

Kevin Hickman Retirement Village Limited - Kevin Hickman Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kevin Hickman Retirement Village Limited
Premises audited:	Kevin Hickman 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: 17 March 2026 End date: 18 March 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:	74

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Kevin Hickman Retirement Village is part of Ryman Healthcare. The service opened their newly purpose-built 80 bed care centre in June 2025. This included 26 serviced apartments certified as suitable for rest home level of care and 4 serviced apartments certified dual-purpose, making a total of 110 beds.

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 general 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.

There were no shortfalls identified as this certification audit.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

Kevin Hickman 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. Kevin Hickman 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

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

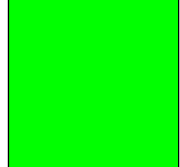
Services are planned, coordinated, and are appropriate to the needs of the residents. The village manager, resident services manager, and the clinical manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed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

Kevin Hickman Retirement Village has a documented quality and risk management system that is directed by Ryman Healthcare. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Kevin Hickman 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

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

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

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

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

Subsections applicable to this service fully attained.

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

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. Restraint is not 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)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Ryman Healthcare recognises the importance of tāngata 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 Kevin Hickman 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.</p> <p>Kevin Hickman Retirement Village has extensive links with local marae, kaumātua, 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 Kevin Hickman retirement village engage in providing input into the resident's care planning, their activities, and their dietary needs. The service can also access kaumātua from Health New Zealand for support and guidance. Cultural assessments are completed for residents who identify as Māori when</p>

		<p>admitted.</p> <p>Kevin Hickman Retirement Village focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The regional operations 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. Kevin Hickman Retirement Village evidence commitment to a culturally diverse workforce as demonstrated in the Hauora Māori Plan Partnership and Te Tiriti o Waitangi policy.</p> <p>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.</p> <p>Interviews with 22 staff (ten caregivers, five registered nurses [including two unit coordinators], one laundry staff, two cleaners, one lead maintenance, one lead chef, two activity and lifestyle coordinators), and six managers (regional operations manager, operations quality lead, regional clinical lead, 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.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	<p>FA</p>	<p>Ryman Healthcare has a health plan for Pacific residents. The Providing Services for Pacific Elders and Other Ethnicities policy is documented which acknowledges respectful relationships, valuing family/whānau, 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.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>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. The Code is accessible in Tongan, Samoan, and other Pasifika languages when required.</p> <p>The operations quality lead 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.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Ryman policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. 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.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>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 treated with dignity, respect, and kindness. The residents and</p>

		<p>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.</p> <p>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.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>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.</p> <p>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.</p> <p>The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about</p>

		<p>the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused, with resident and family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial assessments, 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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>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.</p> <p>Police vetting checks are completed on all staff 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.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect of the elderly policy is implemented.</p>

		<p>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.</p> <p>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/ whānau is of a high standard.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Two monthly resident meetings and six-monthly family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure 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 family/whānau.</p> <p>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,</p>

		<p>picture charts, and online translation tools, if there were residents who could not speak English. Staff completed training in communication related to residents with sensory deficits. 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.</p> <p>The service communicates with other agencies that are involved with the resident, such as Nurse Maude, 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.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies 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. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and supporting in personal care.</p> <p>The admission agreements are appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision, as with the</p>

