Elsdon Enterprises Limited - Annaliese Haven Rest Home

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:	Elsdon Enterprises Limited
Premises audited:	Annaliese Haven Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 April 2025 End date: 8 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: 62

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Annaliese Haven Rest Home is owned and operated by Elsdon Enterprises Limited and provides rest home, hospital and dementia care services for up to 62 residents. There have been no changes to the service or facilities since the last audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Waitaha Canterbury. The process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau members, members of the governance group, managers, staff, and a general practitioner(s).

Ten areas for improvement were identified at this audit. These related to staff training in the dementia unit, human resource processes for volunteer staff, collection and use of ethnicity data, analysis of entry and decline data, assessment and care planning, diversional therapy plans for residents, review of the menu by a dietitian, infection prevention audits and partnership with Māori to ensure culturally safe infection prevention.

Ō tātou motika | Our rights

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

Annaliese Haven works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were provided with services that recognise their worldviews and were culturally safe when needed.

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 are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is 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

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

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

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

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

The National Adverse Events 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. Permanent staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supported safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

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

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

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

Medicines were safely managed and administered by staff who were competent to do so.

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

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

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

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

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

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

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

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

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

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

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

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

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

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

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	5	2	0	0
Criteria	0	158	0	7	3	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Annaliese Haven has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. There were residents and staff who identified as Māori on the days of the audit. Annaliese Haven is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. The CEO has links with a cultural advisor who provides cultural advice and support. The facility manager (FM) has established links with a local marae and a staff member provides cultural support and advice as needed. Residents and whānau interviewed reported that staff respected their right to mana motuhake. Staff reported they include tikanga in their practice and are learning te reo Māori. The FM reported, and documentation confirmed, that staff have attended cultural safety training. Staff reported they have attended

		Te Tiriti o Waitangi and cultural safety training.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	Annaliese Haven works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs, are embraced. Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services. Cultural needs assessments were completed at admission by the registered nurse (RN), the diversional therapist (DT) and the activities co-ordinator, to identify any shortfalls. The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan is available for reference. A Pacific plan with cultural guidelines and standard operating procedures has been developed with input from the wider Pacific community. They include Pacific models of care and guide staff to deliver culturally safe services to Pacific people. There were residents of Pacific heritage who identified as Pacific people at the time of the audit. Annaliese Haven has identified and works in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service. The FM has links with the Pacific community. For example, on one day of the audit, a Pacific group were entertaining the residents through music.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a	FA	Elsdon Enterprises Limited and Annaliese Haven were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake) and were observed supporting residents in accordance with their wishes.

way that upholds their rights and complies with legal requirements.		Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Annaliese Haven supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Te reo Māori and tikanga Māori were promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility, and key resident information, such as the Code of Rights, was displayed in te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
Subsection 1.5: I am protected from abuse 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.	FA	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practices. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident, whānau and welfare guardian interviews, or in documentation reviewed. Residents' property was labelled on admission; resident, whānau and welfare guardian interviews reported that residents' property was respected and well cared for. Resident finances were protected, and staff do not handle residents' money. Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional

		and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was described in policy and included use of Te Whare Tapa Whā model. However, wellbeing outcomes are not always identified, including for Māori; refer criterion 3.2.3.
Subsection 1.6: Effective communication occurs 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 their choices.	FA	Residents and whānau reported that communication was open and effective, they felt listened to and had time for discussions and for decisions to take place. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau and Enduring Power of Attorney (EPOA) or welfare guardians in a timely manner. Where other agencies were involved in care, communication had occurred. The general practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and their legal representative were provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. Those residents, whānau and welfare guardian interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and whānau in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau; these were known to staff. Advance care planning, establishing and documenting welfare guardianship or EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All residents in the secure dementia units had a

		documented EPOA or welfare guardian on file that had been activated by an appropriate medical practitioner.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The FM advised there was a process in place to manage complaints from Māori through the use of hui, appropriate tikanga, and/or te reo Māori as applicable. Complaints forms are available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so. Staff described the process should they receive a complaint. The FM is responsible for complaints management and follow-up. There had been no formal complaints received by the service since the last audit. The FM described the process, including informing the complainant, should there be a complaint.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The CEO, who is the owner and one of two directors, and the management team assume accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external and internal Māori advisors. The CEO has access to an external consultant who monitors changes to legislative and clinical requirements and has access to domestic and international legal advice. The 2024-2026 business plan includes the vision, mission statement and goals. It includes a strengths, weaknesses, opportunities and threats (SWOT) analysis. The plan outlines their scope, direction, objectives and values for the organisation. It was last reviewed in December 2024. The FM is responsible for management of the facility, supported by

