

Adriel Rest Home Limited - Adriel Resthome

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Adriel Rest Home Limited

Premises audited: Adriel Resthome

Services audited: Dementia care

Dates of audit: Start date: 31 March 2025 End date: 1 April 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: 40

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Adriel Rest Home (Adriel) provides rest home dementia care for up to 42 residents. There have been no changes to the services provided or the facility since the last audit. The owner/operator is a registered nurse and continues to fill the roles of facility manager and clinical manager. They are supported by a part-time new graduate registered nurse.

This certification audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, whānau, the owner/manager, staff, and a general practitioner.

Strengths of the service include a commitment to the Spark of Life philosophy and the dedication of long-serving staff.

At this audit, 16 areas for improvement were identified; these relate to engagement with Māori and Pacific people, recruitment of Māori and Pacific staff, promotion of te reo Māori and tikanga, clinical governance, quality and risk processes, testing of electrical equipment, waste management and laundry processes.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Some subsections applicable to this service partially attained and of low risk.
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Adriel works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with culturally safe services based on Te Tiriti o Waitangi and the principles of mana motuhake.

There were no Pacific residents at the time of audit; staff described how they would be provided with services that recognised their worldviews and were culturally safe if there were residents in the future. A Pacific plan developed in consultation with Pacific communities was available.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The owner of Adriel Rest Home is also the facility manager, clinical manager and registered nurse. They assume accountability for delivering a high-quality service. This included honouring Te Tiriti.

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When residents enter the service, Adriel adopted a person-centred and whānau-centred approach. Relevant information was provided to potential residents and their whānau to support informed decision-making.

Adriel worked in partnership with residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive assessments, and updated to reflect any new issues that arise. Files reviewed demonstrated that care was appropriate to the needs of residents and their whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and to participate in meaningful community and social activities appropriate to their age and stage of life.

Medicines were safely managed and administered by staff who have been assessed as competent.

The food service met the nutritional needs of residents, with cultural preferences and special dietary requirements catered for. Food was prepared and managed safely.

Residents were referred or transferred to other health services as required, with appropriate documentation and communication to support continuity of care.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. External areas are accessible, safe and provide shade and seating, and met the needs of people with disabilities.

A fire evacuation plan has been approved. Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff and whānau understood emergency and security arrangements. Residents and whānau reported a timely staff response to call bells. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk.
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The owner, who provides governance, ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The registered nurse/manager is the infection control coordinator and leads the programme.


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

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

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

The environment at Adriel supported infection prevention and minimisation of transmission. Waste and hazardous substances were generally well managed.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by governance and policies and procedures. There were no residents using restraints at the time of audit. Restraint was last used in 2024.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Restraint use is and reported to governance.

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	20	0	7	2	0	0
Criteria	0	159	0	14	2	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>PA Low</p>	<p>Adriel has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Education has occurred to ensure services were Māori-centred and culturally safe. Mana motuhake was respected. A Māori health plan has been developed with input from cultural advisers and was used for residents who identified as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>There is a policy in place which describes the commitment to actively recruit and retain a Māori health workforce across roles. However, strategies have not been implemented; refer criterion 1.1.3. Staff ethnicity data was documented on recruitment and trended.</p> <p>The need to engage in partnerships with Māori organisations and local iwi to support service integration, planning, equity approaches and support for Māori was understood by the owner/manager. However, this had not yet been achieved; refer criterion 1.1.5.</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>PA Low</p>	<p>Adriel identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service. Partnerships with local Pacific groups enable ongoing planning and evaluation of services and outcomes. However, the owner/manager was unable to describe how the service will work towards achieving equity for Pacific peoples; refer criterion 1.2.2.</p> <p>There were no Pacific residents at the time of audit; staff described how they would be provided with services that recognise their worldviews and are culturally safe if there were residents in the future.</p> <p>There is policy in place which describes the commitment to actively recruit and retain a Pacific health workforce across roles. However, strategies described have not been implemented; refer criterion 1.2.4. Staff ethnicity data was documented on recruitment and trended.</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>Adriel staff interviewed demonstrated a clear understanding of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in ways that aligned with their individual preferences and choices.</p> <p>Residents and whānau interviewed confirmed they had been informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and had been given opportunities to discuss and clarify their rights.</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</p>	<p>PA Low</p>	<p>Adriel supported residents in a way that is inclusive and respectful of their unique identity, background, and lived experiences. Residents and their whānau, including those living with disabilities, confirmed that services are provided in a manner that upholds their dignity, privacy, gender identity, sexual orientation, spirituality, and personal choices.</p> <p>During the audit, staff were consistently observed maintaining</p>

