

Graceful Home Orewa Limited - Pinehaven Cottage

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 The DAA Group Limited, 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: Graceful Home Orewa Limited

Premises audited: Pinehaven Cottage

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 10 February 2025 End date: 11 February 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 32

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Graceful Home Orewa Limited (Pinehaven Cottage) provides rest home and dementia care services for up to 35 residents. The service had a reconfiguration of changing two existing rest home level care beds to dementia care beds in October 2023. An existing wall and entrance door to the dementia care unit was changed to incorporate these two beds into the dementia care service. The total number of beds for the facility remained the same. Approval was sought from HealthCERT at the time.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora Waitematā (Te Whatu Ora Waitematā). The process included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, family members, a member of the governance group/the owner, the manager, staff, (contracted allied health providers) and a general practitioner.

Strengths of the service, resulting in a continuous improvement rating for an environmental initiative. No areas of improvements were required from 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.

The Māori health plan in place outlines the service's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The service works collaboratively to support and encourage a Māori worldview of health in service delivery. The principles of mana motuhake were observed during service delivery. Staff were observed engaging with residents in a culturally safe way.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

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.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information was accurately recorded, securely stored and not accessible to unauthorised people.

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.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

The service provides planned activities that met the needs and interests of the residents, as individuals and in group settings. Activities plans were completed in consultation with residents and whānau. Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

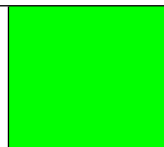
An electronic medicine management system is utilised. Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed. A current food control plan was available.

Residents were referred or transferred to other health services as required.

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

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



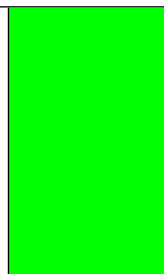
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

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



Subsections applicable to this service fully attained.

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


The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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 service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Training has been provided to all staff.

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 | 1 | 167 | 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>Pinehaven Cottage has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. Staff have attended education provided by a local marae and have had a site visit to the marae in 2022. Activities were set up for Waitangi Day for residents, whānau and staff including arts and crafts, games and a rongoā workshop.</p> <p>A Māori health plan has been developed with input from a quality consultant and one of the owner directors who is Māori. The Māori health plan is used for residents who identify as Māori. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff</p> |

| | | |
|---|----|--|
| | | <p>employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended. A resource folder has been made up by the facility manager for staff to access which contains many interesting additional articles in relation to Māori health.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>Pinehaven Cottage identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Fonua model, dimensions and levels is adopted by the service. The organisation has a policy which embeds the 'Ola Manuia – Pacific Health and Wellbeing Action Plan 2000 to 2025' vision and principles. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. Good communication between Pacific health providers and the Ministry of Health ensures services are coordinated, relevant to the diversity of Pacific peoples. Care plans are accessible for all Pasifika people if admitted to this facility. Staff interviewed are well informed. On the day of the audit, there were no residents who identified as being from the Pacific.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported by management, resulting in Pasifika staff being employed across roles.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English and te reo Māori were posted on notice boards around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to</p> |

| | | |
|--|----|---|
| | | <p>discuss and clarify their rights.</p> <p>Māori mana motuhake was recognised in practice. A Māori health plan is utilised for residents who identify as Māori, to guide staff practice when required. There were no residents who identified as Māori at the time of the audit.</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> | FA | <p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme and information in te reo Māori posted around the facility. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori as stated in interviews with residents and whānau/legal representatives for residents in the dementia unit.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | FA | <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. A comfort account managed by the facility manager was available for residents to use if desired for any expenses that are not covered by the ARRC contract funding.</p> |

| | | |
|--|----|--|
| | | Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model when required. |
| <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> | FA | <p>Residents and whānau/legal representatives reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required. Residents, whānau/legal representatives stated that staff were approachable and responsive to requests in a sensitive manner. A record of phone or email contact with whānau/legal representatives was maintained. Communication strategies to support non-verbal residents were documented and observed to be effectively implemented by staff during the audit.</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</p> | FA | <p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOA documents for residents in the dementia</p> |

