

# Holly Lea Village Limited - Holly Lea

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Holly Lea Village Limited

**Premises audited:** Holly Lea

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 10 April 2025 End date: 11 April 2025

**Proposed changes to current services (if any):** This audit included verifying the reconfiguration of beds (HealthCERT letter dated 14 August 2024). The service has reconfigured the total bed numbers at Holly Lea by reducing five of the dual-purpose beds. The dual-purpose beds have decreased from 33 to 28 beds and the dementia beds remain the same at 17 beds. The total beds at the time of the audit were 45.

**Total beds occupied across all premises included in the audit on the first day of the audit: 38**

# Executive summary of the audit

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## 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

Holly Lea is a purpose-built facility located in Christchurch. The service is certified to provide rest home, hospital level care (geriatric only) and dementia level care for up to 45 residents. There were 38 residents on the days of the audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu. The audit process included a review of policies and procedures; the review of residents and staff files; observation; and interviews with family/whānau, staff, general practitioner and management.

The facility is one of five aged care facilities owned by the Generus Living Group. The service is governed by a Board of Directors who have experience in owning and building aged care facilities and villages. Holly Lea has set a number of quality goals which link to the organisation's business plan. The service is led by an experienced general manager (registered nurse), there is a care manager who oversees the clinical operations of the care centre and is supported by a clinical manager, The management team are supported by an experienced team that includes registered nurses and healthcare assistants.

This certification audit identified the service meets the intent of the standards.

Continuous improvements were awarded around reduction of falls, the activities programme and the reduction of antibiotics.

## Ō tātou motika | Our rights

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

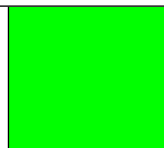


Subsections applicable to this service fully attained.

Holly Lea provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that family/whānau are kept informed. The rights of family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Holly Lea has a documented organisational structure with other facilities also owned by the same owners. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Holly Lea has a documented quality and risk management system that is implemented. Quality and risk performance is reported across meetings to keep the owners well informed. Holly Lea collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection,

orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care. Competencies are maintained. Health and safety systems are in place for hazard and risk reporting and for the management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

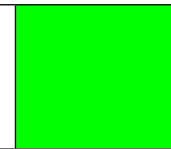
## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The care manager, clinical manager and registered nurses efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and are reviewed at least three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan. Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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



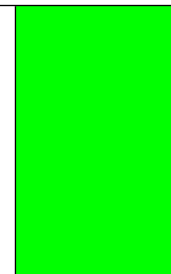
Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single, and some have full ensuite facilities. There is lift access to the second floor. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is on duty at all times. The building and grounds are secure at night.

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

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



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and

resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. The service has screening activities in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There has been two outbreaks reported since the previous audit. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Adverse events are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## 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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There is governance commitment to maintain a restraint free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	3	166	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan is documented and is also reflected in the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Holly Lea is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible; this was evident in the care plans reviewed.</p> <p>At the time of the audit there were no Māori staff at Holly Lea. The general manager and care manager stated that they support a culturally diverse workforce and will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents indicate the commitment of Holly Lea to build cultural capabilities, partnering with Māori, iwi, and other businesses to align their work with, and for the benefit of Māori. Holly Lea has established partnerships with local iwi/organisations such as Marehau cultural group, He Waka Tapu and Māori Advisory Group – Mangatawa Trust to ensure cultural sensitivity and responsiveness in</p>

		their services,
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Holly Lea has a Pacific People’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ document which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 sits within the policy. There is a cultural awareness and cultural safety policy that aims to uphold the cultural principles of all residents and to provide an equitable service for all. On admission all residents state their ethnicity. At the time of the audit there were residents who identified as Pasifika. The service has established links with Tāngata Atumotu Trust, who will provide guidance and support for Pasifika peoples.</p> <p>Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training provided at orientation. At the time of the audit here were no staff who identified as Pasifika. The general manager and care manager stated that they support a culturally diverse workforce and that they will interview Pasifika applicants when they do apply for employment opportunities. Fourteen staff interviewed; five healthcare assistants (HCA), five registered nurses (RN), one services coordinator, one kitchen manager, one diversional therapist and one grounds/maintenance technician confirmed all cultures were treated equally and welcomed to the workplace.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager, care manager and clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the six weekly resident and family/whānau meetings. Interviews with five residents (three rest home and two hospital level of care) and six family/whānau (two hospital and four dementia level of care) reported that the residents’ rights are being upheld by the</p>