<p>experiences.</p>		<p>residents' privacy and all residents at Adriel have private rooms.</p> <p>Te reo Māori was promoted within the service through bilingual signage, cultural celebrations, and staff-led activities. While some staff have completed training in Te Tiriti o Waitangi and demonstrated awareness of its principles, further progress is needed to fully embed tikanga Māori into everyday practice across the service. Refer criterion 1.4.4.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Adriel staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take should any signs be observed. No instances of discrimination, coercion or harassment were identified during the audit through staff, resident, or whānau interviews, nor in the documentation reviewed.</p> <p>Residents' personal property was labelled on admission, and residents and whānau/Enduring Power of Attorney (EPOA) reported that their belongings were treated with respect. Resident finances were protected, and staff did not handle residents' money.</p> <p>Professional boundaries were maintained by Adriel staff. Staff interviewed expressed confidence in raising concerns related to institutional or systemic racism and felt assured that such concerns would be appropriately addressed. A strengths-based, holistic model of care was evident, incorporating Te Whare Tapa Whā framework.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	<p>FA</p>	<p>At Adriel, residents and their whānau reported that communication was open, effective and respectful. They felt listened to and well supported, with information provided in a clear and accessible manner. Communication was tailored to meet individual resident needs, with information delivered in various formats to support understanding—for example, through verbal explanations, written material, visual aids, or translation services where appropriate.</p> <p>Changes in a resident's health status were communicated to</p>

<p>their choices.</p>		<p>whānau and EPOA promptly, and where other agencies were involved in a resident's care, coordination and information sharing have occurred in a timely and appropriate manner.</p> <p>Examples of open and transparent communication were evident following adverse events and in the management of any complaints. Staff demonstrated awareness of how to access interpreter services when required.</p> <p>Adriel actively promoted open communication and resident engagement. The facility hosts "Sunshine Clubs" several times a week, creating a welcoming forum for residents to express their views, share ideas, and participate in conversations about daily life and service delivery. Group activities are also used to encourage open dialogue, connection, and inclusion. Residents were supported to be involved in decision-making processes and were encouraged to maintain independence wherever possible.</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>At Adriel, residents and/or their legal representatives were provided with the information necessary to make informed decisions about their care and support. Residents and EPOA reported feeling empowered and actively involved in decision-making processes. With the resident's consent, whānau were included in discussions and decisions relating to their care.</p> <p>Nursing and care staff interviewed demonstrated a sound understanding of the principles and practice of informed consent. This is supported by comprehensive policies that align with the Code of Health and Disability Services Consumers' Rights (the Code) and reflect tikanga Māori guidelines.</p> <p>Advance care planning and documentation of EPOA arrangements were evident in all resident files reviewed. Where applicable, activation letters for EPOAs were also present and appropriately filed.</p> <p>All residents in the secure dementia unit have a documented EPOA or welfare guardian on file that has been activated by an appropriate medical practitioner.</p>

		<p>Consent is obtained on admission for a range of standard activities, including photography, personal cares, and participation in outings. The Code of Rights was prominently displayed throughout the facility in both English and te reo Māori, promoting visibility and understanding for all residents and their whānau.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau/EPOA understood their right to make a complaint and knew how to do so.</p> <p>There have been no complaints from Māori. The owner/manager described how they work to ensure the process would work equitably for Māori, which would include a hui process to meet with the complainant and whānau.</p> <p>There had been one complaint received in late 2023 from an external source; review of documentation confirmed the complaint process had been followed, and investigation had occurred. The complainant was informed of the findings, and the complaint was closed in a timely manner. There had been no complaints received in the last 12 months, including from external sources.</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>PA Moderate</p>	<p>The owner/manager operates as the governing body for Adriel, and they assume accountability for delivering a high-quality service to the residents.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the owner/manager, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals were defined in a business plan, and monitoring and reviewing of progress towards goals occurred at planned intervals. Adriel supports the Spark of Life philosophy, which has a person-centred approach to care. The owner/manager is suitably experienced and qualified to manage the service and was responsible for service provision. They remain</p>