| | | |
|--|-----------|--|
| <p>exercise independence, choice, and control.</p> | | <p>unit were activated.</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>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. There have been two internal complaints received since the previous audit. Both were closed out effectively. The register was up to date.</p> <p>The service assures the process works equitably for Māori by displaying the code of rights in several locations around the facility. The Code was displayed in both English and te reo Māori. Complaints pamphlets and forms were readily available at the entrance to the facility. The complaints form can be translated into te reo as needed. Interpreter services were available through Te Whatu Ora Waitematā in all languages as required. The nationwide advocacy service pamphlets were also displayed. Local advocacy service contact details were available if needed.</p> <p>The manager interviewed is responsible for managing any complaints, internal or external. Any complaints were reported to the owners.</p> <p>There have been no new complaints received from external sources since the previous audit. One complaint received on 30 June 2021 from the Health and Disability Commissioner's office (HDC) remains open. Information requested on 6 August 2021 and again on 20 January 2023 was sent to the HDC office. A record was maintained of the information sent. In addition to this, the same information was again requested on 13 October 2023 and was sent to the Health and Disability Commissioner's office. No responding correspondence has been received from the HDC office.</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>The owners assume accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. One of the two owners of the facility is Māori. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation, and there is an experienced and suitably qualified person managing the service. The manager has been working at Pinehaven Cottage for five years, managing this service for four years. The clinical manager has worked at the facility for five years, and five years in the clinical nurse manager (CNM) role. Two registered nurses have been employed since the previous audit.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in the business plan for 2024 to 2025, by monitoring documentation reviewed and through internal audits annually. The annual schedule was sighted. Audits are delegated to staff to complete. A commitment to the quality and risk management system was evident. Members of the governance group/the owner interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the owners monthly and through the quality meeting minutes reviewed.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through annual surveys completed.</p> <p>This aged residential care service holds contracts with Te Whatu Ora – Waitematā for rest home care, respite care, dementia care and residents under 65 years. The total beds are 35. On the day of the audit, 32 beds were occupied, and two additional residents were in North Shore Hospital. There are 10 designated rest home-level care beds and 25 dementia level care beds. Rest home: 9</p> |
|--|-----------|--|

| | | |
|--|-----------|---|
| | | <p>beds were occupied and 23 dementia care residents. One of the dementia level care residents is under 65 years of age. There were nil residents on respite care. Of the two residents in hospital, one was a rest home level care resident, and one was from the dementia care unit.</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>Pinehaven Cottage has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and restraint management. Residents, whānau and staff contribute to quality improvement through annual surveys. A resident/family survey was completed in June-July 2024. A summary of survey outcomes provided predominantly positive comments from residents/family regarding care and staffing of the facility, location of the facility and reliability of management. An employee opinion survey was recently completed by staff in January 2025 in the form of a questionnaire. This survey, though collated, has not as yet been fully reviewed by management at the time of the audit. Staff interviewed stated they were happy working at this facility. A core of staff has worked at this facility for some time.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Minutes of all meetings were maintained and were reviewed. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. There is a quality consultant who is contracted who ensures all policies and procedures are controlled and reviewed in a timely manner. Consultation from staff was sought, as required.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> |

| | | |
|--|-----------|--|
| | | <p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The hazardous substances and hazard registers reviewed were current and up to date.</p> <p>Quality improvement projects were encouraged, including one reflected in this audit report.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed electronically showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The manager and the clinical nurse manager, an experienced registered nurse interviewed, understood and have complied with essential notification reporting requirements. There have been no Section 31 notifications reported between January 2024 and January 2025. Two adverse events were sent through to Te Tāhū Hauora – Health Quality and Safety Commission. Initially, both were SAC 1 rated events but one later changed to a SAC 2 rating. Both events were reported in a timely manner. For one of the events, part two of the reporting process has not yet been submitted. This requirement is still within the required timeframe to respond.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and this was noted on the rosters reviewed.</p> <p>The employment process, which includes a job description defining</p> |

| | | |
|--|-----------|--|
| | | <p>the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. All staff complete relevant and recorded competencies at the time of employment and annually as required.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitematā. Staff working in the dementia care area have either completed or are enrolled in the required education. Currently there are 25 health care assistants (HCAs) employed at Pinehaven Cottage. Thirteen HCA staff have completed Level 4, seven HCAs Level 3, one HCA Level 2 and four are yet to be enrolled in the training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. There are three RNs including the CNM. The CNM was interRAI competent. One RN is enrolled to complete the relevant training in 2025.</p> <p>Staff reported feeling well supported and safe in the workplace.</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</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed provided confirmation that the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. The annual practising certificates (APCs) for all health professionals employed or contracted to the service are reviewed annually and a copy of the individual APC is kept in a separate</p> |

