# Julia Wallace Retirement Village Limited - Julia Wallace 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:

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| **Legal entity:** | Julia Wallace Retirement Village Limited |
| **Premises audited:** | Julia Wallace Retirement Village |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| **Dates of audit:** | Start date: 3 February 2026 End date: 4 February 2026 |

**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:** 79

# 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 haumaru │ 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 |
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| | 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 |
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| | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
| | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Julia Wallace Retirement Village is a Ryman Healthcare facility, and provides hospital (geriatric and medical), dementia, and rest home levels of care for up to eighty-four 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 seventy-nine residents.

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

The village manager is supported by a clinical manager (registered nurse), unit coordinators, 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 quality manager and a 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.

This certification audit has identified shortfalls around implementation of the quality and risk management system, and staffing.

## Ō tātou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Subsections applicable to this service fully attained. |

Julia Wallace 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. Julia Wallace Retirement Village provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

## Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Some subsections applicable to this service partially attained and of low risk. |

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

Julia Wallace Retirement Village has a documented quality and risk management system that is directed by Ryman Christchurch. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Julia Wallace Retirement Village provides clinical indicator data for the three services being provided.

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

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| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner, nurse practitioner, and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent caregivers are responsible for administration of medicines.

The activities programme meets the individual needs, preferences, and abilities of the residents, with separate calendars for the rest home, hospital, and dementia levels of care. 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.

All food and baking are prepared and cooked on site in the centrally located kitchen. 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. There are additional snacks available 24/7. A current food control plan is in place.

Transfer between services is coordinated and planned.

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

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

The building holds a current warrant of fitness. There is a 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.

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. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The appropriate security measures are undertaken.

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

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

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. There have been outbreaks reported since last audit that were managed effectively.

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

## Here taratahi | Restraint and seclusion

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| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. | | Subsections applicable to this service fully attained. |

The restraint coordinator is a registered nurse. There was one restraint (bed rail) in use at the time of audit. 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 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) |
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| **Subsection** | 0 | 27 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 174 | 0 | 2 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| **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 |
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| Subsection 1.1: Pae ora healthy futures<br><br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>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. | FA | Ryman Healthcare recognises the importance of tāngata Māori (their cultural heritage). The Hauora Māori Plan Partnership & Te Tiriti o Waitangi policy is documented to guide practice and service provided to residents at Julia Wallace Retirement Village. Policies are developed in partnership with relevant teams, whānau representation, and cultural groups. A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including Kaumātua, Whare Creative and team members who identify as Māori is accessible to all staff. At the time of the audit there were residents who identified as Māori. There are clear processes to include tikanga in everyday practice and training for staff.<br><br>Julia Wallace Retirement Village has extensive links with local marae, kaumatua, kuia and other providers in the community. These established relationships ensure provision of guidance to the service regarding cultural practices, providing interpreting support as required as well as engagement for Māori residents in community cultural activities. Residents and family/whānau at Julia Wallace retirement village engage in providing input into the resident's care planning, their activities, and their dietary needs. The service can also access kaumatua from Health New Zealand for support and guidance. Cultural assessments are completed for residents who identify as Māori when |

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| | | admitted.<br><br>Julia Wallace Retirement Village focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The village manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at the service. 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. Julia Wallace Retirement Village evidence commitment to a culturally diverse workforce as demonstrated in the Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy.<br><br>The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available.<br><br>Interviews with 20 staff (six caregivers, five registered nurses [including two unit coordinators], one laundry staff, two cleaners, one lead maintenance, one head chef, one chef, one kitchen assistant, two activity and lifestyle coordinators), and four managers (general manager operations, village manager, clinical manager, resident services manager), and documentation reviewed described how care is based on the resident's individual values and beliefs. 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. All staff have completed training around Te Tiriti o Waitangi. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br><br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>As service providers: We provide comprehensive and equitable | FA | Ryman New Zealand has a health plan for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented which acknowledges respectful relationships, valuing families, and providing high quality health care. The service has Pacific linkages through their own staff with community activities, cultural celebrations, leaders, and church groups relevant to residents' preferences and needs. |

