

Brooklands Elder Care Limited - Brooklands Rest Home and Memory Care

Introduction

This report records the results of a Provisional 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:	Brooklands Elder Care Limited
Premises audited:	Brooklands Rest Home and Memory Care
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: 25 March 2025 End date: 26 March 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:	28



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.

General overview of the audit

Brooklands Rest Home is privately owned and located in New Plymouth. The service is certified to provide hospital (medical and geriatric), rest home and dementia levels of care for up to 30 residents. There were 28 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand - Te Whatu Ora and review the prospective provider's level of preparedness. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, nurse practitioner and the prospective purchaser (Sentinel Group Investment Limited). The prospective purchaser, Sentinel Group Investment Limited owns two other aged care facilities.

The service is managed by a facility and clinical lead who is appropriately qualified and experienced. They are supported by an operations lead, a team of registered nurses and experienced care and household staff.

Feedback from family/whānau and residents was positive about the care and the services provided.

This audit identified improvements around the implementation of staff training, internal audits, meeting minutes, adverse events reporting, care planning, and outbreak management.

Ō tātou motika | Our rights

Brooklands Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Brooklands Rest Home 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 and well-documented.

Hunga mahi me te hanganga | Workforce and structure

The strategic plan (2021-2026) includes a mission statement, values, and business objectives. There are quality and risk management systems in place that takes a risk-based approach, and these systems aim to meet the needs of residents and staff.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level.

There is a rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and staff education and training plan are documented.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Family input is particularly important for dementia residents. Care plans viewed demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by contracted general practitioners and a nurse practitioner as well as visiting allied health professionals. Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. Registered nurses and senior medication competent healthcare assistants are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the general practitioner/ nurse practitioner.

The activities coordinator implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. The service has a current food control plan. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated. Residents and family commented very positively on the meals. Snacks are always available.

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

The building holds a current warrant of fitness. There are three double rooms, and the remaining rooms are single. There are communal showers and toilets. External areas are safe and well maintained with shade and seating available. The dementia unit has a fenced garden. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Systems and supplies are in place for essential, emergency and security services. There is a part-time maintenance person. There is preventative maintenance work sheet in place. Hot water tests have been completed.

Spaces within the unit can accommodate family/whānau. There is suitable equipment to support rest home, hospital and dementia level of care. There is a communal lounge and dining room and kitchen off the side of the lounge. The communal area is domestic and home like. There is access to a deck and outdoors with seating and shade.

The approved fire evacuation scheme is current. Staff will receive training around emergency management during the induction period. There is a call bell system. There are security procedures in place. There is space for medical equipment, continence products and PPE storage with shelving.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by governance.

A registered nurse is the infection control coordinator. The infection control coordinator is supported by staff and management. There is access to a range of resources. There is a policy to ensure that education is provided to staff at induction to the service and is included in the education planner. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through handover, and meetings. There have been three outbreaks, managed and documented since the last audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. There are separate housekeeping staff rostered who provide all cleaning duties. Laundry service is undertaken on site. 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

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved restraint. There were no residents using restraint. The restraint coordinator monitors restraint documentation and compliance.

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	22	0	2	3	0	0
Criteria	0	161	0	3	4	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>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Brooklands Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and is documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice.</p> <p>There is an established relationship with a Matua from local iwi who come for room blessings and Māori residents' cultural support. Brookland Rest Home also links with Māori staff and residents' family/whānau who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs. The service can also access kaumātua from Health NZ - Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori.</p> <p>The operations lead confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has staff who</p>

		<p>identify as Māori. Brooklands Rest Home evidence commitment to a culturally diverse workforce as demonstrated in the Māori Health Plan. The service encourages the use of te reo and tikanga Māori into everyday practice.</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 eleven staff (four healthcare assistants, one registered nurse, two cleaners, one head cook, one cook, one activities coordinator, and one maintenance person), three managers (facility and clinical lead, operations lead and facility manager), the organisation's director and documentation reviewed described how care is based on the resident's individual values and beliefs.</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>	<p>FA</p>	<p>Brooklands Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, which is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in several different languages including the languages of the Pacific Islands. Pacific culture, language, faith, and family/whanau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture.</p> <p>The service currently has no residents who identify as Pasifika. Brooklands Rest Home has links with Pacific providers to ensure connectivity within the region. At the time of the audit there were staff that identify as Pasifika. Brooklands rest home continues to provide equitable employment opportunities for the Pasifika community. Pasifika staff facilitate connections with Pacific community groups and churches for the rest home.</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>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The facility and clinical lead discusses aspects of the Code with residents and their family/whānau on admission. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Brooklands Rest Home reviewed their policies and service delivery to ensure inclusiveness to reflect residents' voices, perceptions, understandings, and experiences. There are links to spiritual support documented in the spirituality and counselling policy.</p> <p>Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Staff receive education in relation to the Code at orientation and there is a plan to ensure that this is provided as part of the annual education and training programme (link 2.3.4), which includes (but not limited to) understanding the role of advocacy services. Three rest home and five family/whānau (two rest home, two dementia and one hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>The prospective purchasers is familiar with the Code and their responsibilities. This was evidenced through interview.</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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2024 and interviews</p>