| | | |
|---|-----------|--|
| <p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>folder. This folder was reviewed.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Debriefing occurs after any events that may occur, and staff can be supported and referred to external avenues as needed to ensure wellbeing.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | <p>FA</p> | <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it. Staff have individual passwords to access electronic records. The service is transitioning to electronic records. Policies and procedures are on-line and are also currently available in hard copy for easy access for staff. Staff personal files and resident individual records are hard copy and were reviewed.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Archived records were stored on-site in a dry locked cupboard and records can be retrieved as needed.</p> <p>The service is not responsible for registering National Health Index (NHI) unique identification numbers for residents. The NHI number was recorded on each page of the residents' records reviewed.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> | <p>FA</p> | <p>Residents enter the service when their required level of care has</p> |

| | | |
|---|-----------|---|
| <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Admission for residents in the dementia unit was consented to by their EPOAs. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with the local Māori communities and organisations and supports Māori and their whānau when entering the service, when required.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The multidisciplinary teamwork in partnership with the resident and whānau/EPOAs to support wellbeing. A care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau/EPOA input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood how to support Māori and whānau to identify their own pae ora outcomes in their care plan when required. This was verified by sampling residents' records, from interviews of clinical staff, residents and whānau/EPOAs.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular</p> |

| | | |
|---|----|---|
| | | <p>evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Service integration with other health providers was evident in records reviewed. Changes in residents' health were escalated to the general practitioner (GP). Referrals were sent to relevant specialist services as indicated. At interview, the GP confirmed satisfaction with the care provided and communication received from the clinical team.</p> |
| <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 activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme was provided through multidisciplinary meetings with residents and whānau and in residents' meetings. Those interviewed confirmed they found the programme met their needs.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p> | FA | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for</p> |

| | | |
|--|-----------|---|
| <p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | | <p>medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files reviewed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely when required. There were no residents who were self-administering medicine at the time of the audit. Residents, and their whānau, were supported to understand their medications.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 23 May 2023. Recommendations made at that time have been implemented.</p> <p>The service operates with an approved food safety plan and registration issued by the local council. The food safety plan will expire on 30 May 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Culturally specific te ao Māori food options were on the current menu. There is a kitchenette in the rest home dining area where</p> |

| | | |
|--|----|---|
| | | <p>residents can prepare hot drinks as desired.</p> <p>Snacks and drinks were provided to residents 24 hours a day. Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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> | FA | <p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer or discharge were documented in the documents reviewed and the residents' progress notes. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau/EPOAs reported being kept well informed during the transfer of their relative.</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> | FA | <p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The facility has a current Building Warrant of Fitness (BWoF), which was displayed, and the expiry was recorded as 26 May 2025. Testing of all electrical appliances and resources was completed in May 2024 by a contracted service provider. An asset list was provided. A company is contracted annually to undertake all calibration checks and a performance validation letter was reviewed dated 19 April 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities</p> |

| | | |
|---|-----------|---|
| | | <p>to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the rest home and the secure dementia care unit. The bathrooms in the dementia care service have lime green painted doors for easy recognition. The reconfiguration of the two rest home bedrooms included in the dementia unit numbers has had no impact on service delivery or resident safety. The access to the dementia unit is still by keypad access only.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. There have been no changes to the building other than the reconfiguration that occurred in October 2023. The outside environment is continually evolving, with constant planning and improvements being made both for the rest home and the dementia residents to enjoy. One particular external project has been recognised as a continuous improvement in the dementia care service (refer to 4.1.3) which has had a significant impact on residents' and their family members.</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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 24 August 2016. The last evacuation fire training was held on 3 October 2024. The fire report was sighted, and a copy had been forwarded to FENZ after each training session was held. The training was managed by a contracted service provider. A new sprinkler water tank has been installed since the last audit.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Emergency power is available,</p> |