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| health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | | 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 would be 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. Code of Rights are accessible in Tongan, Samoan, and other Pasifika languages when required.<br><br>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. Pacific staff interviewed confirmed management are supportive and use their skills within the team to share worldviews of Pacific people with staff and residents. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. 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.<br><br>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.<br><br>Seven residents (six rest home and one hospital) and eight family/whānau (four rest home, three hospital and one dementia) interviewed stated they felt their rights were upheld and they were |

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| | | 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 were 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.<br><br>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 family/whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports health and wellbeing. |
| Subsection 1.4: I am treated with respect<br><br>The People: I can be who I am when I am treated with dignity and respect.<br>Te Tiriti: Service providers commit to Māori mana motuhake.<br>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | 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.<br><br>Ryman delivers training that is responsive to the diverse needs of people accessing services, and training provided in 2024-2025 and in the current year includes (but is not limited to): sexuality/intimacy; informed consent; the Code; consent; abuse and neglect; advocacy; spirituality; cultural safety, and tikanga Māori. 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.<br><br>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 |

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| | | respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau 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.<br><br>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, resident life experiences, and 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. The service 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. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | The professional boundaries policy is implemented. Ryman have a zero-tolerance approach to racism/discrimination. The service also aligns with the Ryman Code of Residents Rights and follows the Code, which supports the consumer to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually.<br><br>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.<br><br>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 |

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| | | 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. Residents have enduring power of attorney for finance and wellbeing documented in their files. Residents in the dementia unit have enacted enduring power of attorney documents in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability for management of resident's possessions within the resident's signed service level agreement.<br><br>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 (April 2025). 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. Family/whānau interviewed confirmed that the care provided to their family members is of a high standard. |
| Subsection 1.6: Effective communication occurs<br><br>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.<br>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.<br>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Information regarding the service is provided to residents and family/whānau on admission. Two monthly resident meetings and six-monthly family/whānau meetings identify feedback from residents and consequent follow up by the service. Family/whānau interviewed for residents in the dementia units explained they are very 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 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 |

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| | | family/whānau.<br><br>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit, all residents were able to communicate in English. Staff interviewed confirmed the use of staff as interpreter's, family/whānau, cue cards, picture charts, and online translation tools, if there were residents who could not speak English. 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.<br><br>The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services (e.g., 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. |
| Subsection 1.7: I am informed and able to make choices<br><br>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.<br>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,<br>keep well, and live well.<br>As service providers: We provide people using our services or their legal representatives with the information necessary to make | FA | There are policies implemented in relation to informed consent. Informed consent processes were 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 for entering rooms and personal care.<br><br>The admission agreements are appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in |

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| informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | | 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, as with the residents in the dementia unit (special care unit).<br><br>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 Code, informed consent, and enduring power of attorney, as part of orientation and mandatory training. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>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. | FA | The organisational complaints policy is documented. The village manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The village manager maintains an up-to-date complaints' register. Concerns and complaints are discussed at relevant meetings.<br><br>Ten complaints have been made since the last audit in March 2024 (one in 2024; six in 2025 and three year to date in 2026). The complaints reviewed evidenced acknowledgement of the lodged complaint and an investigation, communication with the complainants and outcomes to the satisfaction of the complainants. There has been one external complaint from HDC (December 2025) related to care provision. A thorough investigation was completed, communication was made with the complainant, corrective actions developed, and all the required documentation sent to HDC. The service awaits the outcome. There has been one coroner's investigation dated September 2025 which has since been closed off with no corrective action requirements for the service. An outcome letter from the coroner was received in January 2026. |

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| | | Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings.<br><br>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on 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. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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. | FA | Julia Wallace Retirement Village is a Ryman Healthcare facility located in Palmerston North. The service is certified to provide rest home, dementia, and hospital (medical and geriatric) levels of care for up to 104 beds. These include twenty serviced apartments certified for rest home level of care; twenty-one bed dementia unit (special care unit); sixty-three dual purpose beds (for rest home and hospital levels of care). There are no double or shared rooms.<br><br>At the time of the audit, there were 79 residents: 19 dementia level care; 24 rest home level care residents in the care centre including one on Accident Compensation Corporation (ACC) funding; two rest home level care residents in the serviced apartments; and 34 hospital level care, including one on Accident Compensation Corporation (ACC) funding, one on younger person with disability contract. All the other residents were under the age-related residential care (ARRC) agreement.<br><br>Ryman Healthcare is based in Christchurch. Village managers' report to the general manager operations, who report 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 manager operations weekly. Dashboards on the electronic systems provide a |

