

# William Sanders Retirement Village Limited - William Sanders Retirement Village

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	William Sanders Retirement Village Limited
<b>Premises audited:</b>	William Sanders Retirement Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 13 January 2026      End date: 14 January 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	113



# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarua | 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
Yellow	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
Red	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

William Sanders Retirement Village is a Ryman Healthcare facility, which provides hospital (geriatric and medical), dementia, and rest home levels of care for up to 112 residents in the care centre, and up to 30 (rest home level) residents in the serviced apartments. On the day of audit, there were a total of 113 residents.

This surveillance audit was conducted against a subset of 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 resident and staff records; observations; and interviews with residents, family/whānau, management and staff.

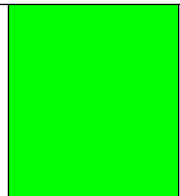
There have been no changes to management since the last audit. A clinical manager, the resident services manager and a team of caregivers and registered nurses support the village manager. There are various groups in the Ryman support office who provide oversight and support to village managers, including a quality manager and regional operations manager.

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 are in place to provide staff with appropriate knowledge and skills to deliver care.

The three shortfalls identified at the previous audit related to complaints process, resident care planning, and medicine management and administration have been addressed.

This audit identified that the service meets the standard with no shortfalls identified.

## 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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William Sanders Retirement Village has a Māori health plan. The service works collaboratively to embrace, support and encourage a Māori view of health and provide high-quality and effective services for residents. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations and ensure that residents are well informed in respect of these.

Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints management process is implemented as per policy.

## Hunga mahi me te hanganga | Workforce and structure

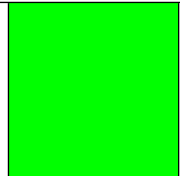
Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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William Sanders Retirement Village is implementing their quality and risk management programme. There is a comprehensive health and safety system in place with identified health and safety goals.

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

Staff employed are provided with orientation and ongoing support through training. There is an extensive training programme within the service with comprehensive records retained electronically. Staff coverage is maintained for all shifts.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general and nurse practitioners and visiting allied health professionals.

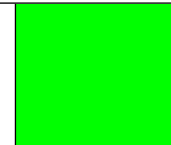
Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medication complete education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and were reviewed at least three-monthly by the general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

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

All residents' transfers and referrals are coordinated with residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

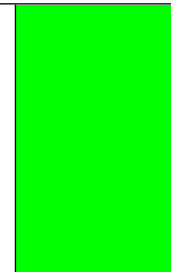


Subsections applicable to this service fully attained.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

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

The infection surveillance programme is implemented. Surveillance of all infections is reported on a monthly infection summary, and action plans are implemented. This data is monitored and analysed for trends, monthly, six monthly and annually. There have been outbreaks reported on since last audit.

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

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership &amp; Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at William Sanders Retirement Village. The village manager (VM) reported during interview that they can access cultural support and guidance from a cultural advisor and have connections with kaumatua at the local marae. At the time of the audit there were both residents and staff who identified as Māori, and they support the service in implementing the principles and ensuring recognition of the importance of tāngata Māori.</p> <p>Seventeen staff (seven registered nurses, one enrolled nurse, six caregivers, one chef, one housekeeper and one maintenance person); and three managers, (village manager, clinical manager and the resident services manager), interviewed confirmed that they have completed training related to cultural safety and can discuss applying the principles of Treaty of Waitangi into the support they provide.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>Ryman New Zealand has a health plan for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented. At the time of the audit there were both residents and staff that identified as</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>Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>The service has Pacific linkages through their Pasifika staff with Pacific community groups relevant to residents' preferences and needs.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Resident and family/whānau meetings provide a forum to discuss any concerns.</p> <p>Eight residents (three rest home and five hospital) and seven family/whānau (two rest home, four hospital and one dementia) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The professional boundaries policy is implemented. Ryman has a zero-tolerance approach to racism/discrimination. The service also aligns and follows the Ryman Code of Residents Rights which supports the 'consumer' to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Training around bullying and harassment is held annually.</p> <p>A staff code of conduct/house rules is discussed during the new staff's induction to the service and is signed by the new staff. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents have enduring power of attorney for finance and wellbeing documented in their files. Residents in the dementia unit have enacted enduring power of attorney documents in their files (sighted). Residents</p>

		<p>have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed agreement. The service implements a process to manage residents' comfort funds.</p> <p>Interviews with residents and families indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for relevant vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision, as with the residents in the dementia unit. Consent forms for residents in the dementia unit were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardian.</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</p>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The village manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. William Sanders Retirement Village has an up-to-date complaint register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been two complaints made in 2024, two in 2025 and nil year to date for 2026. A review of the complaint register showed that all complaints were managed in accordance with the HDC Code. All concerns were</p>