		<p>residents in the dementia unit (special care unit).</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and provision of cultural support, when a resident had a choice of treatment options available to them. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the Code, informed consent, and enduring power of attorney, as part of orientation and mandatory training.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>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.</p> <p>Nine complaints have been made since June 2025 (three in 2025 and six in 2026 year to date). 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 have been no external complaints received from other agencies.</p> <p>Staff interviewed reported that complaints and subsequent corrective actions are discussed at meetings.</p> <p>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.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ryman Kevin Hickman Retirement Village is a Ryman Healthcare facility located in Christchurch. This is a newly built facility and serviced apartments that opened in June 2025 and provide care for up to 110 residents. This 80-bed care centre is located across three levels. All 60 beds in the hospital (geriatric and medical) and rest home are certified as dual-purpose. There is a 20 bed dementia (special care) unit (SCU), on ground level (Darfield East). Twenty-six serviced apartments are certified for rest home level and four serviced apartments adjacent to the care centre wings are certified dual-purpose. There were no residents receiving rest home care in the serviced apartments. All rooms are single occupancy.</p> <p>At the time of the audit, there were 74 residents: 19 dementia level care; 37 rest home level care residents in the care centre and 18 hospital level care, including one on respite care and one funded under an end of life (EOL) contract. All the other residents were under the age-related residential care (ARRC) agreement.</p> <p>Ryman Healthcare is based in Christchurch, with a regional office in Auckland. There has been a recent change in organisational structure. Village managers' report to the general managers - 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 managers - operations on a weekly basis. Dashboards on the electronic systems provide a quick overview of performance around measuring key performance indicators (KPIs). The village manager presents weekly reports to the GM operations and chief operating officer against targets.</p> <p>Board members are given orientation to their role and to the company operations. All Board members are already skilled and trained in their role as a Board member. The Board oversees all operations from construction to village operations. The governance body has terms of reference. The Board is taking a comprehensive approach to addressing barriers to inequity, improve Māori and people with disabilities wellbeing</p>
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	<p>outcomes. Reports are regularly provided to the Board and senior leadership to address inequity as required. A dedicated Nau Mai Haere Mai Māori Cultural Resource SharePoint page, developed with internal and external collaboration, including kaumātua support to the Board. The Board ensures compliance with legislative, contractual, and regulatory requirements.</p> <p>Training is provided to ensure competence with Te Tiriti, health equity, and cultural safety. A cultural advisor incorporates cultural interactions and events to provide training on correct protocols and customs. 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.</p> <p>There is a clinical governance committee whose focus is the clinical aspects of operations. 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.</p> <p>Ryman engages with residents and family/whānau through input into care planning. Resident feedback/ satisfaction and improvements for the service are captured in the post admission surveys, annual satisfaction surveys and through feedback from resident and family/whānau meetings. These avenues offer tāngata whaikaha the opportunity to provide feedback around how Kevin Hickman Retirement Village can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board, senior executive team, and general managers – operations approve the Ryman organisational business plan. From this the individual villages develop their own operational objectives. The Kevin Hickman Retirement Village business 'plan on a page' FY26 is based around Ryman strategic direction and reflect the values and philosophy of providing quality of care, manage internal and external risk, opening of a new facility with sustainable financial results. There are village</p>
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		<p>objectives documented and these are reviewed quarterly.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, and staff input through feedback and meetings. All of this is discussed/reviewed from Board level down to village level.</p> <p>The village manager at Kevin Hickman Retirement Village has been in the role for six weeks. They succeeded the previous village manager who worked at Kevin Hickman Retirement Village for 3 years. The resident services manager acted as the interim village manager for the last five months. The current village manager is a registered nurse with more than seven years' experience in management of aged care facilities. The clinical manager has been in the role since the care facility opened.</p> <p>A clinical manager and village manager are well inducted to their roles, and the clinical manager completed the Ryman endorsed leadership programmes. The management team (village manager, clinical manager and resident services manager) was supported at this audit by the GM operations, operations quality lead and regional clinical lead.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Kevin Hickman 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 2026 are documented and progress towards quality goals are regularly reviewed. Two Ryman aged care facilities (rest home) closed in Christchurch and the residents residing in the two facilities including the staff were transferred (between June 2025 to October 2025) in planned stages to Kevin Hickman Retirement Village. The focus since opening the new care centre was to create a cohesive team culture and embedding the Ryman processes within the new facility. Furthermore, staff are continuously upskilled with a comprehensive orientation and education programme to meet residents' needs.</p> <p>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 the</p>