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| | | quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the general manager operations. A dedicated Nau Mai Haere Mai Māori cultural resource SharePoint page, has been developed with internal and external collaboration, including Kaumātua support to the Board.<br><br>The Board oversees all operations, from construction to village operations. Under the Board, there is a clinical governance committee focussing on supporting and enhancing the quality of Ryman's clinical performance and care and exploring new service provisions. The committee also focuses on ensuring alignment with current and emerging best clinical practices, enhancing resident experience, and exploring new innovations. The clinical governance committee 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.<br><br>Training, part of an ongoing process ensures competence with Te Tiriti o Waitangi, health equity, and cultural safety. All members of the Board have completed these training sessions. Senior leadership team and Board members have received training in the mihi whakatau process. Mauri Oho 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. The current assessment content that are used to develop care plans were reviewed by team members who identify as Māori and Pacifica to ensure cultural values and needs are met. Ryman has implemented consultation with residents and 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 |

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| | | annual satisfaction surveys, through feedback forms and meetings. These avenues allow tāngata whaikaha to provide feedback around how Julia Wallace can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.<br><br>The Board, senior executive team, and general managers approve the Ryman organisational 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. These align with the village's objectives. Julia Wallace objectives for 2025 - 2026 include (but are not limited to) those related to increasing and maintaining occupancy; improve communication with staff; review and reduce operating costs; falls reduction; and review of special care unit servery. Organisational goals relate to the overall satisfaction of the service.<br><br>Julia Wallace's objectives are reviewed quarterly, with progression towards completion and ongoing work documented at each review. Ryman Healthcare's key business goals are embedded throughout all processes, from the Board down 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.<br><br>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 down 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. The outcome of the last resident and family survey demonstrates overall improved satisfaction from the 2024 results.<br><br>The village manager at Julia Wallace Retirement Village has been in the role since October 2022. They have years of experience in business and management. The village manager is supported by a resident services manager, who has been in the role for three years. The clinical manager has between at Julia Wallace since 2020 and in the clinical manager role since 2022. The management team is |

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| | | supported by the general manager operations, and Ryman Christchurch (head office).<br><br>The village manager and clinical manager have completed training in excess of eight hours over the last year related to management of an aged care facility, including Ryman Leadership courses, recruitment, infection control, food safety, Ryman management meetings, Privacy, regional aged care meetings, Tiriti o Waitangi, and cultural safety related training. |
| Subsection 2.2: Quality and risk<br><br>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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | PA Low | Julia Wallace Retirement Village is implementing the Ryman quality and risk management programme. A strength, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Quality goals for 2024 are documented and progress towards quality goals has been reviewed and evaluated. There are SMART goals set for 2025 - 2026 being implemented and evidence of progress reviews is documented regularly at management 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 through quality initiatives.<br><br>Ryman partners with Whare Creative, who are Māori owned, supported by Kaumātua and have a Wahine founder. They support with advice on cultural support, advocacy and in an advisory capacity with a Māori world view. Ryman have leadership within the villages who identify as Māori, who provide feedback on barriers and any concerns from a Māori world view, including policy and assessment development. Reports are regularly provided to the Board and senior leadership to address inequity as required. Staff at Julia Wallace 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.<br><br>A range of meetings are held, including monthly full facility meetings, health and safety, RN meetings, two monthly infection control, and six-monthly restraint meetings. There are weekly managers/quality |

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| | | 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. Internal audits, meetings, and collation of data were documented as taking place, however corrective actions have not been documented consistently were indicated to address service improvements. Quality data and trends in data are posted in the staffroom. Data is benchmarked and analysed within the organisation and at a national level.<br><br>The 2025 resident and family/whānau satisfaction survey showed an overall satisfaction with service delivery and an increase in the level of satisfaction compared to the previous results. The relative satisfaction survey results showed a Net Promoter Score (NPS) of +37 up thirty-three from the previous survey; resident survey results showed a response rate of 18% with an NPS of +30 up thirty from the previous year. The outcome of the satisfaction surveys were not discussed with staff, family/whānau and residents.<br><br>Julia Wallace 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 resident bruises with evidence of improved outcomes for the residents.<br><br>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.<br><br>A health and safety system is in place with identified health and safety goals. The service has a health and safety committee in place with representatives from all the service areas. Two members of the committee have completed external health and safety training, and one is booked for training in February 2026. The health and safety representative interviewed confirmed that the committee maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register |