		the clinical nurse manager (CNM), with oversight from the CEO. The FM has been in the role for almost four years and has 30 plus years' experience in the aged care sector. The CNM, who has been in the role since October 2022, is a RN with 10 years' experience in the aged care sector. When the FM is absent, the CNM carries out all the required duties under delegated authority with support from the CEO. The CEO reported that adequate information to monitor performance was provided. A sample of the FM's monthly reports to the CEO showed reporting was of a consistent format. The clinical team discussed clinical indicators including medication errors, falls and infections. Minutes and data were sighted. The CEO and the management team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms, and purchasing equipment. Annaliese Haven was focused on improving outcomes and achieving equity for Māori and people with disabilities. This was occurring through oversight of care planning and reviews, whānau meetings, feedback and communication with the resident and their whānau, and staff knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs. The FM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external cultural advisors. Residents receiving services and whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. The organisation holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury for age-related residential care for rest home, dementia and hospital care, and provides end-of-life care. On the first day of audit, there were 62 residents. Twenty residents

		were receiving hospital level care, 12 receiving rest home care and 30 receiving dementia level care. It was noted that the provider's certificate with the Ministry of Health is for 61 beds, and the manager was asked to contact HealthCERT in relation to this. There has been no reconfiguration carried out to increase the beds by one since the last audit and the manager confirmed the facility has operated with 62 beds for approximately 10 years. This audit confirmed the facility is suitable to provide care for 62 residents. The organisation also holds contracts for long-term chronic health conditions and respite care. There were no residents under these contracts during the audit.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and incidents including infections and falls. Residents, whānau and staff contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed. Annaliese Haven undertakes a variety of resident and whānau surveys. The last resident survey was completed in October 2024, with very good results. Evidence was sighted of feedback to the residents' meeting in November 2024. The next resident survey is due to be completed by the end of April. The last next of kin survey was completed in October. Evidence was sighted of the very good results being forwarded to the CEO. Quality improvements were being implemented, such as covered outdoor areas, new outdoor furniture, re-carpeting, and the purchase of a large generator. The FM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information was reported and discussed.

		The organisation uses the policies and templates developed by an external contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The 2025 internal audit schedule was sighted. Completed audits included clinical records, cleaning, laundry medication, infection prevention, call bells, hot water, and the environment. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. Staff meeting minutes evidenced feedback. The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, potential inequities and development of mitigation strategies. Documentation evidenced that the risk management plan was current. Staff reported at interview that they knew to report risks. Staff documented adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents were being disclosed with the designated next of kin. The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. Annaliese Haven understood and has complied with essential notification reporting requirements. A sample of Section 31 notifications were sighted. The notifications to the Health, Quality and Safety Commission relating to pressure injuries were sighted. There have not been any coroner's inquests, police investigations or employment disputes since the last audit. Staff were supported to deliver high-quality health care to residents who identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, handover, and communicating with the resident and whānau. Staff reported they were learning te reo Māori and gave examples of

		tikanga. Annaliese Haven benchmarked through the aged care industry against relevant health performance indicators, for example, infections, skin care and falls. The FM and CNM reported that benchmarking data in all areas except falls compare positively against other industry averages. Graphs and narratives were sighted. The CNM reported, and evidence was sighted, of critical analysis of practices. The FM and CNM reported that the service works to address any shortfalls, for example, a preventative falls programme was due to commence within the next few months.
Subsection 2.3: Service management 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.	PA Low	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. A safe rostering tool was used. The facility adjusts staffing levels to meet the changing needs of residents. An adequate number of RN's were employed. An activities employee delivers activities in the dementia care unit on the weekends. Laundry and household staff were rostered seven days per week. A review of two weekly rosters confirmed adequate staff cover has been provided, with staff replaced for any unplanned absence. Residents, whānau and staff interviewed confirmed there were sufficient staff. There are staff who have worked in this care home for between two months and fifteen years. There is always at least one staff member on duty with a current first aid certificate. An after-hours, on-call system was in place, with the CNM providing clinical cover and the FM providing support for all other areas 24/7. Staff reported that good access to advice was available when needed. Bureau staff have been used to cover RN shortages. The FM described the recruitment process, which includes interviews, and referee and police checks. The staff competency policy guides the service to ensure

