

Shona McFarlane Retirement Village Limited - Shona McFarlane Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Shona McFarlane Retirement Village Limited
Premises audited:	Shona McFarlane Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 December 2025 End date: 17 December 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	77

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
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

Shona McFarlane Retirement Village is a Ryman Healthcare facility, that provides hospital (geriatric and medical) and rest home levels of care for up to 78 residents in the care centre, and up to 20 rest home level residents in the serviced apartments. On the day of audit, there were a total of 76 residents in the care centre, and one resident in a serviced apartment.

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

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

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

The certification audit identified two shortfalls related to complaints management and care planning.

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.

Some subsections applicable to this service partially attained and of low risk.

Shona McFarlane Retirement Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is 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. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Shona McFarlane Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

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.

Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager, resident services manager and clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed monthly.

Shona McFarlane Retirement Village has implemented the quality and risk management system that is directed by Ryman support office. Quality and risk performance is reported across the various facility meetings and to the organisation's management team.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to, or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least

six-monthly, or sooner due to change in health status. Resident files included medical notes by the general practitioner, nurse practitioner, and visiting allied health professionals.


The activities programme meets the individual needs, preferences, and abilities of the residents, with separate activities calendars for the rest home and hospital. The activities and lifestyle team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. All medication charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

All food and baking are prepared and cooked on site. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents interviewed responded favourably to the food that is provided. A current food control plan is in place.

Discharge and transfers are coordinated and planned.

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

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

Appropriate training, information and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. At least one staff member trained in resuscitation skills and first aid is always on duty. The appropriate security measures are undertaken.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation, and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

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

The service has a robust pandemic and outbreak management plan in place. Outbreak response procedures are included to ensure screening of residents and sufficient supply of protective equipment. A Covid-19 outbreak reported since the last audit was managed effectively.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is a registered nurse. There are no restraints used. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	166	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata Māori (cultural heritage). The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Shona McFarlane Retirement Village. The village manager reported during interview that they can access cultural support and guidance from a cultural advisor. At the time of the audit there were staff who identified as Māori, who support the service in implementing the principles and ensuring recognition of the importance of tāngata Māori. There were no residents who identified as Māori at the time of audit.</p> <p>The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying Te Tiriti o Waitangi principles and enabling residents and their family/whānau to direct their care in the way they choose. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their family/whānau are enabled.</p> <p>Interviews with three managers (the village manager, clinical manager and general manager operations) and twenty-one staff (five registered</p>

		<p>nurses (including two unit coordinators), nine caregivers, two activities and lifestyle coordinators, resident services manager, lead chef, two housekeepers, and one laundry staff) described examples of providing culturally safe services in relation to their role.</p> <p>Interviews with the village manager identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service accesses online training that covers Māori health development, cultural diversity and cultural awareness, safety and spirituality training, which support the principles of Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Ryman New Zealand has a health plan for Pacific residents. At the time of the audit there were residents that identified as Pasifika. On admission all residents state their ethnicity, which is recorded in their individual files. The unit coordinators and registered nurses advised that family/whānau members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The village manager confirmed how they support staff that identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. At the time of the audit there were staff who identified as Pasifika. The service has Pacific linkages through their Pasifika staff, with Pacific community groups relevant to residents' preferences and needs. Pacific staff interviewed confirmed management are supportive and use their skills within the team to share worldviews of Pacific people with staff and residents.</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-</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</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Four residents (three rest home and one hospital) and six family/whānau (one rest home and five hospital) interviewed stated they felt their rights are upheld and they are treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents are respectful. Caregivers and registered nurses interviewed described how they support residents to choose what they want to do, and be as independent as they are able. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy, as indicated for Māori residents. Clinical staff described their awareness of how to support Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports health and wellbeing.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Caregivers interviewed described how the rosters are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the Ryman e-learning portal. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to kaumātua, tikanga Māori (Māori Culture), best practice and providing services for Pacific Elders and other ethnic groups. Ryman delivers training that is responsive to the diverse needs of people accessing services, that includes (but is not limited to): sexuality/intimacy; informed consent; the Code; intimacy and consent; abuse and neglect; advocacy; spirituality;</p>