		<p>with residents and family/whānau confirmed that they are treated with respect. The service promotes care that is holistic and collective in nature through a plan to educate staff to understand the key elements of self-determination and providing equity in care services.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships when required. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori; however there was no evidence that all staff have completed the required training in relation to advocacy services, the Code, or cultural training to include Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers (link 2.3.4).</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 abuse and neglect policy is being implemented. Brooklands Rest Home policies document actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of</p>

		<p>conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Māori Health Plan includes strategies to abolishing institutional racism.</p> <p>Interview with staff confirmed their awareness of how to identify abuse and neglect and how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The respectfulness of staff towards each other creates a supportive positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</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 is provided to residents and family/whānau on admission related to the type of services provided. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Correspondence is also documented in the progress notes. The sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encourage through general feedback,</p>

		<p>multidisciplinary meetings, surveys and meetings. Newsletters and activity calendars are provided in large printed format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The facility and clinical lead and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Staff, residents and family/whānau have been informed of the proposed change in ownership of the care facility as per the transition plan.</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>	<p>FA</p>	<p>There are policies around informed consent which are understood by staff. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance care planning and resuscitation policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-</p>

		<p>making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files. Where the EPOAs are activated a medical letter of incapacity were on file, this was evidenced in all dementia (memory lane) files reviewed.</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 complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The operations lead maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been nine internal complaints made since the last audit in June 2023: five in 2023, four in 2024 and nil year to date for 2025. All complaints are closed. The satisfaction (or not) of the complainant has been documented. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. There have been no external complaints.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through a resident's advocate). The facility and clinical lead and operations lead have an open-door policy and encourage residents and family/whānau to discuss any concerns. The complaints process is linked to the quality and risk management system. Resident meetings that provide another avenue for residents to voice their concerns; however, there have not always been held according to schedule, and staff meetings where complaints are tabled have not been held as scheduled (link 2.2.2). The complaints process works equitable for Māori and the facility and clinical lead is available to meet and discuss any complaints face-to-face.</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>Brooklands Rest Home is located in New Plymouth, Taranaki. It is a privately owned facility that provides rest home, hospital (medical and geriatric) and dementia level of care for up to 30 beds. It has 13 dedicated dementia (referred to as memory lane) beds and 17 dual purpose beds. There are three double rooms; one in the dementia area which was singly occupied at the time of audit and two in the dual-purpose area (with one occupied by two non-related residents at the time of the audit and the other singly occupied by a rest home resident).</p> <p>On the day of audit there were 28 residents: ten at rest home level of care, six hospital level of care and twelve at dementia level of care (referred to as memory lane). All residents were on the age-related residential care contract (ARRC).</p> <p>Brooklands Rest Home has an owner/director (sole director) with a health background and is experienced in provision of aged care services since 2016. They own Brooklands rest home and another dementia only sister facility which is in close proximity. The owner/director has completed training related to cultural competency in 2023 and 2024 (sighted). They are in constant communication with the management team, visit the facility at least monthly and attend the management meetings.</p> <p>Brooklands rest home has a current strategic plan 2021-2026 in place with clear goals to support the documented vision, mission, and values. The values espouse empathy, responsibility, respect, and teamwork. The model of care sits within a framework that incorporates Māori concept of wellbeing – Te Whare Tapa Whā. The operations lead, on interview, was able to describe the company's quality goals with evidence sighted of ongoing monitoring of the goals, evaluation of progress and sign off when fully attained. The service organisation philosophy and strategic plan reflect a resident/whānau-centred approach to all services. for the service, providing a monthly update to the management meeting for discussion. The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes</p>