		competencies are assessed and support equitable service delivery. A sample of competencies, for example, manual handling and medication competencies, confirmed the training. Continuing education was planned on an annual basis, including mandatory training requirements. The FM reported, and documentation confirmed, that staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications. Six health care assistants working in the dementia unit have completed standard units 2390, 2391, 2392, and 2393. Thirteen staff are yet to be enrolled to commence the training. A corrective action has been raised. Six of the ten registered nurses were interRAI trained. Four RNs were either booked or will be booked to complete the training. Meetings were held with the resident and their whānau to discuss and sign care plans. Residents' meetings were held bi-monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Minutes were sighted. The FM reported, and documentation evidenced, that Annaliese Haven was building on its own knowledge through cultural training, communication with the resident, whānau, online training resources and learning te reo Māori. Staff reported the use of te reo Māori. Signage in te reo Māori was evident. The audit began with a karakia. The CNM reported that, where health equity expertise was not available, external agencies were contacted. For example, Te Whatu Ora gerontology staff, and external community health providers. Staff reported feeling well supported and safe in the workplace through the FM being approachable, Christmas and birthday celebrations, receiving a gift at Christmas, food provided at meetings, and being thanked for their care.
Subsection 2.4: Health care and support workers	PA Low	Human resources management policies and processes are based

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. 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. 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.		on good employment practice and relevant legislation. A sample of 10 permanent staff records reviewed confirmed the organisation's policies were being consistently implemented. The DT and activities staff reported that six volunteers help, when available, with activities. There was no evidence that the HR processes had been followed for the volunteers. A corrective action has been raised. Position descriptions were documented and were sighted in the files reviewed. Current annual practicing certificates (APC) were sighted for the ten registered nurses, a pharmacist, two general practitioners, the podiatrist, and physiotherapist. The diversional therapist's certificate of qualification was sighted. The FM was sourcing the APC for the dietitian. Staff reported that the orientation programme prepared them well and included all necessary components relevant to the role, including those staff working in the dementia care unit. Staff described their orientation and were buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of this was seen in files reviewed. Staff confirmed that performance was reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Paper-based staff files were kept locked and confidential. Ethnicity data for staff was not being collected. A corrective action has been raised. Staff reported that incident reports were discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.
Subsection 2.5: Information The people: Service providers manage my information sensitively	FA	Policies and procedures guide staff in the management of information. All necessary demographic, personal, clinical and health information was fully completed in the residents' files

and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.		sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Electronic data is username and password protected. Information is accessible for all those who need it. Backup database systems are held by an external provider. Files are held securely on site for the required period before being destroyed. No personal or private resident information was on public display during the audit. A cataloguing system was used to retrieve files if needed. Annalise Haven is not responsible for National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	PA Low	Entry criteria were documented and available to the community and understood by staff. Residents entered Annaliese Haven when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. All residents admitted to the secure dementia units had a specialist's authorisation for placement and were admitted with the consent of their EPOA or welfare guardian. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Enquiries were documented and a waiting list was in place. No residents had been declined entry. There were processes in place for communicating the decision should this occur. Data related to entry and decline had not been analysed; refer criterion 3.1.5. The service has developed partnerships with local Māori communities and organisations and supports Māori and their whānau when entering the service.
Subsection 3.2: My pathway to wellbeing	PA	The multidisciplinary team at Annaliese Haven work in partnership with the residents and whānau/EPOA to support wellbeing. Eight

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. 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.	Moderate	resident files were reviewed: two from hospital level, two from rest home level and four from the secure dementia unit. The files reviewed verified that a registered nurse develops a plan of care to suit the resident's needs following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which included wider service integration, where required. Assessments included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner input, initial care plan, long-term care plan, short-term care plans, and review/evaluation met contractual requirements. However, the individual strengths, goals and aspirations of residents were not recorded; refer criterion 3.2.3. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly, or earlier if clinically indicated. Where progress was different from that expected, changes were not always made to the care plan and plans reviewed did not always reflect the residents' current needs; refer criterion 3.2.5. When a resident's needs changed, referral was made to the NASC for reassessment of level of care. Examples of this occurring appropriately were sighted, and the general practitioner confirmed nurses identified when a resident's needs change and they were called appropriately when needed. Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals or outcomes; however, this was not always documented; refer criterion 3.2.3. Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. The EPOA or welfare guardian is involved at every step of the assessment, care planning and review process for residents in the secure dementia unit. Those interviewed confirmed involvement in the assessment, care planning and review process, including residents with a disability.