		<p>cultural safety; and tikanga Māori.</p> <p>The spirituality, counselling and chaplaincy policy is in place and is understood by care staff. The caregivers and registered nurses described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused, with resident and family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, and resident life experience's identity map. This information forms the foundation of the resident's care plan. Cultural assessments were evident on files reviewed. Electronic myRyman care plans identified resident's preferred names. MyRyman cultural assessment information naturally weaves through care planning. There were no residents who identified as Māori at the time of audit. Staff interviewed demonstrated an understanding of how to respond to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</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</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Ryman have 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. Policies reflect</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service, and is signed by the new employee. 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. The abuse and neglect of the elderly policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness, and were aware of how to escalate their concerns.</p> <p>Residents have enduring power of attorney for finance and wellbeing documented in their files as needed. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing, and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family members is of a high standard.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Two-monthly resident meetings and six-monthly relative meetings identify feedback from residents and consequent follow up by the service. Family/whānau interviewed explained they are well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if</p>

<p>people who use our services and effectively communicate with them about their choices.</p>		<p>family/whānau have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who were unable to communicate in English. Caregivers interviewed confirmed the use of staff as interpreter's, family members, cue cards and picture charts.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services (eg, dietitian, speech and language therapists, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The unit coordinators and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau interviewed stated they receive appropriate timely notification to attend.</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</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed, which evidenced signed consent forms. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent.</p> <p>The admission agreements are appropriately signed by the resident or</p>

<p>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>		<p>the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. 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.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support, when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the HDC Code of Health and Disability Services Consumers' Rights (the Code), informed consent, and enduring power of attorney, as part of orientation and mandatory training.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>The organisational complaints policy is documented and aligns with and reflects the principles of the Code and is in accordance with the HDC Code of Health and Disability Services Consumers' Rights. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented, and investigated within the required timeframes.</p> <p>Concerns and complaints are discussed at relevant meetings. Eight complaints have been received across 2025. The complaints reviewed evidenced acknowledgement of the lodged complaint, and an investigation and communication with the complainants, except one complaint related to the contracted general practitioner service. The 2024 complaint records showed a register; however, information pertaining to acknowledgement, investigation, and close out was incomplete.</p> <p>Staff interviewed reported that complaints and any resulting corrective actions are discussed at meetings. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible on</p>

		<p>noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication, and working in partnership with family/whānau through the process.</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>Shona McFarlane Retirement Village is a Ryman Healthcare retirement village, located in Wellington. They are certified to provide rest home (excluding dementia) and hospital (geriatric and medical) levels of care for up to 98 residents. This includes 78 dual purpose beds in the care centre, and 20 serviced apartments that are certified to provide rest home level care.</p> <p>At the time of the audit there were 77 residents in total, including one resident in the serviced apartments receiving rest home level care. The Sunflower rest home unit has 38 beds, with 37 rest home residents. There are two hospital units: Tulip south and Tulip north, with a total of 40 beds and 39 hospital residents on the day of audit. There was one rest home resident in a serviced apartment. There were two residents (one rest home, one hospital) on an accident compensation corporation (ACC) agreement. There are no double/shared rooms. One married couple were in single rooms.</p> <p>Ryman Healthcare is based in Christchurch. Village managers' report to the general operations manager, 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 electronic systems provide a quick overview of performance measures around key performance indicators (KPIs). The village manager presents weekly reports to the general operations manager. A dedicated Nau Mai Haere Mai Māori cultural resource SharePoint page, has been developed with internal</p>