		<p>falls prevention programme to decrease falls within the care facility.</p> <p>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 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 corrective actions have been documented 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.</p> <p>The February 2026 resident and family/whānau satisfaction survey were to be collated and analysed and the results were not yet available at the time of the audit. The general manager operations provided post admission survey results and comments collated by Ryman head office. The initial comments related to a smooth transition and the care being delivered were positive.</p> <p>Kevin Hickman Retirement Village implements a continuous quality improvement approach with service delivery, including critical review of clinical data and benchmarking and identifying opportunities for improvement.</p> <p>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. Cultural safety reflects throughout the quality system and staff are provided with cultural training to provide high quality services for Māori.</p> <p>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. 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 and risk</p>
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		<p>register were sighted. A current hazard and 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.</p> <p>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. All external and internal risks and opportunities, including potential inequities, are responded to.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed, and Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC) since the previous audit. The change in village manager was notified to HealthCERT. There have been four outbreaks which were appropriately reported to the Ryman's IPAS Nurse Specialist and Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager and resident services manager work Monday to Friday. The clinical manager works Sunday to Thursday. Furthermore, there are three unit-coordinators (one for the serviced</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>apartments; one for the special care /rest home and one for the dual purpose unit. 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 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.</p> <p>There are registered nurses 24/7 on site to provide clinical oversight. Feedback from the registered nurses were positive. There is a registered nurse in the special care unit seven days a week; five of the seven days are covered by the unit coordinator.</p> <p>Review of the previous six-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. Caregivers are replaced for planned absences or sick leave. Agency staff are also used to replace registered nurses and caregivers. At the time of the audit, caregivers were allocated to providing and facilitating activities in the special care unit covering sick leave for the diversional therapist.</p> <p>A Ryman cover pool is still being established. 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.</p> <p>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 especially in the special care unit when there are absences and sick leave. There are staff till 9.30 pm in the serviced apartments. The serviced apartment call system is linked to staff pagers and staff from the hospital are allocated to answer call bells. Residents and family/whānau interviewed reported that there are adequate staff</p>
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		<p>numbers.</p> <p>A comprehensive orientation programme has been implemented for all new employed staff and staff who transferred to Kevin Hickman Retirement Village. The Ryman annual training programme was implemented for the rest of 2025 and being implemented for 2026. 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 (duty leaders) and registered nurses have current medication competencies.</p> <p>Kevin Hickman Retirement Village supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are 44 caregivers in total, 14 of whom have achieved NZQA level three and above qualification. Eighteen staff are regularly rostered in the dementia unit (special care unit); seven caregivers have achieved the required dementia related unit standards and 11 are enrolled and in the progress of completing the unit standards.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit there were nine registered nurses, plus a clinical manager (CM), and three unit-coordinators (UC) employed at Kevin Hickman. Eight have completed interRAI training. 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. Topics related to dementia care including managing of challenging behaviour and diversion strategies were included throughout the year.</p> <p>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 reported an established team culture is still developing, the clinical manager</p>
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		<p>reported and quality documents reviewed indicated this is a focus for Ryman. Ryman as an organisation have several initiatives implemented around staff wellness, including the monthly kindness award and staff appreciation award. At the time of the audit a “Speak up” campaign and training were implemented to encourage staff to provide feedback to improve the service.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, staff training and development. Staff files are securely stored. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police vetting, 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 coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner(s), physiotherapist, pharmacist, dietitian, and podiatrist. All staff employed had a three and six-month performance appraisal completed. Annual performance appraisals were not yet due.</p> <p>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.</p> <p>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</p>

		wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling (OCP) programme.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Information associated with residents and staff are retained electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>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 Kevin Hickman Retirement Village.</p> <p>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.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>The service has an implemented admission policy and procedure that supports safe, transparent, and equitable entry to services. The policy outlines clear entry and declining entry processes.</p> <p>Prospective residents are provided with comprehensive information in multiple formats, including written admission information packs and direct engagement with management and clinical staff. Information provided includes service scope, entry criteria, assessment processes, costs, and exclusions. Documented entry criteria are clearly defined and communicated to residents, family/whānau, and referral agencies, including Needs Assessment Service Coordination (NASC)</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>requirements, level of care suitability, and eligibility criteria.</p> <p>All residents have a NASC assessment completed prior to entry, identifying level of care requirements. The village manager and clinical manager undertake pre-entry screening of all enquiries to determine whether the service can meet the resident's assessed needs, with clinical input obtained where required. Admission decisions are based on assessed need, service capability, and resident compatibility.</p> <p>The service operates 24 hours per day, seven days per week, and maintains ongoing communication with prospective residents and family/whānau throughout the admission process. The entry process reflects a person-centred and whānau-centred approach, with evidence of family/whānau involvement in decision-making and care planning. For residents entering secure dementia care, NASC approval is required, and files reviewed confirmed enacted enduring power of attorney and documented family/whānau engagement.</p> <p>Resident admission agreements reviewed (nine) were consistent with ARRC requirements, including documentation of exclusions from service. Signed agreements were sighted in all sampled files. Processes are in place to support inter-NASC transfers, including coordination between referring and receiving NASC teams, ensuring continuity of care and funding responsibilities.</p> <p>Where entry is declined, this is limited to situations where there are no available beds or where the service is unable to meet the assessed needs of the prospective resident. Reasons for declining entry are documented and communicated to the person, whānau, and NASC where appropriate, to support alternative placement and minimise barriers to access.</p> <p>The service collects ethnicity data at the time of admission and demonstrates routine analysis of entry and decline rates, including for Māori, through organisational reporting systems.</p> <p>The service has established relationships with local Māori health practitioners and organisations, supporting equitable access and improved outcomes for Māori. The admission process reflects culturally safe practices, with staff engaging respectfully with Māori residents and whānau and supporting culturally appropriate care pathways.</p>
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<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed: three residents receiving rest home level care; three residents receiving hospital-level care, including residents under respite and end-of-life care funding; and three residents receiving secure dementia level care.</p> <p>Registered nurses are responsible for completing assessments and developing care plans. There was evidence of resident and family/whānau involvement in interRAI assessments and long-term care plans.</p> <p>Admission assessment information was collected, and initial care plans were completed within required timeframes, including provision of care planning within 48 hours to guide safe care delivery. Comprehensive interRAI assessments were completed within required timeframes, informing the development of long-term care plans. Reassessments, care plan development, and reviews were completed within required timeframes. Residents receiving respite and end-of-life care had comprehensive nursing assessments completed, which informed the initial and ongoing plan of care.</p> <p>The long-term care plan (myRyman) reflects a holistic approach and includes 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 wellbeing; sexuality and intimacy; and social and cultural activities. Risk assessments are completed on admission and include falls, pressure injury, continence, nutrition, skin, and pain. A specific cultural assessment is completed for all residents. For the files reviewed, assessment findings and identified risks were reflected in care plans. Care plans were goal-oriented and included clear interventions to support residents' needs. Short-term care plans or equivalent documentation were in place to guide care for acute or short-term changes.</p> <p>Care plans are reviewed at least six-monthly in conjunction with interRAI reassessment and multidisciplinary input. Multidisciplinary case conference meetings include input from registered nurses, the general</p>

	<p>practitioner, allied health professionals, and residents and family/whānau where appropriate. Care plan updates reflect reassessment findings and changes in residents' goals, needs, and risks.</p> <p>When changes in residents' condition occur, registered nurses initiate reassessment and update care plans in a timely manner. Progress notes evidenced that changes in health status, including infections, incidents, and deterioration, were documented, and care interventions were adjusted accordingly. Short-term care planning and monitoring were implemented to support changes in condition.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes through input into the electronic care plan. Barriers that may prevent tāngata whaikaha and whānau from independently accessing information are identified, and strategies to address these are documented.</p> <p>Residents in the secure dementia unit had comprehensive behaviour assessments and behaviour support plans in place. These included identification of individual triggers, risks, and required support, along with documented strategies for de-escalation, redirection, and safe management of behaviours. Care plans reflected the level of supervision required, routine preferences, and safety strategies, including management of wandering and risk behaviours.</p> <p>All residents had been assessed by the general practitioner within five working days of admission and were reviewed at least three-monthly or earlier if required. The general practitioner provides 24/7 support. In emergencies, residents are transferred via ambulance or referred to 24-hour medical services. The general practitioner confirmed that nursing staff demonstrated competence and good clinical judgement, with referrals initiated appropriately and in a timely manner, and that family/whānau meetings are arranged when required.</p> <p>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, and wound care specialist nurse are available as required. A contracted physiotherapist attends weekly, with a physiotherapy assistant available five days per week.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The service employs a team of activities and lifestyle coordinators, including full-time and part-time staff, with oversight and support provided by a qualified diversional therapist on site and additional support from the organisation’s diversional therapist. Staff interviewed demonstrated knowledge of residents’ individual preferences, abilities, and needs.</p> <p>The service delivers the “Engage” activities programme, which provides residents with a variety of meaningful activities, including involvement from the community such as school groups. This was verified through staff interviews, documentation review, and observations during the audit.</p> <p>Residents’ activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau, and EPOAs. Activity assessments and plans are completed within the electronic system (myRyman care) and are integrated with the nursing</p>