		The general practitioner was interviewed and stated the care was good and communication had improved. Policies and processes were in place to ensure tāngata whaikaha and whānau participate in service development. Examples of choices and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information.
Subsection 3.3: Individualised activities 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.	PA Moderate	The activities programme was provided by a diversional therapist and two activities coordinators. The programme was further supported by caregivers when the activities team were not present. The addition of an activities coordinator to work at the weekend allows the programme to operate seven days a week in the dementia unit. Activities, including visiting entertainers, were seen to occur in the dementia unit at the time of audit. The programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan was developed for all residents; however, these were not always individualised and did not meet the requirements of the provider's contract with Health New Zealand Waitaha Canterbury; refer criterion 3.3.1. Individual and group activities reflected residents' goals and interests and ordinary patterns of life and included normal community activities. A variety of activities were observed during the audit. Carers assist in providing activity support 24 hours a day in the dementia units. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. Feedback on the programme was provided through resident meetings and surveys. Those interviewed confirmed they found the programme met their needs.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	PA Low	The food service is in line with recognised nutritional guidelines for older persons. However, the menu had not been reviewed by a qualified dietitian; refer criterion 3.5.4. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration which expires on 16 January 2026. Each resident has a nutritional assessment on admission to the facility. Personal food preferences, allergies, intolerances, special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Cultural protocols around food are followed, including the laundering of kitchen and food-related

		items separately. Residents who are able can participate in food preparation through the activities programme. Residents in the secure dementia unit have access to snacks, such as sandwiches, fruit and biscuits, and drinks 24 hours a day. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from Annaliese Haven is planned and managed safely, with coordination between services and in collaboration with the resident and whānau/EPOA. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Evidence of actions taken to transfer residents to more appropriate levels of care within the facility when their needs change, such as hospital level care, was sighted. Processes were in place to transfer residents to acute care if needed, and evidence of this occurring was sighted. Whānau reported being kept well informed during the transfer of their relative.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well	FA	A current building warrant of fitness was publicly displayed. It expires on 20 June 2025. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they met legislative requirements. The maintenance personnel described the maintenance schedule,

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.		which was sighted. Equipment tagging and testing was current, as confirmed in interviews with the FM, documentation and observation. Current calibration of biomedical records was sighted. Staff confirmed they knew the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned. The environment was comfortable and accessible to meet the mobility needs of people receiving services. An internal courtyard and a fenced back garden are available for residents to use. External areas are safely maintained and were appropriate for people with dementia, with items such as tools secured. The environment design provides safe areas that encourage purposeful walking. The FM and maintenance personnel reported that residents were supervised while in the outside areas. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs. Spaces were culturally inclusive and suited the needs of the resident groups. There were a number of areas where residents can relax, sit in small and larger groups for private conversations or to undertake activities. This was observed in both the rest home/hospital and dementia areas. The dining areas and the lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs. There are a variety of room types, some with ensuites consisting of toilet and handbasin, and others with toilet, shower and handbasins. Toilets are also in close proximity to dining and lounge areas. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The number of toilet and bathroom facilities for visitors and staff is adequate. Appropriately secured and approved handrails are provided in the

		bathroom areas, and other equipment is available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms were personalised, with furnishings, photos and other personal items displayed. Staff reported that they respected the residents' spiritual and cultural requirements. Residents, whānau and staff reported the adequacy of bedrooms. Heating is provided by underfloor heating. Residents, whānau and staff were happy with the environment, including heating and ventilation, and privacy. Each area was warm and well-ventilated throughout the audit. The FM reported, and documentation confirmed, that a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. 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.	FA	The current fire evacuation plan was approved by the New Zealand Fire Service on 22 August 2023. Trial evacuations and training have taken place six-monthly with a record sent to Fire and Emergency New Zealand (FENZ), the most recent being on 19 March 2025. The record was sighted. Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provided guidance for staff on responding to civil emergency and disaster events. The emergency plan considered the special needs of people with dementia in an emergency. Emergency evacuation plans were displayed and known to staff. The orientation programme included fire and security training. Staff files evidenced staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attended regular fire drills. Fire extinguishers, call boxes, floor