	<p>current through attending education study days and membership of the New Zealand Aged Care Association.</p> <p>A commitment to quality and management systems was evident and the owner has invested in a system developed by an external provider which will assist in the monitoring of all quality and risk activity.</p> <p>Equity for Māori, Pacific peoples and tāngata whaikaha was addressed through policy and education and enabled through choice and control over supports and the removal of barriers that prevent access to information or services, and examples of this were discussed for tāngata whaikaha. All staff have received education on Te Tiriti o Waitangi and health equity. However, the owner/manager could not describe how they were monitoring equity or outcomes for Māori; refer criterion 2.1.5.</p> <p>The owner/manager, who provides governance oversight, has completed education on Te Tiriti, health equity and cultural safety.</p> <p>Adriel supported people to participate in the planning of service delivery through satisfaction surveys, a Spark of Life survey and whānau/EPOA meetings. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both were used to monitor and improve services; However, results of all surveys for 2024 have not yet been collated, refer criterion 2.2.2.</p> <p>Policies have been developed by an external provider, with input from Māori. However, Adriel has no meaningful Māori representation at governance level; refer criterion 2.1.9.</p> <p>There was no defined clinical governance structure in place and management/quality meetings had not been occurring regularly; refer criteria 2.1.11 and 2.2.2.</p> <p>Adriel is contracted by Health New Zealand – Te Whatu Ora Waitaha Canterbury (Te Whatu Ora Waitaha) to provide rest home dementia services under the Age-Related Residential Care Agreement (ARRC) for up to 42 residents. Adriel Rest Home is divided into two 21 bed units, Adriel Rest Home and Adriel House.</p>
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		On the day of audit, there were 40 residents, 20 in each unit.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	PA Moderate	<p>Adriel had a planned quality and risk system that reflected the principles of continuous quality improvement. This included the management of incidents and complaints, internal audit activities, a regular whānau and Spark of Life satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections and wounds. However, the quality management framework had not been fully implemented. Internal audits were completed, and relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated through the analysis and tracking of incidents. However, this data was not used to identify areas for improvement; refer criterion 2.2.2.</p> <p>Residents, whānau and staff contributed to quality improvement through reporting of incidents, complaint investigations and staff surveys. The last staff surveys, whānau satisfaction surveys and Spark of Life surveys were completed in 2024. These have not yet been collated and areas for improvement have not been identified; refer criterion 2.2.2. Initial review of the surveys showed that whānau/EPOA were happy with the services provided at Adriel and this was confirmed in interviews.</p> <p>Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support from Māori staff. Critical analysis of organisational practices to identify ways to improve health equity had not occurred; refer criterion 2.2.8.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The owner/manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, risk related to potential inequities had not been identified or recorded; refer criterion 2.2.4.</p>

		<p>Staff documented adverse and near miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The owner/manager understood and has complied with essential notification reporting requirements. There have been no notifiable clinical incidents since the last audit. The last change of clinical manager was notified on 24 July 2023 and evidence of this was sighted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The owner/manager is a registered nurse and works full time at the facility. They are supported by a new graduate registered nurse who works 24 hours per week. This registered nurse staffing meets the clinical requirements of the facility. However, due to fulfilling the registered nurse role, the owner/manager has been unable to complete all management and governance functions; refer subsections 2.1 and 2.2.</p> <p>The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents.</p> <p>High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>There was a process in place to identify, plan, facilitate and record</p>

		<p>ongoing learning. Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of residents and their whānau. Mandatory competencies for all staff included completing education related to dementia care and the Spark of Life programme to ensure high quality dementia care was provided.</p> <p>Staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waitaha. This includes completion of the required dementia care training by supportive partners (care staff), and thirteen staff have completed the required dementia training, five are enrolled and training is underway. The process to enrol new staff was discussed and a further eight staff are about to commence training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role, and additional responsibilities, such as holding a restraint or infection prevention portfolio, were also included.</p> <p>Professional qualifications and registration (where applicable) had been validated prior to employment; this included the verification of contracted health providers' annual practicing certificates.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>