<p>escalate complaints in a manner that leads to quality improvement.</p>		<p>addressed promptly. Three of the four complaints were closed off to the satisfaction of the complainant and resolution was documented. This is an improvement upon the previous audit, and the partial attainment relating to HDSS:2021 # 1.8.3 has been satisfied.</p> <p>The HDC complaint related to communication and end of life care, which was referred to in the previous audit remains open. The service continues to wait for the outcome from the HDC in relation to this.</p> <p>Residents, and families/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings and six-monthly family/whānau meetings. Interviews with the management team confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process works equitably for Māori and support is available. There is an understanding that face to face meetings with family/whānau are preferred in resolving any issues for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>William Sanders Retirement Village is a Ryman healthcare retirement village. They are certified to provide rest home, hospital (geriatric and medical), and dementia levels of care for up to 142 residents. This includes thirty serviced apartments that are certified to provide rest home level care: 36 beds in the special care (dementia) unit and seventy-six dual purpose beds in the care centre providing rest home and hospital levels of care. There are no double or shared rooms.</p> <p>At the time of the audit there were 113 residents in total; 33 residents receiving dementia level of care; 46 hospital level of care including one on Accident Compensation Corporation (ACC) funding and three on respite; and 34 rest home level of care including three residents in the serviced apartments and two on Accident Compensation Corporation (ACC) funding.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the general operations managers, who reports to the chief operating officer who is a member of the senior executive team. The senior executive team report to the chief executive officer, who reports to the Board. A range of reports are available to managers through electronic systems to include all clinical, health and safety, and human resources. Reports are sent from the village managers to the general operations manager weekly. Dashboards on the</p>

	<p>electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the general operations manager.</p> <p>There is a clinical governance structure in place with terms of reference that is appropriate to the size and complexity of the service provision. As per the terms of reference of the clinical governance committee, they review and monitor audit results, complaints, consumer survey results, mandatory reporting requirements, and clinical indicators for all villages including William Sanders Retirement Village. Reporting of risk is another key report communicated to the board by the senior leadership team. The board monitors performance of the company, with reports written quarterly. The senior leadership team for Ryman and the wider leadership team meet regularly to discuss key performance indicators, including quality and risk.</p> <p>The Board, senior executive team, and general managers approve the Ryman organisational annual business plan. From this, the regional teams develop objectives, and the individual villages develop their operational objectives. The Ryman business plan is based on Ryman values, including (but not limited to) excellence, teamwork, and communication. William Sanders Retirement Village objectives for 2025 – 2026 (plan on a page) are documented and have been reviewed quarterly as sighted on the day of the audit with progression towards completion and ongoing work documented at each review.</p> <p>The Māori health plan is developed in partnership with iwi and community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti partnership and equality. The Ryman Quality Auditor who has a Taha Māori focus consults with other teams within the business to assist in identifying barriers for Māori, and to improve policy and processes so that they are equitable and inclusive. Reports are sent to the board and senior executive leadership team to address inequity as appropriate. A culture and equity resource, and a share point page are being developed. Feedback has been sought from team members and kaumatua.</p> <p>William Sanders Retirement Village is managed by an experienced village manager with a health background who has been in the role for two and a half years. They are supported by a resident services manager (non-clinical) and a clinical manager who has been with Ryman for over five years and has been in the role since October 2023. A regional clinical support manager, operations manager, and Ryman Christchurch (head office)</p>
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		<p>support the management team.</p> <p>The village manager and clinical manager have completed training in excess of eight hours over the last year related to management of an aged care facility, including (but not limited to) Ryman Leadership course, leaders forum, influenza and vaccination, anti-microbial stewardship, clinician to manager training, end of life and symptom management, regional hospice forums, privacy, Tiriti o Waitangi, and cultural safety related training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>William Sanders Retirement Village is implementing their quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed at the head office, where the data is benchmarked within the organisation, and results are shared in staff meetings. A range of meetings are held monthly, including full facility meetings, health and safety, infection control, and registered nurse meetings. Discussions with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred were reviewed through the head office in a meaningful way to identify trends and learnings that could be used to affect change or influence practice.</p> <p>There are monthly Team Ryman (quality/management) meetings and weekly manager meetings. Discussions include (but are not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Audit and inspection outcomes were reviewed, and required corrective action was followed up, showing service improvements. Internal audits were completed as scheduled, and outcomes show a high level of compliance with the Ryman policies and procedures. Any areas that required improvements were followed up, and the audit was repeated, ensuring that the quality loop was closed.</p> <p>William Sander Retirement Village has village' specific objectives that include focus on revenue, occupancy, roster stability, reduction in clinical indicators such as falls and efficiency in operations. Progress towards achieving these goals is monitored monthly, three monthly and annually.</p> <p>Residents and relatives' surveys are undertaken annually. The 2025 results</p>