		<p>and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The facility and clinical lead (registered nurse) works 25 hours a week, Monday to Thursday. They have been with Brooklands rest home for more than four years and in the current role since March 2024. They are supported by an operations lead who has been in the role for over eight years, a team of registered nurses and experienced care and household staff. The management team have completed training related to managing an aged care facility including cultural training and ARC meetings.</p> <p>The prospective purchaser, Sentinel Group Investment Limited (SGIL), will change the name to Brooklands Elder Care Limited (BECL). There are two directors within SGIL, who have over 20 years' experience in aged care in various leadership and management roles. Both directors will not be assuming management roles within the service but will continue with the current management structure of Brooklands rest home. The directors own two other aged care facilities (one in Christchurch and another in New Plymouth). Clinical governance will continue to be the responsibility of the current facility and clinical lead (registered nurse).</p> <p>The prospective purchaser has developed a transition plan with timelines. The prospective purchaser has notified the relevant funder of the proposed purchase.</p> <p>The same quality system, policies, procedures, and electronic client management system will continue to be used. The new owners will continue with the similar outlay of business plan for 2021-2026. The current owner/director from the facility will support the new owners through the transition process. The proposed date of sale is 30 April 2025. The same national supplier contracts will be continued to be implemented.</p>
Subsection 2.2: Quality and risk	PA	Brooklands Rest Home has a documented quality and risk management programme. Quality and risk management systems

<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>Moderate</p>	<p>include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin tears, complaints, restraints). The facility and clinical lead (registered nurse) together with the facility manager (from the sister facility) complete a monthly clinical and quality update that is presented at the monthly management meetings.</p> <p>Meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education; however, meetings have not been completed as scheduled and the minutes do not provide evidence of discussion of key and quality risk areas. There is an annual internal audit calendar in place; however, the internal audits have not been completed as scheduled and not all corrective actions were signed off when completed. Collation of data related to incidents and accidents were documented as taking place with corrective actions documented where indicated, to address service improvements. Quality data and trends in data are posted as part of the meeting minutes when completed. Quality data analysis including benchmarking, and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Ethnicity data is linked to benchmarking data. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori.</p> <p>An annual resident and family/whānau survey was completed for 2024. The results of the 2024 resident and family/whānau satisfaction survey results demonstrate an overall satisfaction with services being provided. The residents, family/whānau and staff received the results. Residents and family/whānau interviewed were satisfied with service delivery.</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. Policies are regularly reviewed. New policies or changes to policy are communicated and discussed with staff.</p>
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		<p>A health and safety system is in place. The health and safety is incorporated and discussed as part of the management and staff meetings; however, these were not evidenced as occurring as scheduled. The health and safety representative was interviewed and confirmed they have received training to support their role. Identifications of any hazards are documented, and an up-to-date hazard register was reviewed (last reviewed January 2025). Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff and management meetings. Staff incidents, hazards and risk information is collated at facility level, reported in the management meetings. There were no serious incidents reported since last audit.</p> <p>Electronic reports are completed for every incident/accident. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and at handover. A sample of 12 incident/accident reports were reviewed and evidence communication to family/whānau. Discussions with the facility and clinical lead reflected their awareness of the requirement to notify relevant authorities in relation to essential notifications through Section 31 notifications: however, not with the Health Quality Safety Commission SAC reporting processes. There have been no section 31 notifications reported since last audit. There have no notifications made to HQSC since July 2024.</p> <p>There have been three outbreaks since last audit. Interview with staff and residents confirmed that these were appropriately managed; however, there was no documented debrief completed (link 5.4.4).</p> <p>The prospective purchaser on interview confirmed that they will continue with implementation of the current quality and risk management programme with the support of SGIL quality advisor. The same policies and procedures will be implemented and have been updated to align with 2021 Ngā Paerewa Services Standard. The facility and clinical lead will continue to assume oversight of clinical governance.</p>
Subsection 2.3: Service management	PA	There is a staffing policy that describes rostering requirements.

<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>Moderate</p>	<p>There is 24/7 registered nurse cover. The facility and clinical lead works 25 hours a week between Monday and Thursday (two full days on Tuesday and Wednesday and two half days on Monday and Thursday) and provide clinical on call cover on rotation with the registered nurse from the sister facility.</p> <p>Review of two weeks roster confirmed that all shifts were fully covered and backfilled when staff were absent on short notice. Rosters reviewed evidence sufficient number of healthcare assistants on each shift, with a medication competent healthcare assistant on each shift in the dementia unit and a registered nurse on each shift. There are separate staff allocated to non-clinical duties including maintenance, housekeeping and the kitchen. Interviews with care staff, confirmed that their workload is manageable. Staff and resident's family/whānau are informed when there are changes to staffing levels, evidenced in staff interviews, and resident/family interviews.</p> <p>There is a documented annual education and training schedule. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours; however, this has not been evidenced as being implemented. Competencies are completed by staff, which are linked to the education and training programme. Healthcare assistants are required to complete annual competencies for medication, health and safety, infection prevention and control, and moving and handling. A record of completion is maintained.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity; however, not all staff were evidenced to have completed the required training. Māori staff and residents also share information and whakapapa experiences to support learning about and address inequities with staff as confirmed during interviews.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently nine of the fourteen healthcare assistants have attained an</p>
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		<p>NZQA level 3 or above qualification. Of the twelve healthcare assistants who work in the dementia unit, four have attained their dementia standards. Of the eight staff who have not completed the required unit standards, four have been employed for less than 18months (with one currently enrolled) and four have been employed for more than 18months (with two enrolled for the four-unit standards).</p> <p>Registered nurses' complete competencies, including syringe driver, medication management and interRAI assessment. There are four registered nurses with current syringe driver competency. There are eight registered nurses, including the facility and clinical lead and only the facility and clinical lead is interRAI trained. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and outbreak management)</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</p> <p>The prospective owner was interviewed and confirmed that there will be no immediate changes to staffing levels but will be interviewing staff as per the transition plan schedule. They plan to provide all staff with education and training consistent with the current training plan and as required by standards and contractual requirements.</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>Human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Six staff files (one facility and clinical lead, one registered nurse, two healthcare assistants, one cleaner, one cook) reviewed evidence implementation of the recruitment process, employment contracts, police checking and performance reviews.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control</p>