		<p>Staff information, including ethnicity data, was accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support was available to them.</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>	FA	<p>The service maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and available only to authorised users.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Staff at Adriel are not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information</p>	PA Low	<p>Residents were admitted to Adriel only after their required level of care has been formally assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Resident files reviewed met all contractual and clinical requirements, with evidence that the admission process followed clearly documented entry criteria. These criteria are publicly available and well understood by staff, ensuring transparency and consistency in access to the service. All residents admitted to the Adriel secure dementia unit had a specialist's authorisation for placement and were admitted with the consent of their EPOA.</p> <p>Adriel's entry process is designed to meet the individual needs of</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>residents and their whānau. Residents were welcomed with a person-centred approach that considered their preferences, cultural background, and support needs. Whānau interviewed expressed satisfaction with the admission process, stating they felt well informed and supported. Information provided at the time of admission was reported to be clear, relevant, and easy to understand.</p> <p>Where a prospective resident was not accepted into the service, Adriel had established procedures for communicating the decision in a respectful and timely manner. Decline decisions were documented, and data analysed—including specific monitoring of decline rates for Māori—to support equity and continuous service improvement.</p> <p>At the time of audit, Adriel had not yet established formalised partnerships with local Māori communities or organisations to actively support Māori residents and their whānau during the admission process (refer criterion 3.1.6).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>At Adriel, the multidisciplinary team worked in partnership with residents and their whānau to support overall wellbeing. Individualised care plans were developed by appropriately qualified staff following a comprehensive assessment, which considers each resident’s lived experience, cultural needs, values, and beliefs. The care planning process also considered integration with wider health and support services where required. Early warning signs, risks, and preventative strategies were clearly documented, with a focus on timely intervention and escalation as appropriate.</p> <p>Assessments were informed by a range of clinical tools and included input from residents and their whānau, where applicable. All assessment and planning timeframes—including initial assessments, medical or nurse practitioner reviews, initial and long-term care plans, and regular reviews met contractual and policy requirements. Staff demonstrated an understanding of how to support Māori residents and their whānau in identifying and working toward their own pae ora (wellbeing) outcomes. This was verified</p>

		<p>through clinical file reviews and interviews with staff, residents and whānau.</p> <p>Management of specific medical conditions was well documented, with evidence of ongoing monitoring and evaluation using appropriate outcome measures. Where a resident's progress differed from expectations, care plans were updated in collaboration with the resident and/or their whānau. Residents and whānau interviewed confirmed they were actively involved in the care planning and review process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>Adriel's activities programme supported residents to maintain, regain, and develop their interests in ways that were meaningful and appropriate to their age and stage of life. Activity assessments and plans identified each resident's personal interests, background, and identity, ensuring a person-centred approach. Both individual and group activities reflect residents' goals, preferences, and ordinary patterns of life, including opportunities to engage in normal community-based experiences.</p> <p>The facility embraces the Spark of Life philosophy, which was deeply embedded into the daily life of Adriel. This philosophy promoted connection, joy and purpose for every resident, and was evident across all levels of engagement. Residents have the freedom to walk around the extensive grounds, tend to the vegetable garden, and participated in activities such as jam-making and creating other products for community resale. They were encouraged to make choices in everyday routines and participate actively in Sunshine Club meetings, where they can share their views, connect with others, and take part in vibrant, stimulating discussions that foster a sense of purpose and belonging. The residents have the opportunity, where applicable, to participate in Māori language activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	<p>Adriel's medication management policy is current and aligns with the Medicines Care Guide for Residential Aged Care and best</p>

<p>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>practice guidelines. On the day of the audit, a safe and well-organised electronic medication management system was observed. All staff responsible for administering medications had completed appropriate training and demonstrated competency in their roles.</p> <p>Medication reconciliation was conducted as required, and all medications sighted were within their current use-by dates. Medicines, including controlled drugs, were stored securely, with all required stock checks completed. Storage temperatures were consistently maintained within recommended ranges.</p> <p>Prescribing practices at Adriel met regulatory requirements. Residents' medication charts included documentation of allergies and sensitivities, and any adverse events were appropriately managed. Over-the-counter medications and supplements were reviewed and considered by the prescribing practitioner as part of the resident's overall medication regimen. The required three-monthly general practitioner (GP) reviews were consistently recorded on medicine charts. Standing orders were not used.</p> <p>Residents do not self-administer medications at Adriel; however, residents, including Māori residents and their whānau, are supported to understand their medications, with culturally appropriate communication used where necessary. Any challenges in accessing prescribed medications are identified, and timely support is provided to resolve these issues.</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 food service at Adriel aligns with recognised nutritional guidelines for older adults in residential care. The current menu has been reviewed by a qualified dietitian within the past two years, and all recommendations from that review have been implemented. Residents were observed to participate in food preparation, where appropriate, and with relevant guidance.</p> <p>All aspects of food management at Adriel complied with relevant legislation and food safety guidelines. The facility operates under an approved food control plan and maintains current registration.</p>