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| | | were sighted. A 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 implement 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. There have not been any serious incidents reported to WorkSafe NZ since last audit.<br><br>All resident 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/quality and full facility meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.<br><br>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. There have been three outbreaks which were appropriately reported. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br>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. | PA Low | 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 manager works Sunday to Thursday, and resident services manager works Tuesday to Saturday. The roster reviewed demonstrates that unit coordinators ensure there is seven days cover, with at least one senior clinical staff on site. The unit coordinators and clinical manager |

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| As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | | share on call after hours for all clinical matters. The village manager and resident services manager are on call 24/7 for any non-clinical concerns. The maintenance lead is available for maintenance and property related calls. There are separate staff dedicated to laundry, cleaning, recreation, maintenance, and food services.<br><br>Review of the previous two-week planned roster provides sufficient and appropriate coverage for the effective delivery of care and support to meet the needs of the service and provide culturally, and clinically safe services proportionate to the needs and number of residents on site. There is a registered nurse on each shift. 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; however, staff are not always replaced for absences and sickness leave. There is no use of agency staff. There is no evidence to show that absences and sick leave are covered by extending working hours or use of the casual pool of staff. There were no staff vacancies reported at the time of the audit. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes. Residents confirm their care requirements are attended to in a timely manner.<br><br>On the days of the audit, staff were visible and were attending to call bells in a timely manner, as confirmed by the residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, with challenges when there are absences and sick leave. The serviced apartment call system is linked to staff pagers. Residents and family/whānau interviewed reported that there are adequate staff numbers.<br><br>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.<br><br>Julia Wallace Retirement Village supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are fifty-seven caregivers in total, twenty of whom have achieved NZQA level three and above qualification. |

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| | | Seventeen staff are regularly rostered in the dementia unit (special care unit); fifteen caregivers have achieved the required dementia related unit standards and two are registered and in the progress of completing the unit standards.<br><br>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit there were eighteen registered nurses, plus a clinical manager (CM), and three unit-coordinators (UC) employed at Julia Wallace. Fourteen have completed interRAI training (including the clinical manager and three-unit coordinators). Staff have completed 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. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.<br><br>Existing staff support systems including peer support, wellbeing month, ChattR online communication application, and provision of education to promote health care and staff wellbeing. Staff interviewed report a positive work environment. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and | FA | There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. twelve staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, 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 onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint |

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| culturally safe, respectful, quality care and services. | | coordinator, infection control coordinator).<br><br>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, nurse practitioner, physiotherapist, pharmacist, dietitian, and podiatrist. All staff who had been employed for more than 12 months have an annual performance appraisal completed.<br><br>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 programmes support staff to provide a culturally safe environment to Māori.<br><br>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 (OCP) programme. |
| Subsection 2.5: Information<br><br>The people: Service providers manage my information sensitively and in accordance with my wishes.<br>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.<br>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. | FA | 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.<br><br>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 offsite secure location to be archived for ten years. Records are easily retrievable when required. The village manager is the privacy officer at |

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| | | Julia Wallace Retirement Village.<br><br>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. The service is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry<br><br>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.<br>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br>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. | FA | There is an implemented admission policy and procedure to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The village manager and clinical manager screen all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents/families/whānau at entry with specific information regarding admission to the rest home, hospital, and dementia unit. The admission information pack outlines access, assessment, and the entry screening process.<br><br>The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their families/whānau. Resident agreements contain all details required under the aged residential care contract. The nine admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement. Entry to secure dementia services is only enabled following a NASC approval. Two resident files (two as a sample from the total files reviewed of nine) from the secure dementia unit all included an enacted enduring power of attorney (EPOA) and well documented family/whānau involvement in care planning.<br><br>The village manager, and clinical manager are available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The |