		<p>coordinator).</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) nurse practitioner, registered nurses, pharmacists, physiotherapist and podiatrist. All staff who had been employed for over a year have an annual appraisal completed.</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. Competencies are completed at orientation. 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 and used in line with health information standards. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>There is a documented policy providing guidelines to safeguard clinical documentation. Resident files and the information associated with residents and staff are retained and archived. 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. Hardcopy documents are uploaded to the electronic system and securely stored in archive folders.</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. The facility and</p>

		clinical lead is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents' entry into the service is facilitated in a timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Six admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility and clinical lead (registered nurse) and operations lead are available to answer questions regarding the admission process. The service currently has vacancies. The service openly communicates with potential residents and family/whānau during the admission process. Declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, and this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focused.</p> <p>Staff who identify as Māori are available to support Māori residents and family/whānau.</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</p>	PA Low	<p>Six files were reviewed (including three from Memory Lane, one rest home and two hospital level residents). Registered nurses are responsible for conducting assessments and for the development and evaluation of care plans. There is evidence of resident and</p>

<p>wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic progress notes. Barriers that prevent whānau or tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service has one Māori resident who does not identify as Māori. The facility and clinical lead described how the service would support Māori and family/whānau to identify their own pae ora outcomes in their care plan.</p> <p>A range of assessments are completed on admission that contribute to the development of the initial care plan including (but not limited to) nutrition, skin, pressure and behaviour. There is a specific cultural assessment completed as part of the social and cultural plan. In the six files reviewed initial assessment and care plans were dated and completed within required timeframes.</p> <p>InterRAI assessments, reassessments and care plans are completed and evaluated within expected timeframes. The long-term care plans are holistic and cover medical and social needs. They reflect the required health monitoring and interventions for individual residents. Evaluations stated progress against the set goals. The healthcare assistants and registered nurse complete monitoring charts, including bowel; weight; food and fluid; pain; and behaviour. Neurological observations are completed for unwitnessed falls and suspected head injuries; however, not all incident reports reviewed evidenced timely RN follow up or opportunities to minimise future risks were not always documented. Short-term care plans are utilised for issues such as infections and weight loss. Long-term care plans have been updated when there are changes in health condition and identified needs. Nutritional profiles are completed on admission and reviewed regularly to monitor for change. Monthly weights are recorded and follow up taken if a change is seen.</p> <p>An electronic wound register is in place. On the day of audit one chronic wound was being treated. A wound assessment, and wound management plan was reviewed. Wound dressings were completed as scheduled. Active wounds are discussed at handover, with the nurse practitioner, and affected resident and family/whānau. Skin tears are reported on an incident form. Three incidents relating to</p>
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		<p>skin tears did not have interventions documented in a care plan and there was no evidence of registered nurse follow-up of the incident in the progress notes.</p> <p>All residents have an activity assessment and activity plan completed. The activity plan includes strategies for managing/diversion of behaviours. The plans for residents in Memory Lane (three of three files reviewed) did not include interventions across a 24-hour period to assist healthcare assistants in management of the resident behaviours.</p> <p>Handover was observed. Handover was attended by the facility and clinical lead, registered nurse, and healthcare assistant. Sufficient information was handed over to support continuity of care. Progress notes are written by healthcare assistants, the facility and clinical lead, and registered nurses. The registered nurses or facility and clinical lead add any incidents, nurse practitioner visits, or changes in health status. Progress notes documented an accurate record of the residents' care. Healthcare assistants stated there are adequate clinical supplies and equipment including continence and wound care supplies.</p> <p>All residents had been assessed by the nurse practitioner or general practitioner within five working days of admission. Residents are reviewed at least three-monthly. The nurse practitioner visits the facility every other week and more frequently if required. The nurse practitioner was interviewed and spoke favourably of the care provided. The facility has registered nurse cover 24/7. The facility and clinical lead is available for after-hours calls and advice during the week. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. All resident files reviewed included a physiotherapist assessment. Other health specialists such as podiatrist, dietitian, and continence advisor are available as required. Family/ whānau were notified of all changes to health, including infections, accident/incidents, nurse practitioner visits, medication changes and any changes to health status.</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>	<p>FA</p>	<p>There is an activities coordinator who works 25 hours/week. The activities coordinator is completing Level 4 Diversional Therapy training. Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career, and family/whānau. Resident files reviewed identified the activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan. Activities plans for those residents in Memory Lane did not include a description of activities to meet the resident's needs across the 24-hour period (link 3.2.3). Resident meetings are scheduled to be held three-monthly; however, the last recorded meeting was January 2024 (link: 2.2.2). Residents and whānau commented positively on the activities offered.