		<p>service.</p> <p>Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services, maintaining dignity, respect, and autonomy. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Holly Lea annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism. It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau. The intimacy and sexuality policy is being implemented, and training is included as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Care staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Family/whānau interviewed were positive about the service in relation to their family/whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is</p>

		<p>integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. Privacy is also observed around the use of closed-circuit television (CCTV), surveillance/monitoring with a policy describing the commitment and procedures relating to its use. Cameras are located externally and in common areas internally.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The business plan 2025 reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on a resident's wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. The abuse and neglect policy is being implemented. Staff have completed code of conduct and abuse and neglect training. The training encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they come into contact with. The general manager has a quality approach to complaints and residents stated that there are effective safeguards to protect them from abuse. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources and the house rules.</p> <p>Staff interviewed were able to describe cultural safety and how they respond to cultural needs of residents and family/whānau with differing cultural needs. Residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The philosophy of Holly Lea promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed. Staff interviewed report a positive workplace, with a significant number of staff having worked in the service for over five</p>

		years.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Policies and procedures relating to adverse events, complaints and open disclosure alert staff to their responsibility to notify family/whānau of any adverse event that occurs. Adverse event forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau. This is also documented in the progress notes. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English; however, Holly Lea has appropriate communication strategies in place for staff members should any resident require support.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p>	FA	<p>There are policies around informed consent. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans and</p>

<p>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>advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable. Where the EPOAs are activated a medical letter of incapacity were on file.</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>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been no complaints made since the previous audit in July 2023. The general manager stated they are confident in investigating any serious complaint if one was tabled. The complaints process links to the advocacy service, with residents and family/whānau informed that they can involve advocacy services at any time. Residents and family/whānau confirmed during interview that the general manager or other managers are available to listen to concerns and act promptly on issues raised.</p> <p>Information about the resources to support Māori are available, with Māori advocates available to support any complainant if required. Interpreters are available and can be contacted if required. The general manager and care manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation. Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff and RN/clinical meetings and are also discussed at the quality improvement and management meetings.</p>