		<p>Each resident undergoes a nutritional assessment upon admission, and individual dietary needs—including personal preferences, allergies and intolerances, special diets, and texture modifications were incorporated into the daily meal planning. Menu options reflecting te ao Māori were available for Māori residents and their whānau, supporting culturally appropriate food choices.</p> <p>Residents have access to drinks and snacks, such as sandwiches, fruit and biscuits, 24 hours a day.</p> <p>Resident satisfaction with meals was confirmed through interviews with residents and whānau, satisfaction surveys, and documented feedback in resident meeting minutes. Residents were observed to have ample time to enjoy their meals in a calm, unhurried environment, and those requiring assistance received it in a respectful and dignified manner.</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>At Adriel, resident transfers and discharges were planned and managed in a safe, coordinated manner, involving collaboration between relevant services, the resident, and their whānau. Risks and current support needs were clearly identified and appropriately addressed throughout the process. Where applicable, residents and whānau were supported to explore options for accessing other health, disability, and social or cultural support services. Whānau/EPOA interviewed confirmed they were kept well informed and involved during the transfer of their loved one.</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>	PA Low	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. The building had a building warrant of fitness which expires on 1 April 2026. There were currently no plans for further building projects requiring consultation, but the owner/manager was aware</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>of the requirement to consult with Māori if this was envisaged.</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks and checking and calibration of clinical equipment. However, at the last testing cycle not all equipment was checked; refer criterion 4.1.1.</p> <p>Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces were culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these were also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities, with appropriate seating and shade. Residents can freely move between the two units and extensive outdoor areas.</p> <p>Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment, if required. Rooms were personalised according to the resident's preference. All rooms have a window, allowing for natural light. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 18 February 2014 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill was held six-monthly; the most recent drill was on 24 October 2024. The emergency plan considered the needs of residents with dementia.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, including supplies of food and water. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Staff can provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and have been approved by the owner/manager who is responsible for governance. They are linked to the quality improvement system and are reviewed and reported on yearly.</p> <p>Expertise and advice had been sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the owner/manager.</p> <p>Policy described a stepwise approach to infection prevention risk management.</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>	<p>PA Low</p>	<p>At Adriel, the infection prevention and control coordinator (IPCC) is responsible for leading and implementing the infection prevention and control (IPC) programme. While there was evidence of infection control activities being carried out, this has not been reviewed or reported on annually (5.2.2). The IPCC holds appropriate skills and knowledge for the role and has confirmed access to the necessary resources and support. Input from external agencies is sought when required, particularly in relation to care delivery, facility design or modifications, procurement decisions, and policy development or review.</p> <p>Adriel's infection prevention and control policies align with current standards and reflect accepted good practice. Where appropriate, cultural advice can be accessed to ensure the IPC approach is responsive to the needs of all residents, particularly Māori and Pacific peoples.</p> <p>Staff demonstrated familiarity with IPC policies, supported through on-site education and an orientation programme. During the audit, staff were observed adhering to IP protocols in practice. Residents and their whānau were educated about infection prevention in ways that are accessible and culturally appropriate, with educational materials available in te reo Māori when required.</p> <p>A comprehensive pandemic and infectious disease response plan is in place and has been tested. The facility maintained adequate supplies of personal protective equipment (PPE), and staff have received appropriate training in its safe and effective use.</p> <p>Staff showed sound knowledge of the procedures for disinfecting and reprocessing reusable medical devices, and evidence confirmed these practices are carried out in accordance with current best practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted at Adriel. The antimicrobial stewardship (AMS) programme is appropriate for the size and complexity of the service and is supported by clear policies and procedures. The facility/clinical manager liaises regularly with</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>the general practitioner (GP) to ensure the safe and appropriate use of antimicrobials in older residents, taking into account age-related pharmacological considerations and infection risks. The effectiveness of the AMS programme is evaluated through ongoing monitoring of antimicrobial use, review of prescribing trends, and identification of areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>At Adriel, surveillance of health care-associated infections (HAIs) is appropriate for the type and level of services provided and aligns with the risks and priorities outlined in the infection prevention and control (IPC) programme. Surveillance data, including ethnicity, is collected via the electronic system, which enables the IP coordinator to monitor infections, identify trends, analyse possible causative factors, and determine required actions. This data is collated and analysed monthly. Data is shared with staff.</p> <p>The IPC coordinator reported surveillance findings, as well as any infection prevention concerns or emerging issues, directly to the general practitioner (GP) to support safe, coordinated care. A summary report of a recent infection outbreak was reviewed and demonstrated a comprehensive investigation and follow-up process. Learnings from this event have since been incorporated into current practice to strengthen preventative strategies.</p> <p>Communication between service providers, residents, and whānau regarding HAIs is culturally safe and respectful, ensuring that residents feel informed and supported throughout their care.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	<p>PA Low</p>	<p>A clean and hygienic environment at Adriel supported the prevention of infection and the mitigation of transmission of antimicrobial-resistant organisms. Staff followed documented policies and procedures for the safe management of waste, including infectious and hazardous substances. While general waste management processes were observed to be effective, it was noted that there is currently no contracted provider available to</p>