</p> <p>A copy of the activities programme is on notice boards and is implemented by the activity's coordinator with support from the healthcare assistants. A copy is made available for whānau on request. The programme includes individual and group activities. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. During the audit residents were observed participating in group and individual activities.</p> <p>There is Catholic communion weekly. There are van outings every week. Examples of places visited are the port area, farms, forests, beaches, shops, and cafés. Special events such as birthdays, Matariki, Easter, Anzac Day, and Queens's birthday are recognised and celebrated. A facility cat who was observed engaging with residents during the audit. There is community input from local schools for drama and cultural performances. The facility celebrates Matariki, Māori language and tikanga in our activities and day to day life.</p> <p>The activities programme in Memory Lane have been developed to meet the cognitive, physical, and emotional needs of the residents. Residents who prefer to stay in their room, the activity's coordinator will provide one on one activities such as reminiscing, memory games, puzzles and assisting residents with their artwork. Residents in Memory Lane were observed to be enjoying one on one and</p>
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		<p>group activities. The group activities were held in the main lounge. On the day of audit an exercise group was being run in both Memory Lane and the dual purpose areas which residents appeared to be enjoying. Residents in Memory Lane enjoy weekly van outings to local places of interest. Staff have access to resources to support resident activities when the activity's coordinator is not at work,</p> <p>The service facilitates opportunities to participate in te reo Māori using Māori language on the noticeboard planner and monthly activities planner, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management procedures and related documents are available for safe medicine management that meet legislative requirements, including self-administration. There were no residents self-administering on the day of audit. Staff with medication competencies were all knowledgeable of the process should a resident wish to self-administer their medications and described accessing the policy. All policies and procedures had been adhered to. There are no standing orders. There are no vaccines stored on site.</p> <p>The facility uses Medimap for prescribing, blister packs for regular medication and packaging for 'as required' medications. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Registered nurses administer medications to rest home and hospital residents and senior medication competent healthcare assistants administer medications in Memory Lane. All staff have up-to-date medication competencies and there has been medication education this year. The medication fridge and room temperature are checked daily. Eye drops are dated once opened. Staff sign for the administration of medications. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, considered, and prescribed by the nurse practitioner. Medications were appropriately stored in the facility medication cupboard and locked trolley. The medication</p>

		<p>fridge temperatures and medication storage rooms are monitored daily and were within acceptable ranges.</p> <p>Twelve electronic medication charts were reviewed. The medication charts identified the nurse practitioner had reviewed all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-administering their medications. 'As required' medications had indications for use prescribed. Staff were observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, and this is documented in the progress notes. The facility and clinical lead described a process to work in partnership with Māori residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Interview with the prospective purchaser confirmed the medication management system will remain unchanged.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The service has a lead cook who works full time and a cook who covers the other days. The lead cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals are cooked on site. The residents have a nutritional profile developed on admission which identifies dietary requirements, likes, and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted in a folder. The four-weekly menu cycle is approved by a dietitian.</p> <p>The food control plan is due for re-verification on 25 June 2025. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer</p>

		<p>temperatures were monitored and recorded daily. Food temperatures are checked, and these were within safe limits. Special equipment such as lipped plates is available. During the audit, meals were observed to be hot and well-presented, and residents stated that they were enjoying their meal. The kitchen is adjacent to a spacious dining room in the rest home and meals are plated and served directly to residents. Meals are taken to Memory Lane from the kitchen in hot boxes. Meals are then plated in Memory Lane for residents who are eating in the dining area. A trolley is used for covered plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed supervising residents with meals. Staff were speaking respectfully and explaining the food being present. On the day of audit, meals were observed to be well presented in a homely manner. Cultural preferences were seen to be observed during meal.</p> <p>All residents and family members interviewed were very satisfied with the meals. They especially like the home baking. In the Memory Lane unit staff have their meals with the residents. Snacks are always available and there is a kitchenette where staff can make residents tea and coffee day or night.</p> <p>Interview with the prospective purchaser confirmed there will be no immediate changes made to the menu.</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>Referral to other health and disability services was evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Discussion with the facility and clinical lead identified that the service has access to a wide range of support either through the nurse practitioner, general practitioner, specialists and allied health services as required to support transition, transfer and discharge. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, whānau are informed, and this is facilitated by the nurse practitioner. Relevant documentation is sent with the resident, including a printout of their current</p>