		plans, sprinkler alarms, exit signs, and fire action notices were sighted. Staff reported attending fire safety training and records confirmed this. The FM and CNM reported that eight of the ten RNs had a current first aid certificate. Two RNs were booked to attend a first aid course. Current first aid certificates were sighted in the support staff and RN files reviewed. Call bells alerted staff to residents requiring assistance. Residents and families reported staff responded promptly to call bells. Appropriate security arrangements were in place. Doors and windows were locked at a predetermined time and staff undertook checks at night. Closed-circuit cameras have been installed above two entrances and in specific internal areas. Residents, whānau and staff were fully informed, and their use does not compromise personal privacy. Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies and PPE, were sighted. Supplies were last checked in March 2025. The maintenance personnel and FM reported there was sufficient water stored in the ceiling tank and bottled. This meets the National Emergency Management Agency recommendations for the region. The maintenance personnel reported that alternative lighting and cooking facilities are available. The FM reported, and the CEO confirmed, that a large generator is held offsite exclusively for the use of Annaliese Haven in the event of an emergency. Residents and whānau were informed of the emergency and security arrangements at entry.
Subsection 5.1: Governance 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	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, have been approved by the governing body, were linked to the quality improvement system, and were reviewed and reported

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.		on yearly. Annaliese Haven has IP and AMS programmes outlined in its policy documents. The CNM is responsible for the IP and AMS programmes at the facility and information was fed back to staff, residents and whānau as required. Expertise and advice were sought following a defined process. The facility can access IP and AMS expertise through Te Whatu Ora and outbreaks can be escalated through them when required. Additionally, advice can be accessed through the laboratory, external community health providers and the attending GPs. Infection prevention and AMS information was discussed at facility level in staff meetings. Minutes evidenced the reporting of issues and significant events. The Pandemic Plan has been tested through the outbreak of COVID-19.
Subsection 5.2: The infection prevention programme and implementation 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.	PA Low	The clinical nurse manager is the infection prevention and control coordinator (IPCC) and was responsible for overseeing and implementing the IP programme with reporting lines to the facility manager and the governance group. The IPCC responsibilities were documented in a job description, and they had the appropriate skills, knowledge and qualifications for the role. They confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery and policies. The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. The infection prevention programme was developed by those with IP expertise, approved by the governing body and was linked to the quality improvement programme. The programme was last reviewed and reported on in January 2025. Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a

		manner that met their needs. Educational resources were available in te reo Māori. A pandemic/infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. There have been no changes to the design of the building and no new building is planned. The IPCC was aware of the requirement for IP input and co-design with Māori should this occur. Staff were familiar with policies for decontamination of reusable medical devices and shared equipment; there was evidence of these being appropriately decontaminated and reprocessed. However, the process was not audited; refer criterion 5.2.10. Single-use medical devices were not reused. The facility was unable to confirm how it works in partnership with Māori to ensure culturally safe practice in relation to IP; refer criterion 5.2.13.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. 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.	FA	Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions were used, and monthly surveillance data,

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.		including ethnicity data, was collated and analysed to identify any trends, possible causative factors and required actions. Benchmarking against industry standards was now occurring. Results of the surveillance programme were reported to management and shared with staff. Documentation from a 2024 infection outbreak was reviewed and demonstrated a thorough process for monitoring and follow-up, including notification of the outbreak. There were clear processes for culturally safe communication between staff and residents. Residents and whānau/EPOA interviewed were happy with the communication from staff in relation to health care-acquired infection.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances, including the use of personal protective equipment. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were seen to be stored safely. Documented policies are in place for the management of cleaning services. These describe the methods, frequency and materials to be used. Cleaning processes were monitored for effectiveness through the internal audit programme. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Laundry services were provided onsite. These were well managed, with appropriate separation of clean and dirty laundry and clear procedures described the methods, frequency and materials to be used. The service was monitored for effectiveness and met the needs of the facility. Residents and whānau reported that the laundry was managed well, and the facility kept clean and tidy. This was confirmed through

		observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. This was documented in the restraint policy and is a goal in the business plan. The CEO, FM, CNM and staff confirmed the commitment to this. At the time of audit, no residents were using a restraint. A RN is the restraint coordinator, providing support and oversight for any restraint management should it be used. Their position description and evidence of training was sighted. The restraint coordinator reported that a restraint would be used as a last resort when all alternatives have been explored. There were processes in place to report aggregated restraint data, including data analysis supporting the implementation of an agreed strategy should there be any restraint. Minutes reviewed evidenced nil restraint reported. The CNM is involved in the purchase of equipment should it be needed. Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free training, and management of challenging behaviours. Staff reported, and documentation confirmed, they had received training. Policies and procedures met the requirements of the standards. Given there has been no restraint reported to governance since the last audit, subsections 6.2 and 6.3 have not been audited.