	<p>and external collaboration, including kaumātua support to the Board.</p> <p>The Board oversees all operations, from construction to village operations. There is a clinical governance committee focusing on the clinical aspects of operations and includes members from the Board. Board members are given an orientation to their roles and to the company operations. All Board members are already skilled and trained in their role. The clinical council sits under the clinical governance committee and comprises of managers that are subject matter experts, leaders from the clinical, quality and risk teams, and includes members of the senior leadership team. Terms of reference are available; this also contains the aim of the committees. As per the terms of reference of the clinical governance committee, they review and monitor, among others, audit results, resident satisfaction, complaints, mandatory reporting requirements, and clinical indicators for all villages. Training as part of an ongoing process ensures competence with Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>All members of the Board have completed these training sessions. Senior leadership team and Board members have received training in the mihi whakatau process. Ryman’s Māori engagement strategy also includes objectives for developing learning modules specifically designed to meet the needs of the Board and Governance team. The quality auditor incorporates cultural interactions and events to provide training on correct protocols and customs. Ryman has an initiative to improve the care plan template, and has implemented consultation with residents and family/whānau input into reviewing care plans and assessment content to meet residents’ cultural values and needs. Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Shona McFarlane can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</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. Shona McFarland objectives for 2025-2026 include</p>
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		<p>(but are not limited to) reduce falls and disturbing behaviour, and enhance the activities programme. Organisational goals relate to the overall satisfaction of the service. Shona McFarlane's objectives are reviewed monthly, with progression towards completion and ongoing work documented at each review.</p> <p>Ryman Healthcare's key business goals are embedded throughout all processes, from the Board through to village, and construction sites. Policy, procedure, and training/education resources ensure that these are embedded in all practices and day-to-day operations. The organisation has reviewed all policies to ensure they align with the Ngā Paerewa Standard. Service performance is monitored through clinical indicators, surveys, staff incident reporting, audit results, complaints, and resident and staff input through feedback and meetings. All of this is discussed/reviewed from the Board level to the village level, with corrective actions being filtered through all committees at all levels. Ryman invites local communities to be involved in their villages around the country.</p> <p>The village manager has been in the role for eighteen months. She is supported by a clinical manager, who has been in the role for thirteen months, and a resident services manager, who has worked at Shona McFarlane Retirement Village for seventeen years. The management team is supported by the general manager operations and Ryman Christchurch (support office). The village manager and clinical manager have completed more than eight hours training over the last year related to management of an aged care facility, including Ryman Leadership course, Tiriti o Waitangi, and cultural safety.</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</p>	<p>FA</p>	<p>Shona McFarlane Retirement Village is implementing the Ryman quality and risk management programme. Quality goals are documented and progress towards quality goals has been reviewed and evaluated with progress documented regularly at management and full facility meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve services through quality initiatives. Ryman have a cultural navigator/Kaitiaki who works with the Board. This</p>