		<p>were analysed, and a summary report was shared with staff, residents, and family/whānau. Following this report, focus areas related to food, activities, communication, housekeeping, and laundry were identified and the service continues to work on these with evidence documented in the meeting minutes sighted. Survey results from residents indicated a rise in the net promoter score (NPS) up thirty-three points to a score of +10. . Survey results from family/whānau indicated a rise in the NPS from -17 to -8. Feedback from residents and family/whānau on the day of the audit demonstrated satisfaction with services provided.</p> <p>There is a comprehensive health and safety system in place with identified health and safety goals. The health and safety committee meets monthly with a wide range of topics covered including work related risks, opportunities for improvements, and topics related to staff, residents, and visitors' wellbeing. The hazard registers detail the risk and how each risk is mitigated and controlled. These are reviewed annually (last reviewed July 2025) and were up to date with risks currently in the service.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handovers. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse (RN).</p> <p>Discussions with the clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> <p>The service is focused on achieving Māori health equity, identifies external and internal risks and opportunities, including potential inequities, and has developed a plan to respond to them. The management team confirmed that William Sanders Retirement Village is focussed on building and maintaining partnerships within their community and with kaumatua.</p>
Subsection 2.3: Service management	FA	There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This

<p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>defines staffing ratios to residents. Rosters implement the staffing rationale. William Sanders Retirement Village employs a total of one hundred staff in various roles. Staffing rosters were sighted, and there are staff on duty to meet the resident's needs. The clinical manager is an experienced registered nurse with a current practising certificate who works full time. There is support from four unit-coordinators (rest home, hospital, dementia, and serviced apartments) who stagger their roster across a seven day a week schedule/roster. The clinical manager and the unit coordinators share on call after hours for all clinical matters. The maintenance person is available for maintenance and property related calls. The village manager is available on call 24/7 for any operational concerns.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by residents interviewed. Staff interviewed stated the staffing levels are satisfactory, and that the management team provide good support. There is 24/7 RN cover.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior caregivers and registered nurses have current medication competencies. A significant number of staff maintain current first aid certificates so there is always a first aider on site. The training programme included clinical trainings on different subjects, and training around the Code, infection control, restraint elimination, staff wellbeing, aging promotion and dementia related subjects, safe medication management, te reo Māori, tikanga Māori, Te Tiriti o Waitangi, infection prevention and control and outbreak management. Training also included residents' wellbeing, promotion of health, and managing valuables and cash. Staff interviews and documentation review confirmed high participation and attendance.</p> <p>William Sander Retirement Village supports all staff to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. Staff completed related competencies and were assessed as per policy requirements. Fifty-two of the sixty-three permanent caregivers have achieved NZQA level 3 or above. There are 29 caregivers who work in the dementia unit; twenty have completed the required dementia unit standards and nine are enrolled and in the process of completion. The nine caregivers</p>
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		<p>are within the 18-month period.</p> <p>There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. The service employs nineteen registered nurses (including the clinical manager) and one enrolled nurse. Thirteen registered nurses are interRAI trained. The registered nurses and enrolled nurses have access to clinical training sessions and maintain syringe driver competencies.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored from the e-learning platform. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioner, nurse practitioner, pharmacists, physiotherapists, dietitians, and podiatrists. The appraisal policy is implemented, and all staff files reviewed have an annual appraisal completed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident files were reviewed: three hospital resident files including one on a respite and accident compensation corporation (ACC); two rest home resident file; and two dementia resident files. The registered nurses (RNs) are responsible for all residents' assessments, care planning, and evaluation of care. Care plans are based on data collected during the initial nursing assessments and interRAI assessments. All residents excluding the respite and ACC resident had an interRAI assessment.</p> <p>Initial assessments and myRyman long-term care plans were completed for all residents, detailing needs, and preferences within 24hours of admission. The individualised myRyman long-term care plans (LTCPs) are developed</p>