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| | | service is able to collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori through a process within the power BI system. The service has developed working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents. |
| Subsection 3.2: My pathway to wellbeing<br><br>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Nine resident files were reviewed: four rest home, including one in the serviced apartments, and one on respite funded by the accident compensation corporation (ACC); three hospital level, including one young person with a disability (YPD); and two from the secure dementia unit. Registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. 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.<br><br>All residents have admission assessment information collected and an initial care plan completed within required timeframes. All interRAI assessments, re-assessments, care plans development and reviews have been completed within the required timeframes. The respite resident had a suite of nursing assessments completed which informed the initial and ongoing plan of care.<br><br>Evaluations are scheduled and completed at the time of the interRAI re-assessment. The long-term care plan (My Ryman) includes sections on 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. Risk assessments are conducted on admission relating to falls; pressure injury; continence; nutrition; skin; and pain. A specific cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments are reflected into care plans. Other available information such as discharge summaries, |

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| | | medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Care plans were goal orientated and short-term care plans (or other documented information for acute or short-term needs) were in place.<br><br>The service supports Māori and whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.<br><br>Residents in the secure dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and include strategies for managing/diversion of behaviours.<br><br>All residents had been assessed by a general practitioner (GP), or nurse practitioner (NP) within five working days of admission, who then review the residents at least three-monthly or earlier if required. The GP, and NP visit twice weekly and provide out of hours call services. The NP (interviewed) commented positively on the quality and consistency of the care provided, and also about the caring, and knowledgeable staff within the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people (MHSOP) and wound care specialist nurse is available as required through the local Health New Zealand service. The physiotherapist is contracted to attend to residents fortnightly, and there is a physiotherapy assistant on staff five days per week.<br><br>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete task lists within the progress notes on every shift. RNs document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP, NP, and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.<br><br>Residents interviewed reported their needs and expectations were |

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| | | being met. When a resident's condition alters, the RN initiates a review with the GP or NP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP and NP visits, medication changes, and any changes to health status. This was confirmed through the interviews with family/whānau.<br><br>A sample of wounds reviewed across the service (including chronic wounds, pressure injuries, skin tears, and lesions), assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed.<br><br>At the time of audit, there were two residents, one stage 2, and one stage 3 pressure injury. Wounds are reviewed weekly by the wound champion RN, and external support is available from the tissue viability service as required. This was evidenced in chronic wound, and pressure injury records reviewed.<br><br>Handovers witnessed included discussion of residents with wounds and care needed. Caregivers 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.<br><br>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; weight, food, and fluid chart; turning charts; intentional rounding; blood sugar levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities.<br><br>Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.<br><br>Long-term care plans had been updated with any changes to health |

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| | | status following the multidisciplinary (MDT) case conference meeting. Family/whānau are invited to attend the MDT case conference meeting. |
| Subsection 3.3: Individualised activities<br><br>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br>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. | FA | The service employs a team of activity and lifestyle coordinators, including full-time and part-time coordinators. Two activity and lifestyle coordinators are registered diversional therapists. The activity and lifestyle coordinators implement the activities programme in each unit, that reflects the physical and cognitive abilities of the resident groups. The programme is overseen by a group diversional therapist at Ryman head office. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These were completed within two to three weeks of admission. The service has a contracted physiotherapist who is supported by an assistant.<br><br>A monthly activities plan was posted on noticeboards, and each resident receives a copy of the activities calendar. Daily activities were written on the whiteboard. Residents are invited to activities on the schedule daily. Interested family/whānau are also given a copy of the activities calendar so that they can join as desired.<br><br>The planned activities and community connections were suitable for the residents. The activity and lifestyle coordinators reported that activities are provided separately in the three respective wings. The activities on the programme included: walks; exercises to music; pet therapy; happy hour; church services; news and views; community library visits; bingo; floor games; table games; walks; visits to places of interest and van outings; music; waiata; cooking; movies; art; and craft. There are regular outings and drives weekly for each level of care (as appropriate). Monthly resident meetings provide a forum for feedback relating to activities. Activity participating registers were completed daily. Residents were observed participating in a variety of activities on the audit days.<br><br>Engagement activities for residents in the special care unit are tailored to meet the needs of the residents. There were 24-hour activity plans, which included strategies for distraction and de-escalation, completed for residents in the special care unit. Activities are offered at times when residents are most physically active and/or restless. Each |