<p>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>person ensures that organisational practices from the Board through to village operations improve health equity for Māori. Staff at Shona McFarlane Retirement Village have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>A range of meetings are held monthly, including full facility, management, health and safety, infection control, and clinical meetings. There are weekly managers meetings. Discussions include (but are not limited to): quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); staffing; and education.</p> <p>Internal audits, meetings, and collation of data are documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and data trends are posted in the staffroom. The corrective action log is discussed at managers/quality meetings to ensure any outstanding matters are addressed, with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level. The 2025 resident and family/whānau satisfaction survey showed an overall satisfaction with the service delivery. Quality improvements were completed related to food services. The outcome of the satisfaction surveys, including areas of quality improvements, are discussed with management, staff, family/whānau and residents.</p> <p>Shona McFarlane Retirement Village implements a continuous quality improvement approach with service delivery, including critical review of clinical data and benchmarking and identifying opportunities for improvement. Quality improvement projects are documented for reduction in incidents related to falls and distressed behaviours which continue to be progressed. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff. A health and safety system is in place with identified health and safety</p>
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		<p>goals. The health and safety representative interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted.</p> <p>A hard copy of the current risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. Ryman have implemented the Donesafe health and safety electronic system, which assists in capturing reporting of near misses and hazards. Reminders are set to ensure timely completion of investigation and reporting occurs. This system also includes meeting minutes. The internal audit schedule includes health and safety, maintenance, and environmental audits. All resident's incidents and accidents are recorded on the myRyman resident management system, and data is collated through the electronic system. The 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 management and full facility meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed, and Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC) since the previous audit. HQSC notifications related to five resident falls resulting in a fracture. There has been one outbreak related to Covid-19 since last audit, which was appropriately reported.</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</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works Monday to Friday, the clinical</p>

<p>person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>manager works Tuesday to Saturday, and the resident services manager works Sunday to Thursday. Unit coordinators ensure there is seven days cover, with at least one senior clinical staff on site. The unit coordinators and clinical manager share on call after hours for all clinical matters. The village manager is on call 24/7 for any non-clinical concerns. The maintenance lead is available for maintenance and property related calls.</p> <p>There are separate staff dedicated to laundry, cleaning, recreation, maintenance, and food services. Review of the previous two-week roster provides sufficient and appropriate coverage for the effective delivery of care and support to meet the needs of the service. There is a registered nurse on each shift.</p> <p>The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. The service contacts own staff and those on the casual pool to cover short notice absences. Any absences and sick leave are covered by extending working hours through mutual agreement with staff, or use of the casual pool of staff. There is use of agency staff if required. There were no staff shortages reported at the time of the audit. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner. On the days of the audit, staff were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. The serviced apartment call system is linked to their pagers. Residents and family/whānau interviewed reported that there are adequate staff numbers.</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. Registered nurses, senior caregivers, caregivers, activities and lifestyle staff, and van drivers have a current first aid certificate.</p>
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<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>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Eleven staff files reviewed (clinical manager, unit-coordinator, three registered nurses, activities coordinator, maintenance personnel, chef and three caregivers) evidenced implementation of the recruitment process, employment contracts, police vetting checks, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator). A register of</p>