| | | |
|---|-----------|---|
| | | <p>along with flood lighting. A portable generator is located on-site, and staff are trained to access and start the generator as needed. Power packs have been installed since the previous audit. Water is town supply; however, a water tank is available and is tested regularly, for use in an emergency. Drinking bottles were available in the emergency resources, along with spare thermal blankets, linen, a radio (wind-up radio), batteries and torches, continence products, toiletries and first aid supplies. Personal protective equipment resources (PPE) are readily available, as are sunblock, matches and other resources. Checklists were maintained. Staff can provide a level of first aid relevant to the risks for the type of service provided. Certificates and training provided were reviewed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Staff were responsible for locking the facility. Closed circuit television security cameras (CCTV) were operating at the time of the audit. Signage alerts visitors that CCTV cameras are in operation. The cameras operate in communal areas only. Security lighting is available, including in the car parking area. The staff carry pagers with them when on duty, and an environmental checklist and call bell checks are completed regularly.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the owners regularly.</p> |

| | | |
|---|-----------|---|
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies. Annual review of the IP programme was completed in September 2024.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>The pandemic plan and infectious disease outbreak management plan are documented and were reviewed at regular intervals. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.</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</p> | <p>FA</p> | <p>Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> |

| | | |
|---|----|---|
| <p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | | |
| <p>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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff and reported to the governing body. Ethnicity was included in the surveillance data.</p> <p>Infection prevention audits were completed, with relevant corrective actions implemented where required. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and whānau were advised of infections identified in a culturally safe manner. This was verified in interviews with residents and whānau.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | FA | <p>A clean and hygienic environment supports both prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau/EPOAs reported that the laundry was managed well, and the facility was kept clean and tidy. This was</p> |

| | | |
|--|----|---|
| | | confirmed through observations. |
| <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> | FA | <p>Maintaining a restraint-free environment is the aim of the service. The owners demonstrated commitment to this, as evidenced in the restraint policy reviewed and when one of the owners was interviewed. At the time of audit there was no restraint in use, and this has been the case since 2021. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. All staff receive training on restraint at commencement of employment and this was provided annually thereafter. The last training was provided by the CNM on 3 February 2025.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. The CNM is the restraint coordinator and has 20 years of experience in aged residential care (ARC). There are clear lines of accountability, all restraints are to be approved, and the overall use of restraint is monitored and analysed when in use. Whānau/EPOA are involved in decision-making if needed.</p> <p>The dementia service is a secure unit. Family members/EPOA are provided with the access code for visiting. As no residents are using a restraint and have not since 2021, sections 6.2 and 6.3 have not been audited for this certification audit.</p> |

Specific results for criterion where corrective actions are required

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

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
|---|-------------------|---|--|
| <p>Criterion 4.1.3</p> <p>There shall be adequate personal space that is safe and age appropriate, and has accessible areas to meet relaxation, activity, lounge, and dining needs.</p> | CI | <p>A suggestion was passed on to management staff about utilising an area outside the dementia care unit to benefit the residents. A flat unused boggy area located at the rear of the dementia care unit was identified as an ideal space to increase the outside area for the residents who were rarely accessing the outside current spaces. With consent of the management team, a shed and washing line were relocated and a wooden fence was extended out from the laundry area to secure the area. Drainage was relocated by contracted providers, and the ground area was completely levelled. The garden was designed by staff with a path which looped around. Once concreted, the pathway was painted an earthy colour, and the surrounding garden areas were planted with numerous scented bushes and flowers which are flourishing with the mixture of sunshine and shade in the area, sighted. New seating has been installed, along with large</p> | <p>The development and implementation of the scented garden has been a huge success. Now quite established, at the time of the audit it has extended the walking area and allowed a quiet safe space where dementia level care residents can retreat to and enjoy. Both family/whānau and residents are continually using this space. Feedback and evaluation of the changes made from resident’s families has been positive. In particular, the residents who normally isolated themselves to their individual rooms are now enjoying the quiet space and are actively choosing to enter this space on a regular basis.</p> |

| | | | |
|--|--|---|--|
| | | <p>flowerpots and hanging baskets.</p> <p>Evaluations completed by management resulted in positive feedback from families and visitors on the difference the project has made to the dementia unit environment. It is accessible and a pleasant space to walk around outside in the sunshine and to enjoy the garden. Residents are seen to access the garden and pathway spontaneously, or with a staff member much more than they did previously.</p> | |
|--|--|---|--|

End of the report.