	<p>care plan. The assessment process includes documentation of residents' life experiences, preferences, and level of participation. Records reviewed and staff interviews confirmed that this information informs the development of individualised activity and lifestyle plans.</p> <p>A structured activities programme is implemented across all units and is tailored to reflect residents' physical, cognitive, social, cultural, emotional, and spiritual needs, supporting holistic wellbeing, individual identity, and meaningful engagement. Monthly activities calendars were sighted, displayed, and available to residents and family/whānau. Daily activities were communicated via unit whiteboards.</p> <p>Residents are invited and supported to participate in activities daily. The programme includes a range of meaningful group and individual activities that support residents' strengths, interests, and wellbeing. Activities include social engagement, physical exercise, creative and recreational pursuits, and community-based activities appropriate to residents' level of care. Activity participation records were reviewed, and residents were observed engaging in activities during the audit.</p> <p>Residents are supported to maintain connections with their communities through regular outings and engagement with community groups. A contracted physiotherapist and assistant support mobility and participation in physical activities.</p> <p>Activities for residents in the secure dementia unit are tailored to meet individual needs, including the use of 24-hour activity plans and strategies for distraction and de-escalation. Individualised resources, including sensory boxes reflecting residents' life history, interests, and preferences, were sighted. Care staff support the implementation of activities within the unit.</p> <p>The service facilitates opportunities for Māori residents and whānau to participate in te ao Māori through culturally meaningful activities. Activities observed and records reviewed included kapa haka, poi making, harakeke weaving, and celebration of cultural events such as Māori Language Week and Matariki. The activities programme is supported by the organisation and cultural kaitiaki to further strengthen integration of te reo Māori and cultural practices into daily routines. Māori artwork and te reo Māori are visible within the environment.</p> <p>Feedback from residents, family/whānau, and EPOAs confirmed</p>
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		satisfaction with the range and quality of activities provided.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medications are supplied in pre-packaged formats. Registered nurses check medications against electronic medication charts on receipt, and medication reconciliation processes are completed. Any discrepancies are identified and communicated to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner.</p> <p>Medication administration is undertaken by staff who have completed medication competencies. Staff receive regular medication education, including safe administration and monitoring practices.</p> <p>Eighteen electronic medication charts were reviewed and met prescribing requirements. Medication charts included photo identification and documented allergy status. General practitioner complete three-monthly medication reviews, with evidence of resident consultation where changes are made. As required (PRN) medications included clear indications for use, and effectiveness was documented in the electronic medication system.</p> <p>Medication storage and monitoring systems are in place. Medication room and fridge temperatures are recorded daily and were within acceptable ranges at the time of audit. Eye drops were dated on opening and all were within expiry dates. Over-the-counter medications and supplements are prescribed and managed within the electronic medication system. Standing orders are not in use.</p> <p>Four residents were self-administering medications at the time of audit. Self-administration processes were managed in accordance with organisational policy, which includes assessment of the resident's competency to self-administer, documented authorisation, secure storage of medications, and regular review by a registered nurse. Documentation confirmed that residents had been assessed as competent, understood their medication regimen, and that ongoing monitoring and review requirements were in place.</p> <p>Registered nurses described processes for supporting residents, including Māori residents and family/whānau, to access medications, understand treatment options, and participate in decision-making to</p>