<p>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>dispose of sharps (5.5.1).</p> <p>Laundry and cleaning services were regularly monitored for effectiveness, although improvements are required with linen segregation and laundry processes (5.5.4). The infection prevention coordinator maintains oversight of the environmental testing and monitoring programme. Staff involved in cleaning and waste management have completed relevant training and were observed performing their duties in a safe and hygienic manner. All chemicals were securely stored and appropriately labelled.</p> <p>Residents and their whānau reported that the laundry service was managed well, and that the facility was consistently clean and tidy. This was confirmed through observations conducted during the audit.</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>Maintaining a restraint-free environment is the aim of the service. The owner/manager who is responsible for governance at Adriel demonstrated commitment to this and is the executive leader responsible. At the time of audit, no residents were using a restraint. Any use of restraint is reported to the owner/manager.</p> <p>Restraint was last used in December 2024; that was the first use of restraint since 2000.</p> <p>Policies and procedures met the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The owner/manager is responsible for the approval of the use of restraints and the restraint processes. There were clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision-making.</p> <p>Sub sections 6.2 and 6.3 were audited because of the recent use of restraint.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the owner/manager and takes into consideration the person’s cultural, physical, psychological, and psychosocial needs and addresses wairuatanga. This was confirmed in review of the resident’s file and interview with staff and the resident’s EPOA.</p> <p>A restraint register is maintained and reviewed regularly by the owner/manager. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>A person-centred debrief follows any episode of emergency restraint using the most appropriate member of the workforce to do so. No emergency restraint is used.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The owner/manager undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported back to staff.</p> <p>Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint is rare and has occurred once in the last five years.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.1.3</p> <p>My service provider shall actively recruit and retain a Māori health workforce across all organisational roles.</p>	PA Low	Adriel has adopted a policy developed by an external provider which details the commitment to recruit and retain Māori staff. This was discussed with the owner/manager. However, no strategies have been implemented to attract and encourage Māori to work at the facility.	Adriel Rest Home has not implemented strategies to recruit and retain Māori staff.	<p>Ensure steps are taken to recruit and retain Māori staff.</p> <p>180 days</p>
<p>Criterion 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	The owner/manager of Adriel was aware of the requirement to work in partnership with iwi and Māori organisations to allow for better service integration, planning and support for Māori. Initial contact with one local marae was made, but no partnerships have been established and there has been no contact with	Adriel Rest Home was unable to evidence how it works in partnership with local iwi and Māori organisations to allow for better service integration, planning, and support for Māori.	Ensure that connections are made to allow staff at Adriel to work in partnership with local iwi and Māori organisations to allow for better service integration, planning, and support for Māori.

		other Māori organisations.		180 days
<p>Criterion 1.2.2</p> <p>My service provider shall focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p>	PA Low	A Pacific peoples plan is in place and there are established contacts with the local Pacific community. However, the owner/manager could not describe how the service focused on achieving equity and efficient provision of health and disability services for Pacific peoples.	Adriel staff were unable to describe or evidence that there is a focus on achieving equity and efficient provision of health and disability services for Pacific peoples.	<p>Ensure there is a focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p> <p>180 days</p>
<p>Criterion 1.2.4</p> <p>My service provider shall actively recruit, train, and retain a holistic Pacific health and wellbeing workforce that is responsive to the Pacific population's health and disability needs. This will include Pacific peoples in leadership and training roles.</p>	PA Low	There is policy in place which describes the commitment to actively recruit and retain a Pacific health workforce across roles. However, no strategies have been implemented and there were no Pacific staff employed at Adriel.	Adriel was unable to evidence that steps have been taken to actively recruit and retain a Pacific health and wellbeing workforce, including in leadership and training roles.	<p>Ensure steps are taken to actively recruit and retain a Pacific health and wellbeing workforce, including in leadership and training roles.</p> <p>180 days</p>
<p>Criterion 1.4.4</p> <p>Te reo Māori and tikanga Māori shall be actively promoted throughout organisations and incorporated through all their activities.</p>	PA Low	Some staff at Adriel have completed training in te Tiriti o Waitangi; however, not all staff demonstrated a clear understanding of its principles or how to implement them—along with tikanga Māori—into the facility's daily operations and environment. There was some evidence of Māori-based activities, including celebrations for Matariki and Waitangi Day, Māori language activities facilitated by the diversional therapist, and a flax weaving session. While a small	Te reo Māori and tikanga Māori are not actively promoted throughout the organisation or incorporated throughout all the facility activities.	<p>Ensure te reo Māori and tikanga are actively promoted throughout the organisation.</p> <p>180 days</p>