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| | | resident has a sensory box developed detailing the past and present activities, career, and family/whānau.<br><br>The activity and lifestyle coordinators reported that opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with Kapa haka, poi making, and harakeke weaving activities, and by celebrating national cultural events and Māori language week. Māori artwork and words were displayed throughout the facility.<br><br>EPOAs, family/whānau and residents reported satisfaction with the level and variety of activities provided. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>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. | FA | There are policies and procedures in place for safe medicine management. Medications in each unit are stored safely in a locked treatment room. Caregivers and RNs complete medication competencies. Regular medications and 'as required' medications are delivered prepackaged packs. The RNs check the packs against the medication charts, and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There were three self-medicating residents on the day of audit. Assessments, reviews, storage, and procedures relating to self-medication had been adhered to. Residents who are on regular or 'as required' medications have clinical assessments/pain assessments conducted by a registered nurse.<br><br>The service provides appropriate support, advice, and treatment for all residents. Registered nurses, the GP, and NP are available to discuss treatment options to ensure timely access to medications.<br><br>There are four medication rooms (hospital, rest home, dementia unit, serviced apartments) for which medication fridge and room air temperatures are checked daily, recorded, and were within the acceptable temperature range. Eye drops were dated on opening and within expiry date. Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP or NP had reviewed the medication charts three-monthly and discussion and |

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| | | consultation with residents takes place during these reviews and if additions or changes are made. As required (PRN) medications had prescribed indications for use. The effectiveness of PRN medication had been documented in the medication system.<br><br>Standing orders are not in use. Over the counter medications and supplements are prescribed on the electronic medication system.<br><br>Registered nurses interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.<br><br>Staff received medication training in medication management/pain management as part of their annual scheduled training programme. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food is prepared and cooked on site. The kitchen is managed by a lead chef, assisted by chefs and kitchen hands. All have recognised food safety qualifications. Food is prepared in line with recognised nutritional guidelines for older people. The custom food control plan (FCP) expires 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. Current food handling certificates were available in staff records.<br><br>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau/EPOAs. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences were available in the kitchen folder. Seasonal menu in a four-weekly cycle is utilised. The menu in use was reviewed by a registered dietitian.<br><br>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 |

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| | | residents throughout the day and night when required.<br><br>Thermometer calibrations were completed as per the FCP schedule. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. 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.<br><br>The head chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori. The menu included 'boil ups,' Māori bread and pork, and these are offered to Māori residents on special occasions when national cultural events are celebrated. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br>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. | FA | 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 local Health New Zealand 'yellow envelope' scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and their families/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. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.<br><br>The transfer and discharge policy guide staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, whānau/ EPOA, and the GP or NP. 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 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 |

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| | | planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.<br><br>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP, NP, or RNs. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer, or discharge, as confirmed by documentation and interviews. |
| Subsection 4.1: The facility<br><br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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. | FA | The facility has two levels with the care centre (rest home and hospital) on the ground level and dementia care unit and serviced apartments on the first floor. There is lift and stair access between the levels. A keypad code or fob is required to enter the special care unit.<br><br>The building has a current warrant of fitness that expires on 9 December 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective units with mobility aids. There is adequate space in the rest home and hospital units for safe manoeuvring of hoists within bedrooms and communal areas. The ensuites are spacious and safely accessible with the use of a hoist, as observed on the day of audit. There is a call bell at the head of each bed space. All ensuites have external windows to provide natural light and have appropriate ventilation and central heating. The warrant of fitness for the facility van used to transport residents for outings were current.<br><br>There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside area. Furniture is well maintained, and seating is appropriate for the residents. Residents' rooms are personalised according to the resident's preference. The environment, art and decor are inclusive of peoples' cultures and supports cultural practices.<br><br>The planned monthly preventive maintenance schedule includes |