		support equitable health outcomes.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services are provided in accordance with organisational policies and recognised nutritional guidelines for older people. Meals are prepared on site by kitchen staff with appropriate food safety qualifications. A current food control plan is in place and food services were observed to comply with safe food handling practices during the audit.</p> <p>Menus are developed on a seasonal cycle and are reviewed at least annually by a qualified dietitian to ensure nutritional adequacy. The menu offers a variety of options to meet residents’ preferences and nutritional requirements.</p> <p>Residents’ nutritional needs are assessed on admission and reviewed regularly. This includes completion of nutritional screening tools (e.g. MNA), with outcomes informing care planning. Care plans include residents’ dietary needs, preferences, cultural requirements, allergies, intolerances, and texture-modified diets where required.</p> <p>Dietary information is communicated effectively between clinical and kitchen staff. Dietary notification forms are completed for all residents and used by kitchen staff to ensure awareness of individual requirements, preferences, and cultural needs. This information is entered into the electronic meal management system (Saffron), supporting accurate meal selection and service delivery.</p> <p>The lead chef interviewed demonstrated knowledge of residents’ individual dietary requirements, preferences, and cultural needs, including special diets and texture modifications. Kitchen staff confirmed that dietary requirements are followed and meals are modified as required.</p> <p>Residents’ weights are monitored regularly, and supplements are provided for residents identified at nutritional risk. Snacks and fluids are available throughout the day and night. Residents were observed to have access to food and drinks as required, supporting hydration and nutritional intake.</p> <p>The service provides a dining experience that supports dignity, choice,</p>

		<p>and independence. Residents are able to choose where to eat and are supported as needed. Communal dining areas are appropriately set up and conducive to a pleasant dining experience.</p> <p>Cultural needs are incorporated into menu planning and service delivery. Residents' cultural preferences are identified through assessment and care planning processes. The lead chef confirmed that culturally appropriate meals are provided. Examples include meals aligned with te ao Māori, such as boil-ups, Māori bread, and pork dishes, and the celebration of events such as Matariki and Māori Language Week.</p> <p>Residents and family/whānau interviewed confirmed satisfaction with the quality, variety, and cultural appropriateness of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges and transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. Documented policies and procedures guide staff to ensure discharge and transfer processes are undertaken in a timely and safe manner. The service participates in the local Health New Zealand 'yellow envelope' scheme (sighted), ensuring relevant clinical information accompanies residents to support safe transitions.</p> <p>Residents and their family/whānau are involved in all transfers and discharges from the service. Discharge documentation is completed and uploaded to the electronic system, and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services, including social support and Kaupapa Māori agencies, where required.</p> <p>Transfers and discharges are managed in consultation with the resident, family/whānau, EPOA, and the GP. Residents requiring acute care are transferred to the emergency department via ambulance. Appropriate documentation, including clinical summaries and relevant medical information, accompanies residents to ensure continuity of care.</p> <p>Records reviewed confirmed that the reason for transfer or discharge is documented in transfer forms and progress notes. Transition planning includes consideration of the resident's current needs and risk</p>

		<p>mitigation. Referrals to allied health and specialist services are completed as required to support safe transitions.</p> <p>Residents are supported to access other health and disability services as appropriate. Referrals for non-urgent specialist services are completed by the GP, NP, or registered nurses. Residents and family/whānau are kept informed of the referral process and reasons for transition, transfer, or discharge, as confirmed through documentation review and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The service environment is purpose-built, modern, culturally inclusive, and well maintained, supporting safe, dignified, and person-centred care. The environment, including artwork and décor, reflects cultural inclusivity and supports cultural practices.</p> <p>The building has a building warrant of fitness. Compliance for building systems, including lifts and air conditioning, is managed through contracted providers. A preventative maintenance programme is implemented and overseen by a full-time maintenance lead who is responsible for scheduled tasks completion and sign off. Staff log maintenance requests electronically, which are actioned and signed off by the maintenance lead. Urgent repairs are managed directly with access to essential contractors. Hot water temperatures are monitored within safe limits, and call bells are routinely checked and were operational on the day of audit.</p> <p>The care centre provides rest home, hospital, and dementia levels of care across a multi-level facility with lift and stair access.</p> <p>The environment supports safe mobility and independence. corridors are wide, with clear pathways, and residents were observed mobilising safely with aids. Bedrooms and communal areas provide adequate space for the safe use of mobility equipment, including hoists. Ensuites are accessible, with handrails and non-slip flooring. Clinical and mobility equipment appropriate for rest home and hospital level of care is available and maintained, including hoists, transfer equipment, pressure-relieving devices, and oxygen equipment.</p> <p>Level 1 includes Darfield East, the special care (dementia) unit, and</p>