		amount of Māori signage was observed, its presence was minimal.		
<p>Criterion 2.1.11</p> <p>There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.</p>	<p>PA Moderate</p>	<p>Governance at Adriel is provided by the owner/manager, who is a registered nurse. However, they could not describe the clinical governance structure or function within the facility. Head of department, management and quality meetings are scheduled monthly; the owner/manager confirmed these have not been occurring regularly and meeting minutes sighted did not evidence they were providing a clinical governance function.</p>	<p>There was no clinical governance structure in place.</p>	<p>Ensure there is a clinical governance structure in place.</p> <p>90 days</p>
<p>Criterion 2.1.5</p> <p>Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.</p>	<p>PA Low</p>	<p>Policy recognised the requirement to ensure that services delivered would improve outcomes and achieve equity for Māori. However, the owner/manager who provides governance oversight was not able to evidence how this was monitored and was not able to confirm the facility would know whether the service was improving outcomes or achieving equity for Māori.</p>	<p>Governance at Adriel Rest Home confirmed they do not have processes in place to monitor outcomes and equity for Māori.</p>	<p>Ensure there are processes in place to monitor service delivery and to determine whether services were improving outcomes and achieving equity for Māori.</p> <p>180 days</p>
<p>Criterion 2.1.9</p> <p>Governance bodies shall have meaningful Māori representation on relevant</p>	<p>PA Low</p>	<p>Policies have been developed by an external provider with input from Māori. Adriel is owned and operated by the manager, who was the sole provider of governance for the facility. However,</p>	<p>Adriel does not have access to Māori expertise and there is no meaningful representation from Māori at a governance level.</p>	<p>Ensure that governance has meaningful access to Māori expertise and resources.</p>

<p>organisational boards, and these representatives shall have substantive input into organisational operational policies.</p>		<p>the facility had not yet made connections with local iwi, or Māori organisations. As a result, Adriel does not have access to Māori expertise and there is no meaningful representation from Māori.</p>		<p>180 days</p>
<p>Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>There is a quality management framework in place. This includes the management of incidents and complaints, internal audit activities, a regular whānau and Spark of Life satisfaction survey. Internal audits were verified to have been completed as per the annual schedule and corrective actions were put in place to address any shortfalls. Incidents were reported and reviewed, and appropriate actions taken. Tracking of incidents was occurring for falls, medication errors and infections.</p> <p>Scheduled meetings included a comprehensive head of department, management and quality meeting which is planned monthly. However, minutes reviewed evidenced that in four of the last five meetings reviewed, the only person recorded as present was the owner/manager. When interviewed, they confirmed the meeting had not occurred and the minutes served as a quality report of data. Staff meetings have occurred monthly and evidenced staff are informed of the outcomes of incident monitoring.</p>	<p>Not all elements of the quality and risk framework have been implemented. Meetings to discuss incidents and quality outcomes have not occurred in four out of the last five instances scheduled. Data from satisfaction surveys has not been collated and analysed and no areas for improvement have been identified from quality data available.</p>	<p>Ensure that all elements of the quality framework used to monitor service delivery are implemented, including holding regular quality meetings to review incident trends and the analysis of satisfaction surveys.</p> <p>180 days</p>

