within the care centre were suitable to support residents requiring either rest home or hospital-level care. External areas and balconies accessible to residents included seating, shade, and raised garden beds or potted plants.</p> <p>Serviced Apartments</p> <p>Serviced apartments are located across levels two and three and were supported by well-positioned lifts and sitting areas within the hallways. There were seven serviced apartments on level two and seven on level</p>
--	--

		<p>three adjacent to the care centre, which were verified as dual-purpose. This partial provisional audit was conducted to verify the provider's preparedness and the suitability of changing 19 previously rest home-certified serviced apartment care suites to dual-purpose use. All resident rooms were reviewed and found to be suitable for their intended purpose.</p> <p>Thermostatically controlled electric heating was installed, and residents can independently control the temperature within their rooms. The facility is non-smoking. Each resident room has at least one external window. On the day of the audit, the environment was observed to be well-maintained and at a comfortable temperature.</p> <p>An improvement is required to ensure that corrective actions are implemented when temperatures are below or above the recommended ranges.</p>
<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>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible to staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. The Fire and Emergency New Zealand service approved a fire evacuation plan that was in place and is currently in effect. A trial evacuation drill was performed on 28 October 2025. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, incontinence products, a generator, and a gas BBQ to meet the requirements of the residents, including rostered staff. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of caregivers hold current first aid certificates. There are first aid-trained staff</p>

		<p>members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officer checks monthly. Call bell audits were completed as per the audit schedule. An automated external defibrillator is located at reception, and all staff receive training in its use.</p> <p>Appropriate security arrangements were in place. The dementia unit is secure. The resident services manager reported that 24-hour security services were provided by an external contractor, with scheduled overnight checks undertaken across the village, including the care centre. External doors and gates were programmed to automatically lock at predetermined times.</p> <p>Emergency procedures are explained to residents and, where appropriate, family/whānau on admission. Residents and family/whānau are informed of the process for alerting staff when access to the facility is required after hours. A visitors' policy and associated guidelines were available to support resident safety and well-being.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The Infection Prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked to 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 in May 2025.</p> <p>The clinical manager reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and</p>

<p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>reviewed monthly. The data, which includes ethnicity data, is collated in the electronic record management system, and action plans are implemented. The HAIs being monitored included infections of the skin, eyes, and respiratory tract.</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. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Staff followed documented policies and procedures for the management of waste and infectious and hazardous substances. Chemicals were clearly labelled with manufacturer information and stored in locked areas. Cleaning trolleys were stored in locked cleaners' rooms on each floor when not in use. Safety data sheets and product information were available. Approved sharps containers that met hazardous substances regulations were in place. Personal protective equipment, including gloves, aprons, face shields, masks, and eye protection, was available. Staff were observed wearing appropriate PPE while carrying out their duties on the days of the audit.</p> <p>Each area was equipped with a sluice room, which included a sanitiser, stainless steel bench, and separate handwashing facilities. Cleaning staff interviewed were able to describe their roles and responsibilities and confirmed they had received training in the use of colour-coded cleaning equipment and correct chemical dilution. The facility was observed to be clean throughout.</p> <p>Staff records evidenced completion of chemical safety training. Cleaning and laundry processes were monitored for effectiveness through the internal audit programme and resident and family/whānau feedback. Housekeeping staff interviewed demonstrated an understanding of infection prevention and control practices.</p> <p>All laundry services were provided on-site. Two laundry staff are rostered daily until 4.00 pm. Clear separation was observed between clean and soiled laundry areas. Personal laundry was returned to residents in named baskets. Adequate space was available for linen</p>

		<p>storage. Linen cupboards were well stocked, and linen was observed to be in good condition. Cleaning and laundry services were monitored through the internal audit system. Washing machines and dryers were regularly checked and serviced. The infection prevention and control lead oversaw the implementation of cleaning and laundry audits.</p> <p>The infection control coordinator provide support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint elimination and safe practice policies and procedures stated the service's commitment to providing a restraint-free environment wherever possible. This commitment was supported by the governing body, management, nursing team, and staff. At the time of the audit, there was no use of restraint within the service.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Training is planned annually.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	Records of hot water temperature monitoring were completed, and these indicated results outside the recommended ranges. There was no evidence of corrective actions taken to address these variances.	Records of hot water temperature monitoring indicated results outside the recommended ranges.	<p>Ensure hot water temperatures are below 45 degrees.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.