	<p>Darfield West, a rest home unit. These units are designed with a mirrored layout, each having its own lounge and dining areas, kitchenettes with adjacent pantry access, quiet rooms, and access to shared clinical support areas. The dementia unit is secure, with controlled entry via keypad or fob access, and includes safe internal walking areas and access to a secure outdoor deck.</p> <p>The two units share a centrally located nurses' station that provides separation between the units and supports visibility of communal areas. This area is accessible to residents. Behind the open nurses' station is a shared office space used for handover and clinical tasks. A secure medication room is shared between the two units. Each unit also has access to shared clinical support areas, including a secure sluice, cleaners' room, and linen storage, all located in proximity to the nurses' station. The layout supports resident freedom of movement while enabling staff to supervise and monitor residents in a safe and non-intrusive manner.</p> <p>The design supports safe mobility and supervision. Sensor lighting is in place within bedrooms and activates based on resident movement to support safe night-time mobility. This system is linked to the security system and can be configured to alert staff if residents do not return to bed. Staffing rosters support supervision of communal areas. A closed-circuit monitoring system is in place, with monitoring screens located at the nurses' station to support oversight of hallways and outdoor areas.</p> <p>Level 2 (Rakaia) and Level 3 (Westport) comprise dual-purpose units with mirrored design layouts consistent with Level 1. Each level includes 20 dual-purpose beds, with lounges, dining areas, kitchenettes, and nurses' stations positioned to support efficient care delivery and supervision. The consistent layout across all levels supports staff familiarity, promotes safe and efficient care practices, and enhances resident safety.</p> <p>All dual-purpose rooms are single occupancy with ensuites and are of sufficient size to accommodate residents requiring rest home or hospital level of care. Bedrooms allow for safe use of mobility equipment and can be personalised. Communal areas are spacious and support mobility, with access to balconies that include appropriate safety features. The environment across all levels is maintained at a comfortable temperature and supports resident independence and</p>
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		<p>comfort.</p> <p>Communal and personal toilet and shower facilities are accessible and sufficient to meet resident needs. Facilities include disability-access toilets near communal areas and separate toilets for staff and visitors. Hand hygiene resources are available throughout the facility.</p> <p>Outdoor areas are landscaped with safe pathways, seating, shade, and appropriate lighting, and are accessible to residents. The environment supports safe indoor and outdoor flow.</p> <p>The organisation has engaged with Māori through a Taha Māori kaitiaki and consultation with local iwi to ensure Māori identity and aspirations are reflected in the environment.</p> <p>Residents and family/whānau interviewed confirmed satisfaction with the environment, including safety, accessibility, and comfort.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies and procedures are in place and align with organisational requirements. These include emergency response, evacuation, communication, training, pandemic management, and civil defence preparedness. Policies outline staff roles and responsibilities and support a coordinated response to emergencies.</p> <p>The service follows a structured emergency management approach consistent with organisational policy, including preparedness, response, and recovery. Emergency management resources are available on site, including an emergency management folder, emergency flip charts, and site-specific information to guide staff response.</p> <p>The fire evacuation scheme has been approved by Fire and Emergency New Zealand (9 June 2025). Fire exits, signage, fire separation, and manual call points are in place throughout the facility. Evacuation equipment, including evacuation chairs and evacuation mattresses, is available. Fire drills are conducted at regular intervals, with the most recent drill completed in October 2025. Staff confirmed understanding of emergency procedures.</p> <p>Emergency preparedness is supported by adequate resources. A generator is available (through an external contractor) to provide</p>

		<p>emergency power supply, and water storage of approximately 6000 litres is maintained in accordance with civil defence requirements. Civil defence kits are available in each unit and at reception. Emergency supplies, role-specific lanyards, and response tools are in place to support effective management of emergency events.</p> <p>Emergency response is coordinated by the most senior staff member on site at the time of an event, with escalation to management and external emergency services as required. The organisation utilises a structured emergency management system to support coordinated response and communication during incidents.</p> <p>Staff education includes emergency management, fire safety, first aid, and CPR as part of the mandatory training programme. Staff hold current first aid certificates, ensuring first aid coverage on each shift. First aid kits are available at nurses' stations and key locations, and an external defibrillator is located at reception.</p> <p>A call bell system is installed throughout the facility, including bedrooms, ensuites, and communal areas. The system includes pager functionality to alert staff and supports the use of pendant devices where required. Sensor technology is integrated, including bed sensors and lighting activation to support resident safety. Call bell response times are monitored, and routine testing is completed as part of the maintenance programme. The system was operational on the day of audit.</p> <p>Security systems are in place to ensure a safe environment. External doors are secured at pre-determined times, with keypad or controlled access afterhours. Entry to the facility is managed via intercom and speaker access. Closed-circuit monitoring is in place at entrances and key areas. Staff are identifiable and follow documented security procedures.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors.</p> <p>The Infection Prevention & Antimicrobial Stewardship (IPAS)</p>