		Staff surveys, whānau satisfaction surveys and a survey to review the Spark of Life programme are planned annually. These occurred in 2024, but there has been no collation of results or analysis of data; no areas for improvement have been identified.		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	There is a risk management process in place, including the identification, documentation, monitoring, review and reporting of risks, including health and safety risks. Hazards and risks were identified on a register and mitigation strategies were documented and reviewed accordingly. However, there has been no consideration of risks related to potential inequities.	Risk management did not include the consideration of potential inequities.	<p>Ensure risk management includes the identification of risks related to potential inequities and that these are documented, along with strategies to mitigate the risk.</p> <p>180 days</p>
<p>Criterion 2.2.8</p> <p>Service providers shall improve health equity through critical analysis of organisational practices.</p>	PA Low	There is a business plan in place and documentation included analysis of strengths, weaknesses, opportunities and threats. However, analysis has not been included a critical analysis of organisation practices with a view to identify ways to improve health equity.	There had been no critical analysis of organisation practices with the aim to improve health equity.	<p>Ensure that critical analysis of organisation practices occurs with the aim to improve health equity.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori</p>	PA Low	Adriel currently does not have a designated Māori or Pacific cultural advisor in place. One staff member identified as Māori and may be available in the future to provide cultural support to residents; however, this role has not yet been formally	Adriel has not yet developed formal partnerships with Māori communities, organisations, or Māori health practitioners to support culturally safe entry for Māori residents and their whānau. This is an area requiring further	<p>Establish meaningful partnerships with local Māori communities, organisations, and Māori health practitioners to support culturally safe entry and care for Māori</p>

<p>communities and organisations to benefit Māori individuals and whānau; (b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>		<p>established or actively implemented.</p> <p>During the audit, staff were observed respecting residents' cultural and spiritual needs. While there was no evidence of formal engagement with Māori health advisors or practitioners to ensure a culturally safe admission process for Māori or Pacific residents, staff demonstrated a good understanding of Te Whare Tapa Whā model of care. Some progress has been made in incorporating Māori and Pacific cultural elements into group activities and daily routines</p>	<p>development.</p>	<p>residents and their whānau.</p> <p>180 days</p>
<p>Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>There is a planned maintenance schedule including electrical testing and tagging, resident equipment checks and the checking and calibration of clinical equipment. However, at the last testing cycle, not all equipment was checked, and 186 items were recorded on the schedule as missing; these included electric beds, kitchen equipment, a refrigerator, DVD player and clock radio. When discussed, the owner/manager was not able to say if these electrical items remained at the facility.</p> <p>The facility had two hoists for resident use; one had no record of being tested or checked.</p>	<p>Not all electrical equipment recorded as being onsite had been tested, and the manager was unsure which items remained in use. One hoist in use had no record of being tested or checked.</p>	<p>Ensure all electrical items and clinical equipment in use in the facility are tested and tagged.</p> <p>90 days</p>

<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	<p>PA Low</p>	<p>There was an infection prevention programme in place that had been developed by those with infection prevention expertise, linked to the quality improvement programme. However, the programme had not been reviewed and reported on annually.</p>	<p>The infection prevention programme had not been reviewed and reported on annually.</p>	<p>Ensure the infection prevention programme is reviewed and reported on annually.</p> <p>180 days</p>
<p>Criterion 5.5.1</p> <p>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.</p>	<p>PA Low</p>	<p>On the day of the audit, staff were observed disposing of sharps safely and in accordance with policy. Multiple sharps bins were available and appropriately placed throughout the facility. Historically, Adriel's medical centre accepted sharps for incineration; however, this arrangement has recently ceased. The facility/clinical manager has not yet secured an alternative contracted provider for the disposal of sharps, although discussions with potential services are currently underway.</p> <p>Adriel has a documented policy in place for the safe disposal of sharps, and there have been no recent reports of sharps-related injuries.</p>	<p>There is currently no contracted provider in place for sharps disposal, and alternative arrangements are still being explored.</p>	<p>Adriel is to establish a formal contract with an approved provider for the safe disposal of sharps.</p> <p>180 days</p>

<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	<p>PA Moderate</p>	<p>Laundry at Adriel is generally well managed, with staff transporting linen using designated laundry trolleys and following safe handling practices. A clearly defined dirty and clean area is maintained in the laundry, and staff were observed using appropriate personal protective equipment (PPE) and practicing good hand hygiene. Linen was not placed on the floor at any time.</p> <p>However, red laundry bags for soiled or infectious linen were not available, and colour-coded or yellow disposable bags for best practice segregation were not in stock at the time of audit. While staff were able to describe basic laundering procedures, all linen is currently washed on a cold cycle, and staff expressed uncertainty regarding appropriate wash temperatures for soiled or infectious items. Additionally, staff were not fully aware of the need to colour-code or segregate linen to reduce the risk of cross-contamination. Infectious or heavily soiled linen is soaked in a bucket with disinfectant prior to washing.</p>	<p>Laundry services at Adriel do not fully meet best practice due to the absence of colour-coded bags, the use of cold wash cycles, and gaps in staff awareness regarding linen segregation and appropriate wash temperatures for soiled or infectious items.</p>	<p>Ensure laundry processes meet the required standard for laundering clinical linens.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.