		<p>practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, physiotherapist, pharmacist, and podiatrist.</p> <p>All staff who had been employed for more than 12 months have an annual performance appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme is tailored specifically to each position and monitored from the e-learning platform. All staff files reviewed had completed orientation records. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling programme (OCP).</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Information associated with residents and staff are retained electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored on site for two years, then transferred to an off-site secure location to be archived for ten years. Records are easily retrievable when required. The village manager is the privacy officer at Ryman Shona McFarlane. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected.</p>

		The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as requiring rest home or hospital level care. Service authorisations were on file for those residents under accident compensation corporation (ACC) fundings. Prior to entry, residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. Family/whānau and residents interviewed stated the staff provide clear, accessible information and foster a respectful, responsive entry process, and commitment to equity, inclusion, and the wellbeing of the residents they serve.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service.</p> <p>To date the facility has not declined entry; however, if a prospective resident does not meet the entry criteria, they would be referred to NASC, and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry.</p> <p>The clinical manager confirmed that Māori health practitioners and traditional Māori healers are consulted for residents and family/whānau who may benefit from these interventions, when required. At the time of the audit there were no residents who identified as Māori.</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</p>	PA Moderate	The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Nine resident files were reviewed: five hospital level of care and four rest home level of care, including two residents on respite ACC funding (one hospital and one

<p>my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>rest home level care). Initial assessments and care plans are developed with the residents or enduring power of attorney (EPOA) and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include (but not limited to) those related to nutrition; pain; transfer and mobility; falls; skin; continence; pressure injury risk; cultural; behaviour; social wellbeing; and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies. A specific cultural assessment has been implemented for all residents.</p> <p>The individualised electronic long-term care plans (MyRyman) are developed with information gathered during the initial assessments and the interRAI assessment. Initial interRAI assessments have been completed within three weeks of admission for all the residents, except for residents on respite ACC funding. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans (LTCP) are holistic and individualised to meet the preferences of the resident and are reflective of the interRAI and other nursing assessments, however, not all carried out interventions as prescribed by the general practitioner (GP), nurse practitioner (NP) or allied health, are documented in the care plan. Staff interviewed, progress notes and observation of care evidenced that care has been provided according to the instruction of the GP/NP and other allied health providers. LTCP sections include personal history and social wellbeing; mobility; continence; activities of daily living; nutrition; pain management; sleep; sensory and communication; medication; skin care; cognitive function and behaviours; resident identity and cultural awareness; spiritual; sexuality; intimacy; social; and cultural activities.</p> <p>There are policies and procedures for use of short-term care plans for issues such as infections, weight loss, and wounds, with sign off when resolved or updated to the long-term care plan.</p> <p>Interview with the clinical manager and registered nurses confirmed that a Pasifika ola manuia (wellness) care plan is completed for any residents who identified as Pasifika, to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The registered nurses interviewed, described removing barriers so all residents have access to information and</p>
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	<p>services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The service has a contract with a local medical practice that provides a GP and NP who each visit the facility at least weekly, and provide on-call cover after hours. The initial medical assessment is undertaken by the contracted GP/NP within the required timeframe following admission. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The NP interviewed stated that there was good communication with the service, and the registered nurses demonstrated good assessment skills, and they were informed of concerns in a timely manner. A physiotherapist visits the service three times a week (nine hours per week), and reviews residents referred by the registered nurse and GP/NP. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services, including (but not limited to) speech language therapist, wound care specialist, dietitian, and continence specialist nurse available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes, and all communication is linked to the electronic system (including text messages and emails) and automatically uploaded. Family/whānau interviews and resident records evidenced that family/whānau are also informed where there is a change in health, including infections, accidents/incidents, medical reviews and visits, and medication changes.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Wound assessments include photos and wound measurements. There were seventeen active wounds (thirteen in the hospital unit and four in the rest home unit). The wounds reviewed included a surgical wound, lesions, skin tears, abrasions, diabetic and chronic ulcers, and pressure injuries (three stage II, one stage III and a suspected deep tissue). A severity assessment code (SAC) report was completed for</p>
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	<p>the stage III pressure injuries. There was evidence of referrals to wound nurse specialist, with input and recommendations incorporated into the wound management plans. When wounds are due to be dressed, a task is automated on the registered nurse daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring has occurred as planned in the sample of wounds reviewed. The wound champion follows up all wounds to ensure that all considerations to improve wound healing are considered.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP/NP. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurses have added to the progress notes when an incident or changes in health status occurred.</p> <p>Registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. The electronic myRyman system triggers alerts to staff when monitoring interventions are required. Caregivers complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; visual checks, weight; food and fluid; repositioning charts; and blood glucose levels.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Caregiver interviews confirmed they are familiar with the needs of all residents in facility and that they have access to the supplies and products they require to meet those needs. Neurological observations have routinely been completed for</p>
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		<p>unwitnessed falls, or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team consists of three (rest home, hospital and service apartment) activity and lifestyle coordinators, an activities assistant, and a roster of volunteers (including a van driver). Each unit has a designated activity and lifestyle coordinator, with the activity assistant providing support across both the rest home and hospital areas on allocated days. The hospital-based coordinator holds a recognised Diversional Therapy (DT) qualification, while the second coordinator (rest home) is currently working towards achieving this qualification.</p> <p>A monthly activities programme is developed for each unit; printed copies are distributed to all residents. The programme for the day is on the noticeboards in each unit. The programme is delivered five days per week (Monday to Friday), with resources made available to support resident-led activities during weekends. Residents have the choice of a variety of Engage activities in which to participate, including (but not limited to): triple A exercises; breathing exercises; meditation; board games; quizzes; music; reminiscing; sensory activities; crafts; and walking groups. Joint activities were organised for residents to meet other residents in other areas. The rest home resident in the serviced apartment can choose to attend the serviced apartment or rest home activity programme. Those residents who prefer to stay in their rooms or who need individual attention, have one-on-one visits to check if there is anything they need and to have a chat. The village has a van</p>