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)
Criterion 2.3.4 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.	PA Low	The FM reported, and documentation evidenced, that six HCAs working in the dementia care unit had completed the required unit standards. The two RNs working in the dementia unit had completed dementia training. Thirteen HCAs working in the dementia care unit have not been enrolled in the standards. The FM began the enrolment process during the audit.	Thirteen out of 19 staff working in the dementia care unit are not yet enrolled in the NZQA programme.	Ensure all HCAs working in the dementia wing complete the required training within the required timeframe. 180 days
Criterion 2.4.1 Service providers shall develop and implement policies and procedures in accordance with good	PA Low	Volunteers have been in place with the activities team since early 2025 and assist both in the facility and on outings when they are available. The names, availability and contact	The HR processes have not been followed for the volunteers working with the activities team.	Ensure the HR processes are followed for the volunteers working with the activities team.

employment practice and meet the requirements of legislation.		details for six volunteers were sighted. The FM, DT and activities staff could not provide evidence that the HR processes had been followed. The DT provided evidence of the orientation form and volunteer workers agreement form that were to be used.		180 days
Criterion 2.4.6 Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.	PA Low	Paper-based staff files were kept locked and confidential. A review of the HR files evidenced that ethnicity data was not being collected. It is a requirement in the recruitment policy. The FM confirmed that ethnicity data for staff was not being collected, recorded or used in line with the Health Information Standards Organisation.	Ethnicity data for staff was not being collected, recorded and used in line with the Health Information Standards Organisation.	Ensure ethnicity data for staff is being collected, recorded and used in line with the Health Information Standards Organisation. 180 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	Enquiries were documented and the number of admissions had been reported to governance; however, this data did not identify admissions for Māori. No residents had been declined entry. There had been no routine analysis of entry data, including for Māori, and there was no provision to analyse declines should they occur.	There was no process in place to analyse entry and decline data and this had not occurred.	Ensure there is routine analysis of entry and decline data, including for Māori. 180 days

Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (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; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (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;	PA Moderate	Assessments of physical needs are carried out by registered nurses on admission, while the diversional therapist (DT) is responsible for assessing cultural, spiritual and activity needs. Assessment is occurring. However, the cultural needs, values and beliefs were not always identified, including for Māori residents, and the goals and aspirations related to physical, cultural and spiritual needs were not documented. Supports to achieve residents' individual goals were not identified. Goals recorded in the care plans reviewed were generic in nature and the residents' individual personal strengths, goals and aspirations were not documented. This was verified in eight of eight files reviewed.	Resident's individual and personal strengths, goals and aspirations were not documented in care plans reviewed.	Ensure the personal strengths, goals and aspirations of residents are documented, and supports to achieve these personal goals are identified. 90 days

(h) People's care or support plan identifies wider service integration as required.				
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.	PA Moderate	Resident progress was evaluated through regular interRAI assessments, and these were verified to have been completed. Day-to-day progress is evaluated by the registered nurse and documented in progress notes; progress notes were sufficiently detailed to describe the resident's changing needs. The general practitioner verified that staff identified when a resident's needs change and they are called appropriately. However, the care plans were not always updated when a resident's needs had changed; this included: · Eight of eight care plans reviewed had not been updated following the interRAI assessment and care plans did not include interventions related to all clinical assessment protocols triggered; examples sighted included gaps related to nutritional needs, cardiorespiratory needs, falls prevention and urinary incontinence. · Two care plans not updated to reflect instructions from allied health professionals, for example, dietitian, speech	Care plans had not always been updated following the interRAI assessment or when a residents' needs changed and did not include all identified needs of the residents. Not all triggered clinical assessment protocols were included in care plans. Not all behavioural support care planning for residents in the secure dementia unit included identified triggers, and did not include personalised prevention-based strategies for minimising or de-escalating episodes of challenging behaviour. Plans did not identify how the behaviour of the individual resident is best managed over a 24-hour period, as contractually required.	Ensure care plans are updated after the interRAI assessment and/or when a resident's needs change, and that interventions are planned to meet all identified needs of the residents including all clinical assessment protocols triggered in the interRAI assessment. Ensure that all residents in the secure dementia unit have a behaviour support plan that identifies their individual triggers and appropriate de-escalation strategies for each resident, and that the plan shows how the behaviour of the individual resident is best managed over a 24-hour period. 90 days