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| | | testing and tagging of electrical equipment, resident's equipment checks, and calibrations of the weighing scales and medical equipment. The scales are checked annually. Resident hot water temperatures are checked, and records demonstrate the temperatures were below 45 degrees Celsius. Reactive maintenance is carried out by the maintenance personnel and certified tradespeople where required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.<br><br>In each level of care there are large dining and lounge areas, private areas or quiet rooms. All communal toilets have a system that indicates if it is engaged or vacant. All the washing areas have free flowing soap and paper towels in the toilet areas.<br><br>The grounds and external areas were well maintained. External areas are independently accessible for residents in the rest home, hospital, and serviced apartments. Outdoor areas have seating and shade. There is safe access to all communal areas. Residents interviewed reported they were able to move around the facility and staff assisted them when required. The dementia care unit is secure and has an internal walking area and residents have access to a safe outdoor deck with seating and shade. There is an open conservatory area has been off the lounge. The conservatory provides another area for outdoor activities.<br><br>The service has no current plans to build or extend the care centre. Taha Māori Kaitiaki employed by Ryman had consultation with local Māori providers to ensure aspirations and Māori identity were included.<br><br>Residents and family/whānau interviewed expressed a high level of satisfaction with the environment. |
| Subsection 4.2: Security of people and workforce<br><br>The people: I trust that if there is an emergency, my service provider will ensure I am safe.<br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br>As service providers: We deliver care and support in a planned | FA | Policies and procedures for fire safety, emergency planning, preparation, and response were available and known to staff. Civil 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 31 August 2007. Fire evacuation drills are conducted every six months, and these are added |

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| and safe way, including during an emergency or unexpected event. | | to the training programme. The staff orientation programme includes fire and security training.<br><br>Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water, continent products, and a generator. Emergency lighting is available and is regularly tested. All registered nurses had current first aid certificates. An automatic external defibrillator was located at the reception area. Staff understood the emergency procedures.<br><br>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 these are checked monthly by the maintenance officer. Call bell audits are completed twice a year, and results were satisfactory. Residents and family/whānau confirmed that staff responds to call bells promptly.<br><br>Appropriate security arrangements are in place. There was 24-hour security provided by an external provider. Doors are 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. |
| Subsection 5.1: Governance<br><br>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.<br>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.<br>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 | FA | 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.<br><br>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 (Registered nurse), |

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| respond to relevant issues of national and regional concern. | | Regional operations manager and Operations manager (RN), group clinical care manager (RN), and local infection control specialist team at Public Health and consulting with general practitioner and nurse practitioner.<br><br>The 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 Board.<br><br>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | 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 infection control specialist reviewed the IPAS programme and associated policies annually.<br><br>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 plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control support lead has a signed job description. The infection prevention and control lead for the service is the clinical manager (a registered nurse), who has completed additional training around infection control and antimicrobial use.<br><br>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, audits, and any concerns. The village IPAS committee is led by the infection prevention and control lead (clinical manager) and representative staff |

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| | | from all the roles within the service including (but not limited to) village manager resident service manager (with oversight of cleaning, laundry, and kitchen), and unit coordinators.<br><br>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 equipment. The infection control audit monitors the effectiveness of education and infection control practices. The infection control specialist has input in 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 infection prevention and control lead conducts spot audits on hand hygiene practices six-monthly. The service has infection prevention information and hand hygiene posters in te reo Māori.<br><br>The infection prevention and control lead stated they collaborate 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. In interviews, 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 prevention and control lead 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.<br><br>Infection prevention and control is part of staff orientation and included in the annual training 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 are hand sanitisers, plastic aprons and gloves strategically placed around the facility near |

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| | | point of care. Handbasins all have flowing soap and paper towels. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation<br><br>The people: I trust that my service provider is committed to responsible antimicrobial use.<br>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.<br>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. | FA | 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 Board of Directors).<br><br>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' infection prevention and control lead, infection control specialist, general practitioners, nurse 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 infection prevention and control lead reported that any adverse effects are reported to the infection control specialist, general practitioner, and nurse practitioner. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>As service providers: We carry out surveillance of HAIs and multi- | FA | 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 |

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| 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. | | trends, monthly and six-monthly. The service has low rates of infections compared to other Ryman facilities of similar size.<br><br>Infection control surveillance is discussed at two-monthly infection control committee meeting and monthly staff meetings. Infection surveillance data is reported to the governance body through clinical indicators reports. The service is incorporating 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.<br><br>The infection prevention and control officer described the outbreak management plan in place to manage previous Covid-19, gastrointestinal and influenza like illness outbreaks within the facility. Outbreak management plans and post outbreak meetings were sighted for the outbreaks of Covid-19 (January 2025), gastrointestinal (December 2024), and influenza like illness (May 2025). These included notifying Public Health and completion of daily case logs, notifying family/whānau, increased monitoring of residents, cleaning, catering, laundry, waste disposal, recovery, communication, and a summary of the successfulness of the response. |
| Subsection 5.5: Environment<br><br>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.<br>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.<br>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | 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 in 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. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection wear and other PPE were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal |

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| | | audits and resident and family/whānau feedback.<br><br>All laundry is completed on site. There are designated 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 was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.<br><br>The infection prevention and control lead and resident services manager oversee the implementation of the cleaning and laundry audits. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Restraint policy confirms that restraint consideration and application must be done in partnership with families/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, the facility had one resident using a bed rail as a restraint (at their request).<br><br>The hospital unit coordinator (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint is reported in the clinical, quality meetings and in a monthly restraint summary, which is shared with Ryman head office. A restraint approval committee meets every six months to review falls, unsettled residents, use of antipsychotic medications and if appropriate, strategies are in place for residents and staff education needs.<br><br>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. |
| Subsection 6.2: Safe restraint<br><br>The people: I have options that enable my freedom and ensure | FA | Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. |

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| my care and support adapts when my needs change, and I trust that the least restrictive options are used first.<br>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.<br>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | | Family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint meeting. The register contained enough information to provide an auditable record. Staff and restraint meeting minutes, and monthly restraint summary to Ryman head office documented discussions about restraint.<br><br>There is a restraint policy that describes a process to manage emergency restraint. If emergency restraint is required, the registered nurse will consult with the restraint coordinator and family/whānau. There have been no incidents of use of emergency restraint. |
| Subsection 6.3: Quality review of restraint<br><br>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.<br>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.<br>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | An annual review of all restraint use is completed and meets the requirements of Nga Paerewa HDSS 2021. The outcome of the review is communicated to the reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented as indicated. Data analysis is completed monthly and discussed at the clinical and quality meetings. The meetings identify trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff which has been completed in the last 12 months. |

# 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) |
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| Criterion 2.2.4<br>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | PA Low | Annual satisfaction surveys, feedback forms, and meetings provide ongoing channels for residents and family/whānau to share their suggestions and experiences. The 2025 resident and family/whānau satisfaction survey showed an overall satisfaction with service delivery and an increase in the level of satisfaction compared to the previous results. The outcome of the satisfaction surveys or any actions (as indicated) were not discussed with staff, family/whānau and residents.<br>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Resident incident and accident data is collated monthly, analysed, and benchmarked within the organisation against other villages and nationally with other | The service has completed resident and family/whānau satisfaction surveys however there is no evidence to demonstrate that the outcome of the surveys and actions thereof have been discussed with staff, residents and family/whānau.<br>There is no documented evidence of corrective actions being developed, implemented, and evaluated for distressed behaviour clinical indicator that was above benchmark for three consecutive months. | Ensure outcome of surveys are discussed with staff, residents and family/whānau.<br>Ensure corrective actions are developed, implemented, and evaluated to improve service delivery.<br>90 days |

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| | | aged care providers. Corrective actions were not completed for distressed behaviour incidents that were above benchmark between the months of March to June 2025. | | |
| Criterion 2.3.1<br><br>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services. | PA Low | At the time of the audit there were no staff vacancies reported by the village manager. Julia Wallace has a planned roster which provides culturally, and clinically safe staffing proportionate to the needs and number of residents on site. Review of the previous two-week worked roster shows that on six occasions care staff were not replaced for absences and sickness. This included one night shift where instead of having six caregivers and one registered nurse, there were five caregivers and one registered nurse (who had oversight of the whole facility and had to be completing caregiving tasks as well); four morning caregiver shifts; and one afternoon caregiver shift. In addition, there was one cleaning shift uncovered. Review of the shifts for the rest of the staff and the comments against each shift does not show any evidence of actions put in place to manage the staff shortages including mutually agreed extension of shifts for those on short shifts or use of casual pool on the required days. There is no use of agency staff.<br><br>There is a registered nurse on each shift. The unit coordinator roster ensures that there is always a senior registered nurse on duty seven days a week. Residents reported that their care requirements are attended to in a timely manner | Interviews with staff and review of the roster shows that staff absences and sickness are not consistently covered. Over a two-week period seven shifts were not covered across the different roles of staff in the service. | Ensure that staff absences and sickness are covered to meet the needs of service delivery.<br><br>90 days |

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

| No data to display |
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End of the report.