<p>of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>Governance policy was updated in January 2025, which refers to a set of commitments and actions that the village follows that "optimise the treatment of infections while reducing adverse events associated with antibiotic use." Advice around infection prevention and control matters are sought via Ryman's IPAS Nurse Specialist (RN), Regional clinical lead (RN), and local infection control specialist team at Public Health and consulting with the general practitioners.</p> <p>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.</p> <p>The Infection Prevention and Antimicrobial SharePoint page is comprehensive and reference for IPAS programme and escalation procedures within the organisation.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and 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.</p> <p>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.</p> <p>The IPAS Committee meets every two months and reviews the two monthly trends; weekly management meetings review new infections and emergent issues. Service meetings discuss relevant policy and</p>

	<p>document changes, relevant education, data and analysis, audits, and any concerns. The village IPAS committee is led by the infection prevention and control lead and representative staff 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.</p> <p>The service has access to a national infection control specialist. On interview, staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and correct use of personal protective 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.</p> <p>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.</p> <p>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</p>
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		<p>informed and updated through meetings and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked 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.</p> <p>The programme aims to promote optimal antimicrobial management 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, 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 and general practitioner.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>trends, monthly and six-monthly. The service has low rates of infections compared to other Ryman facilities of similar size.</p> <p>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 incorporates ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The infection prevention and control lead 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 Influenza like (October 2025 and November 2025), Covid-19 (December 2025) and gastrointestinal (December 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.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The trolleys are kept in locked cleaner's rooms 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 audits and resident and</p>

		<p>family/whānau feedback.</p> <p>All laundry is completed on site. There are designated laundry staff on duty each day till 9 pm. 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.</p> <p>The infection prevention and control lead and resident services manager oversee the implementation of the cleaning and laundry audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service demonstrates a clear commitment to a restraint-free environment, supported by organisational policy that states restraint is used as a last resort. Policies and procedures are aligned with the restraint elimination and safe practice standard and are reviewed centrally through organisational systems to ensure currency and consistency with best practice.</p> <p>Governance oversight of restraint is demonstrated through regular reporting to board and clinical governance committees, where restraint usage across the organisation is monitored alongside strategies to reduce restraint. Clinical indicator reporting, including restraint use, is reviewed through clinical governance structures and the clinical council. At a service level, restraint use is monitored through clinical and quality meetings, with a monthly restraint summary reported to head office. A restraint approval committee meets six-monthly to review restraint use, falls, behavioural concerns, and the use of antipsychotic medications, supporting data-informed decision-making and ongoing restraint minimisation strategies.</p> <p>The service works in collaboration with the organisation's clinical quality team to ensure that any restraint use is appropriate, alternatives have been trialled, and required documentation is completed. A designated restraint coordinator (clinical manager) is responsible for oversight of restraint practices within the service, including monitoring, staff support,</p>

		<p>and ensuring compliance with organisational policies and procedures.</p> <p>Policies require that any consideration of restraint be undertaken using a least restrictive approach, in partnership with residents and their family/whānau, and with recognition of mana-enhancing practices for Māori. Policies and procedures include requirements for holistic assessment, approval processes, ongoing monitoring, and regular review of restraint use, with a strong emphasis on alternative interventions and de-escalation strategies.</p> <p>Staff education supports a culture of restraint elimination. Training in least restrictive practice, safe restraint use, and management of distressed behaviour is included in orientation and ongoing mandatory education programmes.</p> <p>At the time of audit, there were no residents using restraint. Approved restraint types within the organisation include bed rails and chair brief restraint. Seclusion is not used.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.