		<p>medications, care needs and a copy of enduring power of attorney documents. Residents attending external appointments are encouraged to be accompanied by their family/whanau, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness that expires in August 2025. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a part-time maintenance person who works Monday to Friday and completes site maintenance. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted as required. A testing and tagging programme are in place. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</p> <p>The building caters for up to 30 residents. There are 13 dementia beds and 17 dual purpose beds. There are three double rooms with curtains for privacy. On the day of the audit one room was being shared. There is a reception area, kitchen, communal areas such as lounge, dining areas and visitor toilets. There are storage rooms, a sluice room that is operational and a linen cupboard. Equipment and furnishings are appropriate for the service being provided. All rooms have hand basins. There are communal showers and toilets. There are sufficient numbers of these. The shower areas are able to accommodate shower / tilt chairs if required. There are</p>

		<p>vacant/engaged signs on all shower/toilet doors. Memory Lane has pictures on the doors for easy identification. Flowing soap, hand gel dispensers and paper towels are installed in all areas.</p> <p>The building is on a flat section. The facility has sufficient space for residents to mobilise using mobility aids.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring is carpet tiles or vinyl and maintained in very good condition. Installations, walls, and floorings are in good condition. Secure external areas in Memory Lane are safely maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden with shade areas for the residents. There are handrails throughout the facility including in hallways, bathrooms, and communal toilets.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted on the day of the audit. Family/whānau interviewed, confirmed the bedrooms are personalised according to the residents' individual preferences.</p> <p>The prospective purchaser has no immediate plans to change the environment.</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>PA Moderate</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 26 September 2017. Fire evacuation drills are completed every six months as scheduled. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Water within the facility is heated by electricity. In the event of a</p>

		<p>power outage, there is a BBQ and gas cooking in the kitchen is available. The service has a preferential access agreement for a generator with a local provider. Civil defence supplies are stored centrally and checked at regular intervals (sighted). There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff and external contractor orientation and is also ongoing as part of the education plan.</p> <p>Review of the roster does not demonstrate there is a staff member who is first aid trained on each shift. Van outings are attended by a first aid trained staff member.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors. Residents were observed to have their call bells in proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Doors leading to the outdoors are alarmed,</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 of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The infection control coordinator has access to personnel with expertise in infection control and AMS. Expertise is accessed from Public Health, Health New Zealand who can supply infection control resources and the nurse practitioner.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the owner/director. The infection control coordinator reports pandemic analysis to the management meeting when it occurs. Outbreak of other infectious diseases is reported if and when they occur. There are policies and procedures in place to manage</p>

		<p>significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, management, the nurse practitioner, and the Public Health team.</p> <p>The infection control coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly as part of the management/quality meeting and staff meeting and as required. Infection control reports are discussed at the management/quality meetings and staff meetings; however, these have not been completed as scheduled (link 2.2.2). The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. There are adequate resources to implement the infection control programme. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p> <p>The prospective purchaser on interview confirmed that they will continue with implementation of the current infection prevention and control (IPC) and antimicrobial stewardship (AMS) programme.</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 facility and clinical lead (a registered nurse) is the infection control coordinator. A documented and signed role description for the position is in place. The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually by the facility and clinical lead (infection control coordinator) and facility manager (at sister facility) and is linked to the quality and business plan. The infection control coordinator has completed external training.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired</p>

	<p>infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Brooklands Rest Home has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff; however, not all staff were evidenced as completing infection control education in the last 12 months (link 2.3.4). The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits have not been completed as scheduled (link 2.2.2).</p> <p>The facility and clinical lead has responsibility for purchasing consumables. All other equipment/resources are purchased through the operations lead. Infection control coordinator stated they will have input into significant changes to the building, which will occur with collaboration and support from cultural advisors and owner/director. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff interviewed explained provision of culturally safe service.</p> <p>The prospective purchaser will implement the same infection control and AMS programme. The facility and clinical lead will maintain the</p>
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		role of infection control coordinator.
<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>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the nurses, and management/quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at appropriate meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at facility level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, and nurse practitioner notes.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	PA Low	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (registered nurse) uses the information obtained through surveillance to consider infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions have not always been documented as being discussed at the staff and management/quality meetings (link 2.2.2). Ethnicity data is included in benchmarking of infection control data at facility level. Review of benchmarking data shows that Brooklands Rest Home infection rates were low numbers. The infection control coordinator interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are</p>