		<p>available for scheduled outings.</p> <p>The service ensures that their staff support Māori residents in meeting their health needs, aspirations in the community, and facilitates opportunities for Māori to participate in te ao Māori through cultural weaving, te reo Māori lessons, poi, and active links with the community.</p> <p>There are various denominational church services held in the care facility weekly. There are regular entertainers visiting the facility (occasionally scheduled on weekends). Special events like birthdays, St Patrick's day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and themed days are celebrated.</p> <p>Residents have an activity assessment (life experiences) completed over the first few weeks following admission that describes the resident's past hobbies and present interests, career, and family/whānau. Resident files reviewed identified that the activity plan (incorporated into the myRyman care plan) is based on this assessment. Activity plans are evaluated at least six-monthly, at the same time as the review of the long-term care plan. Residents can provide feedback through resident and relative meetings and annual surveys.</p> <p>Residents and family/whānau interviewed expressed satisfaction with the activities offered.</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>Shona McFarlane Retirement Village has policies and procedures in place to support safe medication management, all of which meet current legislative requirements. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and caregivers interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration.</p> <p>The facility uses an electronic medication management system,</p>

	<p>alongside blister packs for both regular, short course, and "as required" medications. Upon delivery, all medications are checked against the resident's medication chart, and any discrepancies are promptly reported to the pharmacy. Paper charts are utilised for residents on respite care and prescribed and administered medications are aligned with the policy and procedures.</p> <p>Medications are stored securely in a designated medication area and in locked trolleys. A monitoring system is in place for regular medication room and fridge temperatures checks, and records show this has been consistently maintained. Systems are in place to regularly check medication stock for expiry dates and quantity. Eye drops and topical creams are labelled with opening dates.</p> <p>A total of eighteen medication charts (fourteen electronic and four paper charts) were reviewed. These confirmed that the GP/ NP review each resident's medication chart every three months, and that a respite resident had a recent medical review prior to admission. Each chart includes a photo for identification and allergy status consistently recorded. Over-the-counter medications are prescribed and charted electronically.</p> <p>Five residents were identified as self-administering medications. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Safe storage for these medications is provided in each resident's room (sighted on the days of the audit).</p> <p>"As required" medications are administered by staff deemed competent in medication management, with effectiveness consistently documented in the electronic medication system and in residents' progress notes. All administered medications are signed off by the responsible caregiver or registered nurse.</p> <p>There are no vaccines stored on site. The service does not use standing orders.</p> <p>Residents and their family/whānau are kept informed of any medication changes, including reasons for the change and possible side effects. These discussions are documented in the progress notes. The clinical manager and registered nurses also described how they work collaboratively with Māori residents and their family/whānau to ensure culturally appropriate support is provided. This includes timely access</p>
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		to advice, prioritisation of treatment, and a focus on achieving equitable health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is prepared and cooked on site in a very well-appointed kitchen. The kitchen is managed by a senior lead chef, assisted by two chefs and five full-time and part-time kitchen assistants. All have recognised food safety qualifications and a record of training in the food control plan was sighted. Current food handling certificates were available in staff records.</p> <p>Food is prepared in line with recognised nutritional guidelines for older people. There is an up-to-date food control plan (renewal due on 9 May 2026). On the days of the audit, the kitchen was clean and well equipped, with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in a new admission form, and in the saffron application, and a summary on a whiteboard in the kitchen. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Seasonal menu in a four-weekly cycle is utilised. The menus are reviewed annually by a dietitian and adjusted as needed to satisfy assessed nutritional need of the resident. During the audit, the meal service was observed in each area. Dining tables seat a maximum of four residents, and residents were seen to be enjoying their meals. Where needed, staff discreetly assisted residents. Residents participate in food preparation as part of the activities programme.</p> <p>Records of temperature monitoring of food, chiller, fridges, hotboxes,</p>

		<p>bain-marie and freezers are maintained. All food is placed in hotboxes and served from bain maries in the serveries in each area. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The senior lead chef attends resident meetings and visits residents individually if required, to ask what food they enjoy and endeavours to provide this. Each area has a logbook (checked weekly by the lead chef) for staff to record any dissatisfaction with the food.</p> <p>The senior lead chef reported there are menu options available, which includes menu options which are culturally specific to te ao Māori. The lead chef reported they were able to prepare and serve food according to the dietary requirements, and requests (likes and dislikes) as stated in the resident's nutritional assessment (document sighted in the kitchen). This is also included in the kitchen noticeboard to remind all kitchen staff.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility participates in the Health New Zealand 'yellow envelope' scheme (sighted) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their family/whānau were involved for all exits or discharges to and from the service. Discharge notes are uploaded to the system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services, and social support or kaupapa Māori agencies when required.</p> <p>The transfer and discharge policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, family/whānau/endorsing power of attorney, and the general practitioners. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical</p>

		<p>notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Referrals to seek specialist input for non-urgent services are completed by the general practitioners and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</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>Shona McFarlane has a current building warrant of fitness, expires on 8 March 2026. The lead maintenance works full time and is supported by the resident services manager (interviewed). On call for any after-hours (after 5 pm and weekends) maintenance issues are shared between the lead maintenance and resident services manager. Both have access to essential contractors, such as electricians and plumbers.</p> <p>The annual preventative maintenance plan comes from Ryman support office, and the lead maintenance ensures tasks are completed as per schedule (sighted for 2025 year to date). Staff can request repairs and maintenance via an electronic system that automatically alerts the lead maintenance person. The lead maintenance person signs off all requests when completed. Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances were completed in September 2025. Clinical equipment was last checked and calibrated in August 2025. Hot water temperatures are checked monthly in each area, and records show that corrective actions were completed to address the shortfalls identified when a temperature reading was outside the normal range.</p> <p>The care centre is a single storey building, which consists of a rest home wing and two hospital wings, each with its own nurse's station. The serviced apartment building (two levels) is connected to the care</p>