		language therapist and physiotherapist. · Three care plans not updated following injury resulting from falls, and mobility support needs and rehabilitation were not accurately reflected. · Not all residents with short-term needs related to infections had a short-term care plan in place. · Four out of four resident behaviour support plans reviewed in the secure dementia unit did not have identified individual triggers to behaviour, and did not include personalised prevention-based strategies for minimising or de-escalating episodes of challenging behaviour. The behaviour plans sighted were not individualised to show how the behaviour of the resident is best managed over a 24-hour period.		
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	PA Moderate	The diversional therapist and activities coordinators planned a varied programme that included one-to-one activities, group sessions, and visiting entertainers. Personal profiles identified the individual interests of residents. However, diversional therapy plans did not identify individual goals and supports to enable a resident to meet their individual goals were not	Diversional therapy planning was generic and did not include individualised activity or diversional therapy goals and did not identify the supports required to meet the residents' individual needs. Four of four care plans reviewed in the dementia unit did not have a description of activities to meet the residents' individual needs in relation to diversional therapy	Ensure diversional therapy plans include individual goals and document the supports required to meet those goals. Ensure that all residents in the dementia unit have a description of activities to meet the residents' individual needs in relation to diversional therapy during the 24-hour period and reflect the residents'

		documented. This included for residents with documented spiritual needs. In the dementia unit, the activities team were supported by caregivers to provide activities 24 hours a day, seven days a week. However, four of four care plans reviewed in the dementia unit did not have a description of activities to meet the residents' individual needs in relation to diversional therapy during the 24-hour period, and did not reflect the residents' former routines, as required by the provider's contract with Health New Zealand – Te Whatu Ora (Clause E4.3,b).	during the 24-hour period, and did not reflect the residents' former routines, as required by the provider's contract with Health New Zealand – Te Whatu Ora (Clause E4.3,b).	former routines. 90 days
Criterion 3.5.4 The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.	PA Low	There was a varied menu in place. However, this had not been reviewed by a dietitian to confirm the menu offered meets the nutritional needs for the residents at Annalies Haven.	The menu had not been reviewed by a dietitian to confirm the nutritional value.	Ensure the menu is reviewed by a qualified dietitian to confirm the nutritional value meets the needs of residents. 180 days
Criterion 5.2.10 There shall be evidence of audit and corrective actions, if applicable, of the appropriate decontamination of reusable medical devices based on recommendations from the manufacturer and best	PA Low	Policy described the process for cleaning and decontamination of shared equipment. The suite of internal audits used by the facility included an audit to confirm shared equipment had been appropriately decontaminated. However, audit had not occurred.	There was no audit of the decontamination of shared equipment and medical instruments used for wound dressings and podiatry. Staff were unable to confirm appropriate levels of decontamination had occurred.	Ensure there is audit and corrective action, if applicable, of the appropriate decontamination of reusable medical instruments and shared equipment.

practice standards.		Staff have access to single-use dressing packs. However, there was no access to single-use dressing scissors or forceps. Individual reusable instruments were being used for wound dressings, including scissors, dressing forceps and podiatry instruments. They are decontaminated following use and cleaned in a sanitiser. However, audit of decontamination had not occurred, and staff were unable to confirm that decontamination met the required standard for sterilisation of medical instruments, and the instruments were not packaged or stored in a way to prevent contamination before reuse.		180 days
Criterion 5.2.13 IP personnel and committees shall participate in partnership with Māori for the protection of culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti.	PA Low	Staff were unable to evidence how they work in partnership with Māori in relation to infection prevention. Māori staff members did not attend meetings where infection prevention was discussed, and their advice had not been sought to confirm that infection prevention practices were culturally safe.	The facility was not working in partnership with Māori to ensure culturally safe infection prevention practices.	Ensure infection prevention personnel work in partnership with Māori to provide culturally safe infection prevention practice. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.