		<p>processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections,</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been three outbreaks since last audit; gastroenteritis related outbreak in January 2024, Covid-19 outbreak in July 2024 and another Covid19 outbreak in January 2025. The outbreaks were well managed. No debrief process was documented following the outbreaks. Staff interviewed stated they were confident in their ability to manage the outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</p> <p>There are no changes planned to the surveillance programme by the prospective purchaser.</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>The facility implements a waste management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility. There is a training plan which includes education related to waste management chemical training and infection control; however, not all staff have completed the required training (link 2.3.4).</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are appropriately labelled. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning staff are aware of</p>

		<p>the requirement to keep their cleaning trolleys in sight.</p> <p>All laundry is completed by healthcare assistants. The safe and hygienic collection and transport of laundry items into relevant colour coded bags was witnessed. There is a laundry on site with a clear dirty to clean flow area. All resident clothes and linen is laundered on site. Staff interviewed confirm there is enough linen available. Residents' woollen items and mop heads are laundered separately. Residents' clothing is labelled and personally delivered to their rooms by staff each shift. Residents and family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation required with the infection control coordinator. There was no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits have not been completed as scheduled by the infection control coordinator (link 2.2.2).</p> <p>The prospective purchaser confirmed the laundry service will remain onsite, and there will be no changes to cleaning processes.</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 owner/director demonstrated an understanding of and commitment to maintaining a restraint-free environment for residents at Brooklands Rest Home. There are current policies that reflect best practice and meet the restraint minimisation standard around restraints. The owner/director acknowledged the intent to work in partnership with Māori should restraint be used, in support of mana enhancing services. The owner/director would be made aware of instances of restraint in management meetings.</p> <p>The facility and clinical lead is the restraint coordinator. There is a job description that defines the role and responsibilities. No residents were using restraints on the day of audit. The facility and clinical lead informed the service has been restraint free for approximately five years. There are processes in place to support staff in the management of restraint should this be required. Staff are required</p>

		<p>to complete challenging behaviour training (link: 2.3.4). Strategies to maintain a restraint-free environment are included as part of the mandatory training plan and orientation programme. The use of restraint would be reported in staff meetings. Instances of restraint would be reported through to management meetings.</p> <p>The healthcare assistants and registered nurse were observed using diversion strategies to de-escalate residents.</p> <p>Interview with the prospective purchaser confirmed governance commitment to eliminate restraint and maintain a restraint free environment at Brooklands Rest Home. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint elimination and safe practice.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Brooklands Rest Home has a documented quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The facility and clinical lead together with the facility manager (from the sister facility) complete a monthly clinical and quality update that is presented at the monthly management meetings; however, meetings have not been completed as scheduled. Staff meeting minutes sighted were only for August, September, December 2024, and March 2025 instead of monthly. Management meeting minutes sighted were for Jan, April – October 2024 and January 2025 instead of monthly. The last resident, family/whanau meeting minutes were January 2024 instead of monthly. The</p>	<p>(i). Staff, management and resident, family/whanau meetings have not been evidenced as being held as scheduled.</p> <p>(ii). The meeting minutes reviewed do not evidence discussion of all key quality and risk management issues to inform governance on decision making.</p> <p>(iii). Internal audits have not been evidenced as being completed as scheduled.</p> <p>(iv). Where the internal audits have been completed, there is no evidence of corrective</p>	<p>(i). & (iii). Ensure meetings and internal audits are completed as scheduled.</p> <p>(ii). Ensure meeting minutes evidence robust discussion of key quality and risk issues.</p> <p>(iv). Ensure internal audit corrective actions are followed up and signed off when achieved.</p> <p>90 days</p>

		<p>management and staff meeting minutes reviewed did not include evidence of discussion of all key quality and risk issues including (but not limited to) accident and incidents, infection prevention and control, health and safety, complaints, staff training and corrective actions related to internal audits are not always discussed to inform governance on decision making. These have only been evidenced as discussed and documented in the August and October management/quality meeting minutes.</p> <p>There is a schedule of annual internal audits to be completed; however, internal audits have not been evidenced as being completed as scheduled. For the audits completed there is no evidence of corrective actions being implemented and signed off when achieved or progress / outcome documented.</p>	<p>action plans being followed up or signed off when completed.</p>	
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Each incident/accident is documented on the electronic resident management system. The twelve incident/accident forms and corresponding progress notes reviewed did not always indicate assessment and follow-up of incident by a registered nurse (link 3.2.3). The incidents reviewed did not show correct categorisation of severity assessment code (SAC) in line with the National adverse events reporting policy. Interview with the facility and clinical lead evidenced lack of awareness of the national policy and reporting requirements to Health Quality and Safety Commission in relation to essential notifications. There have been no documented section 31 and SAC reports</p>	<p>(i). The current policy related to accident and incident reporting has not been updated to reflect the National Adverse Events Reporting policy.</p> <p>(ii). Categorisation of incidents and accidents in the resident electronic management system, does not reflect the appropriate category related to the risk.</p>	<p>(i). Ensure policy is updated to meet current requirements.</p> <p>(ii). Ensure incident and accident risk categories are in line with National Adverse Events Reporting policy categories.</p> <p>90 days</p>