		<p>centre building. The rest home level resident in the service apartment is on the second level. There are stairs and a lift (spacious enough for ambulance transfer equipment). Each area has an open plan lounge/dining area. There are other lounge areas, and seating alcoves, including a library area that is available for quiet private time or visitors. Serviced apartments also have a lounge area. The communal areas are easily and safely accessible for residents and staff. All rooms and communal areas allow for safe use of mobility equipment. There is adequate internal and external space to allow maximum freedom of movement. Resident rooms in all areas have single ensuites, access to a handbasin and flowing hand soap. There are handrails in ensuites and in hallways. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows, providing natural light and ventilation. Residents can manoeuvre mobility aids around the bed and personal space.</p> <p>Resident rooms were seen to have personal items of significance displayed. There are adequate numbers of communal toilets located near the communal areas. Toilets have privacy locks. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. There are separate toilets for staff and visitors in each unit. The temperature in the units is maintained by radiator heat pumps. Heat pumps are installed in communal areas and medication rooms. Electric wall heaters are available in the serviced apartments. All hand-washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, kitchenettes and main kitchen. There are seating and shaded areas outdoors. There are raised gardens and vegetable gardens. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p> <p>The service has no current plans to build or extend the village; however, consultation arranged by Ryman support office would ensure aspirations and identity of Māori would be reflected, should any build or major alterations occur.</p>
Subsection 4.2: Security of people and workforce	FA	Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil

<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>defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by the New Zealand Fire Service on 20 August 2024. Fire evacuation drills are conducted every six months; the latest drills were completed in May and November 2025. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food and water supplies. This is sufficient for twenty litres per person, for three days. There is a large generator on site to run essential services if required. Emergency lighting is available and is regularly tested. An automated external defibrillator is located at reception and staff receive training on how to use it.</p> <p>Registered nurses, senior caregivers, activities and lifestyle coordinators, and van driver have a current first aid certificate. The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell and/or a pendant. Call bells are checked as part of the maintenance preventative plan. Residents and family/whānau confirmed staff respond to call bells promptly.</p> <p>Appropriate security arrangements are in place. There is 24-hour security provided by an external provider, with scheduled checks overnight for the village, including the care centre. External doors are automatically locked at predetermined times. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service. Security cameras are located at the village entrance, car park and reception area in the facility.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention & Antimicrobial Stewardship (IPAS) Governance policy was updated in January 2025, which refers to a set of commitments and actions that the village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use." Advice around infection prevention and control matters are sought via Ryman's IPAS Nurse Specialist (RN), regional operations manager and general operations manager, group clinical care manager (RN), and local infection control specialist team at Public Health, and liaising with GPs.</p> <p>The Infection Prevention and Antimicrobial Stewardship (IPAS) governance committee structure consists of organisational and village committees. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee. The IPAS Advisory Committee report to the clinical governance committee, who are advisory to the Chief Executive Officer and Ryman Healthcare Board.</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control, 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 into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the infection control specialist. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, pandemic and outbreak management, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control support lead</p>

	<p>(IPCL) has a signed job description. The IPCL is the clinical manager, who has completed additional training around infection control and antimicrobial use.</p> <p>The IPAS Committee meets every two months and reviews the two-monthly trends; weekly management meetings review new infections and emergent issues. Service meetings discuss relevant policy and document changes, relevant education, data and analysis and audits, and any concerns. The village IPAS committee consists of a village manager, clinical manager, resident service manager (who looks after laundry and housekeeping), RNs, and unit coordinators.</p> <p>The service has access to a national infection control specialist. On interview, staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective clothing. The infection control audit monitors the effectiveness of education and infection control practices. The IPCL has input into the procurement of consumables and personal protective equipment (PPE). Sufficient IP resources, including PPE, were sighted and these are regularly checked against expiry dates. There are resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The IPCL conducts spot audits on hand hygiene practices six-monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.</p> <p>The IPCL stated they work with Māori residents, in partnership with them and their whānau, for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The policies and procedures require that the infection control specialist would be involved, should there be any changes or refurbishment of the facility. The procedures to check these are included in the internal audit system. Infection prevention and control is part of staff orientation and included in the annual training</p>
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		<p>plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There is hand sanitisers strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p> <p>There was one Covid 19 outbreak since the previous audit (December 2024), which was managed well and appropriately reported.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The Infection Prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the electronic quality risk and incident reporting system. The IPAS programme and associated policies were reviewed annually by the infection control specialist and approved by the clinical governance committee. The Village IPAS Committee reports to the IPAS Operational Team, which in turn reports to the IPAS Advisory Committee, who report to the clinical governance committee (advisory to the Chief Executive Officer (CEO) and Ryman Healthcare Board of Directors).</p> <p>The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The Ryman Medication advisory committee (MAC) works in collaboration with the Villages' IPCL, infection control specialist, general practitioners, and the pharmacists to monitor the use of antibiotics nationally. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the IPCL reported that any adverse effects are reported to the infection control specialist and general practitioners.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection control surveillance is discussed at two-monthly infection control committee meeting and staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service incorporates ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The infection control lead (clinical manager) described the outbreak management plan in place to manage the previous Covid-19 outbreak within the facility. Outbreak management plans and post outbreak meetings were evidenced.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms on each unit when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these, as they performed their duties on the days of audit. Eye protection wear and other PPE were available. There is a sluice room and a sanitiser with stainless steel bench and separate handwashing facilities. Staff have completed chemical safety training. Cleaning and laundry services are monitored through the internal auditing system, and resident and</p>