	<p>with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss and interventions are integrated into the long-term plans. Resident care is evaluated on each shift and reported at handover and in the electronic progress notes. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments or when there is a change in the resident's condition. The partial attainment identified at the previous audit related to HDSS:2021 #3.2.5 has been satisfied. All residents in the dementia unit who have challenging behaviour, have this clearly outlined in the care plan with interventions to deescalate their challenging behaviours. Evaluations are documented by an RNs and include the degree of achievement towards meeting desired goals and outcomes. Residents and family/whānau interviewed confirmed assessments are completed according to residents needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed when there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have ongoing reviews by the GP or NP within required timeframes and when their health status changes. The GP and NP visit three days a week and as required. Medical documentation and records reviewed were current. The GP and NP were unavailable for interview at the time of audit. There is an afterhours service which is available to support William Sanders Retirement Village after hours, weekends and public holidays. A physiotherapist visits five days a week (Tuesdays and Fridays). They are supported by a physiotherapist assistant who also works daily from Monday to Friday. There is access to a continence specialist as required. A private podiatrist visits regularly, and a dietitian, medical specialists, and wound nurse specialist are available as required.</p>
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		<p>An adequate supply of wound care products is available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a referral made to a wound nurse specialist. The facility has a dedicated wound champion (clinical manager) who reviews all chronic wounds monthly. At the time of the audit, there was one unstageable pressure injury. The pressure injuries have been regularly reviewed by the wound champion.</p> <p>The progress notes are recorded and maintained in the integrated electronic records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of electronic monitoring charts are available for the care staff to utilise. These include (but are not limited to) monthly blood pressure and weight monitoring, bowel records, and repositioning records. Staff interviews confirmed that they are familiar with the needs of all residents in the facility and have access to the necessary supplies and products to meet those needs. Staff receive handover at the beginning of their shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed could describe their role regarding medication administration. The service currently uses individual medication dose packs and an electronic medication system. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in all the facility medication rooms. The medication fridge and medication room temperatures are monitored daily. All stored medications are checked weekly. Eyedrops are dated on opening.</p>

		<p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for 'as required' medications. The effectiveness of 'as required' medications was consistently documented in the electronic medication management system and progress notes. Safe prescribing practices were evidenced. The partial attainment identified at the previous audit related to HDSS:2021 #3.4.1 has been satisfied. There are residents self-administering medications at time of audit. Facility had policy and procedures in place including completing three monthly self-administration competency assessments for residents, and safe storage. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies and cultural preferences. The chef interviewed was able to describe the menu choices available, with residents and family/whānau interviewed confirming the kitchen team accommodate residents' requests. There is a verified food control plan which expires 9 May 2026.</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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures to ensure that the discharge and transfer of residents are undertaken in a timely and safe manner. Family/whānau are involved for all discharges and transfers from the service. The registered nurses interviewed explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer</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>		<p>documentation.</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>There is a current building warrant of fitness (expires 26 November 2026). The building is well maintained. Maintenance requests are completed online. The maintenance person checks online several times a day and signs off when repairs are completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated in September 2025. Electrical tagging was completed in April 2025. The RNs and caregivers interviewed stated they have adequate equipment to safely deliver care for residents using rest home, hospital, or dementia level care. Residents interviewed stated that the environment was warm and comfortable.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists and these comply with relevant legislation and accepted best practice. The infection control officer is a registered nurse. They are supported by the clinical manager. Along with the expertise from the Ryman head office, the infection control officer advises staff on the management of infection control issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols. The infection prevention and control, and Antimicrobial Stewardship (IPAS) programme, and associated policies were reviewed annually by the Ryman infection control specialist.</p> <p>Staff have received education in infection control at orientation and through</p>

		<p>ongoing annual online education sessions. A review of staff training records evidenced that staff mandatory infection control and prevention training was up to date with a high number of staff completing the training. Additional staff education around the prevention and management of infectious outbreaks and for infections of concern has been completed. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance program is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. An infection control manual provided by an external provider is used as reference for best practice around infection control. Advice around infection control matters is also sought from Ryman head office, local infection control specialist in Regional Public Health and by consulting with the general practitioner or nurse practitioner.</p> <p>Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity.</p> <p>To support infection prevention, audits are regularly conducted, covering areas such as cleaning, laundry, use of personal protective equipment (PPE), and the procedures for donning and doffing PPE, as well as hand hygiene practices. Where necessary, corrective measures are taken. Staff are kept up to date on infection rates and outcomes of regular audits during staff meetings, with evidence documented in the minutes of these meetings.</p> <p>There have been Covid-19 outbreaks (October and December 2024; January and February 2025), and gastroenteritis related outbreaks (August 2024; January and December 2025). All the outbreaks were documented, well managed, debrief completed and reported appropriately. Evidence of effective communication with staff, residents, family/whanau, and visitors was sighted with all the outbreaks.</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 facility is committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator is a registered nurse, supported by the clinical manager. The clinical manager described the facility's focus as being on restraint elimination, and this is also the focus of the organisation. If restraint has to be considered, the restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing.</p> <p>There were no restraints at the time of the audit. There is a restraint register in place. Restraint is discussed at staff, RN and quality meetings and is included in the monthly report to head office. An annual review of restraint is completed by head office. All staff have annual restraint training and restraint competencies. Maintaining a restraint-free environment and de-escalation techniques are included as part of the orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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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
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End of the report.