		<p>completed since last audit.</p> <p>Review of incident reports and progress notes from the files reviewed and interviews with staff did not show evidence that there were events that may have been missed to be reported to HQSC or under section 31. There have been no incidents required to be notified through section 31 notifications.</p>		
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Moderate</p>	<p>Staff who work in the dementia unit have not completed the required four-unit standards as per ARRC agreement E4.5f. Of the twelve healthcare assistants who work in the dementia unit, four have attained their dementia standards. Of the eight staff who have not completed the required unit standards, four have been employed for less than 18 months (with one currently enrolled) and four have been employed for more than 18 months (with two enrolled for the four-unit standards).</p>	<p>Not all staff who work in the dementia unit have completed the required dementia unit standards as per ARRC agreement E4.5f</p>	<p>Ensure that all staff who work in the dementia unit have completed the required unit standards.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is a documented annual education and training schedule for 2024 and 2025. The education and training schedule lists compulsory training which includes cultural awareness, dementia, de-escalation, and challenging behaviours; however, not all training has been completed as scheduled. There was no evidence of training including (but not limited to) abuse and neglect, code of rights, pain, restraints, challenging behaviour, food handling and civil defence being completed.</p>	<p>(i). Mandatory training has not been completed as scheduled.</p> <p>(ii). The attendance numbers documented for care staff related to core topics provided were inadequately attended.</p>	<p>(i). Ensure training is completed as scheduled.</p> <p>(ii). Ensure all staff complete the required training.</p> <p>90 days</p>

		<p>Review of the attendance records for care staff training related to mandatory topics were inadequately attended (showed that less than 30% of staff had completed it). This included training topics including (but not limited to) health and safety, waste and hazardous substances, communication, infection control, accident and incident reporting.</p>		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and</p>	PA Low	<p>Long-term care plans were current and seen to have been evaluated at six-month intervals. There is evidence of family/whānau involvement in goal development. Activity plans are developed based on the long-term care plan and the resident's Life Story. In the activity plans of the three-Memory Lane resident files reviewed there was insufficient detail of the diversional interventions that could be used to provide guidance to healthcare assistants across a 24-hour period.</p> <p>Skin tears are reported using an incident form. A short-term care plan or wound plan is then developed to describe interventions and monitor progress. Three skin tear incidents did not have interventions documented in a care plan. In addition, there was no evidence of registered nurse follow-up with the incidents in the progress notes.</p>	<p>(i). Three of three activity plans did not include a 24-hour reflection of close to normal routine for the resident, with detailed interventions to assist healthcare assistants in management of the resident behaviours.</p> <p>(ii). Three skin tear incidents did not have interventions documented in a care plan.</p> <p>(iii). There was no evidence of registered nurse follow-up with the incidents in the progress notes.</p>	<p>(i). Ensure activity plans reflect 24-hour management of the resident behaviours.</p> <p>(ii). Ensure a registered nurse documents interventions to guide staff around the management of the wounds.</p> <p>(iii). Ensure the RN documents follow up of incidents.</p> <p>90 days</p>

<p>beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA Moderate</p>	<p>There is a registered nurse on site 24/7, however not all registered nurses are first aid trained. Review of the roster across a two-week period indicated there are insufficient numbers of healthcare assistants who hold a current first aid certificate to ensure there 24/7 cover.</p>	<p>Review of the roster does not demonstrate that there is a staff member who is first aid trained on each shift.</p>	<p>Ensure there is a first aid trained staff member on each shift.</p> <p>60 days</p>
<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Low</p>	<p>There have been three outbreaks since last audit; gastroenteritis related outbreak in January 2024, Covid-19 outbreak in July 2024 and another Covid19 outbreak in January 2025. The outbreaks were well managed. The debrief process documented following the outbreaks was brief and did not provide sufficient detail to evidence a comprehensive debrief.</p>	<p>The debriefs following the three outbreaks were not comprehensively documented to evidence a comprehensive debrief process to improve service delivery.</p>	<p>Ensure the debrief process is comprehensively documented to help continuously improve service delivery.</p> <p>90 days</p>

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.