		<p>family/whānau feedback.</p> <p>All laundry is completed on site. There are two laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control lead oversees the implementation of the cleaning and laundry audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy confirms the organisations commitment to restraint minimisation. Staff are guided to practising in a manner that ensures that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, there were no residents using restraints.</p> <p>Interview with the restraint coordinator (a registered nurse (the unit coordinator in the hospital wing), confirmed that the service is committed to providing care to residents without use of restraint and will only consider restraint as a last resort, when all alternatives have been trialled. The service has managed to maintain a restraint-free environment through ongoing staff education; liaising with the activity coordinators for resident engagement in activities; discussions with residents and family/whānau on admission, and as needed during the multi-disciplinary team meetings; and discussions of alternatives with staff during meetings, including strategies to manage distressed behaviours and interventions to reduce falls.</p> <p>The use of restraint (if any) would be reported in the clinical, quality meetings, and in a monthly restraint summary, which is shared with Ryman support office. A restraint approval committee meets six-monthly to review any restraint events, policy and procedure updates (meeting minutes sighted), and training. Maintaining a restraint-free</p>

		<p>environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p> <p>Seclusion is not used.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>Complaint records since the previous audit were reviewed. Eight complaints have been received across 2025, with seven of the complaints reviewed evidencing acknowledgement of the lodged complaint, an investigation, and communication with the complainants. The 2024 complaint records showed a register; however, information pertaining to acknowledgement, investigation, and close out was incomplete.</p>	<p>The 2025 register recorded eight complaints received, and there was evidence of acknowledgement letters, and close out correspondence, except in one 2025 complaint relating to the contracted GP service. The facility reported complaint information was available at head office; however, this was not sighted during the audit. A 2024 complaint register was sighted, and attempts to retrieve 2024 complaint records were made; however, records were incomplete at the time of audit.</p>	<p>Ensure complaint records are maintained that meet the Code of Health and Disability Services Consumers' Rights.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or</p>	PA Moderate	<p>The service has comprehensive policies in place to guide assessment, support planning, and care evaluation.</p>	<p>i) A resident with a fractured humerus had prescribed sling use and exercises that were not documented in the care</p>	<p>i) - iv). Ensure that all interventions implemented in</p>

<p>support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service</p>		<p>Registered nurses and enrolled nurses are responsible for completing assessments, including interRAI, developing resident-centred care interventions, and evaluating care delivery at six-monthly intervals, or earlier as residents' needs change. Assessment outcomes are intended to inform long-term care plans and guide the delivery of appropriate interventions.</p> <p>Review of nine resident files identified that four long-term care plans did not consistently document in sufficient detail, all interventions being implemented in response to assessed needs. This included omissions in documenting prescribed treatments, monitoring requirements, and contingency management. Progress notes and observations confirmed that care was being delivered in accordance with assessed needs; however, incomplete care plan documentation limited the ability to clearly demonstrate how assessment outcomes were translated into planned care. This finding relates to the completeness of documentation and does not indicate a deficit in care delivery.</p>	<p>plan.</p> <p>ii) A resident using heat pack for pain management did not have instructions or monitoring requirements documented in the care plan related to the use of this intervention as per policy.</p> <p>iii). The care plan for a resident with diabetes mellitus did not include sufficient detail to guide ongoing management (and when it fails) of blood glucose monitoring device and signs and symptoms of hyperglycaemia and hypoglycaemia.</p> <p>iv) A resident receiving continuous oxygen therapy did not have the correct prescribed flow rate documented in the care plan and signs and symptoms of hypoxia that the resident may exhibit.</p>	<p>response to the resident's assessed needs are clearly and consistently documented in the care plan.</p> <p>90 days</p>
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integration as required.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.