<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Holly Lea is located in Fendalton, Christchurch and is one of five aged care facilities owned by the Generus Living Group. Holly Lea provides care for up to 45 residents at hospital (medical and geriatric services), rest home and dementia level of care. There is a 37 bed care centre which includes a 20 bed dual-purpose unit and 17 bed dementia (memory support) unit. There are also 38 occupation right agreement (ORA) apartments in the main lodge including eight apartments (dual purpose beds) certified to provide rest home or hospital level of care.</p> <p>At the time of the audit there were there were 16 residents in the care centre including five rest home residents (one resident was on respite care) and 11 hospital residents in the dual-purpose unit, 15 dementia residents in the memory support unit and seven residents in the main lodge including five rest home residents and two hospital residents. All other residents were under the age-related residential care (ARRC) agreement. There are no double or shared rooms; however, there were five married couples who were in single occupied rooms.</p> <p>Generus Living Group is overseen by one Board. There are five directors on the Generus Living Group Board with appropriate experience and expertise who are responsible for six retirement villages (includes five care facilities). The director (owner) who reports to the Board, has been in his role for over 18 years. The director is also involved in New Zealand Aged Care Association (NZACA) and the Retirement Village Association (RVA) executive committee. Generus Living Group organisational culture is underpinned by social, cultural, and professional diversity. The director has extensive iwi partnership experience and demonstrates knowledge and understanding of Kaupapa Māori within the sector. Generus Living have a partnership with Mangatawa Papamoa Blocks Incorporated who represent predominantly Nga Potiki (iwi) as part of their business model and as a result, actively engaged with iwi stakeholders about the requirements of the building. This includes participation in forums and a regular working relationship with the iwi executive team members. Interview with the general manager confirmed the governance body is committed to supporting the Ministry of Health's Māori health strategies. All Board members have experience in owning and building aged care facilities and villages. The directors, general manager and care manager have all completed cultural</p>
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	<p>training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The organisational strategic plan (2022-2026) includes a philosophy, mission, vision, and values. Key business objectives (fulfilled residents, engaged team, satisfied stakeholders and sustainable business) are defined in the strategic plan with evidence in the meeting minutes of regular reviews. The business plan 2025 and Māori health plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The directors of the Board and executive team, work with the management teams at each of the five aged care facilities (including Holly Lea) and understand their obligations and responsibilities under the relevant standards and legislation. The care manager provides a weekly report to the general manager. There is weekly communication between the general manager to the director and general manager of operations. The general manager of operations is provided a monthly report from the general manager (organisation clinical lead) with an overview of adverse events; health and safety; staffing; infection control; use of restraint; and other aspects of the quality risk management programme. Critical and significant events are reported immediately to the directors. Residents and family/whānau are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and resident meetings</p> <p>A clinical governance group has been implemented across the five Generus Living aged care facilities to provide collaborative accountability for continuous quality improvement activities, including (but not limited to) improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan and the 'ageing in your home and person first' model of care. The ethos, vision, values, and mission statement align with the Treaty of Waitangi principles. The group meets monthly where the established goals of resident and family centred care; achieving ongoing quality improvements; and ensuring Generus aged care facilities are putting the wellbeing of staff at the forefront with the residents' needs. The clinical governance group includes the care manager, clinical manager and general manager of Holly Lea and</p>
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		<p>clinical manager representatives from the other facilities.</p> <p>An experienced general manager (RN) has been in the role for over ten years and has many years of experience in both aged care management and clinical education. She is supported by a care manager who has also been in the role for over ten years, a clinical manager, service coordinator, executive support/sales assistant and an experienced team of RNs and HCAs. The general manager and care manager have completed the required eight hours of training related to managing an aged care facility.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family/whānau. The executive management team are in active discussions to discuss and address barriers related to Māori culture and health.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Holly Lea is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented, and the progress are reviewed, monitored and evaluated at meetings. The quality system is fully implemented and evidence staff collaboration. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through the quality, RN/clinical, staff and management meetings.</p> <p>Opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Meetings are taking place as per schedule to collaborate and address any service improvement required. A documentation review on site was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Staff have completed cultural training and competencies to ensure the service can deliver high quality care for Māori.</p> <p>Holly Lea adopted the quality system and policies developed by an</p>

		<p>aged care industry leader. There is documented evidence that updated and new policies are discussed at relevant meetings and staff sign when they read policies. The care manager has an open and transparent decision management process that includes attendance at all meetings. There is regular correspondence to family/whānau, either when they visit the facility or through regular emails, as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau. Feedback from residents and family/whānau satisfaction surveys held annually is used to improve services. The satisfaction survey showed a 96% satisfaction from the respondents. Corrective actions have been implemented relating to the food service/meals and recreation facilities. Results have been communicated at the resident and family/whānau meetings and in the Holly Lea gazette newsletter. Quality data is benchmarked against other similar facilities utilising the benchmarking and data analysis system to help improve health equity through critical analysis of organisational practices.</p> <p>A health and safety system is in place. The general manager provides oversight over the health and safety programme. Health and safety is discussed at all meetings. Hazard identification forms are completed, and an up-to-date hazard and risk register is in place. The noticeboards in the staffroom keep staff informed on health and safety issues. Adverse event reports are completed for each resident adverse event, ethnicity is recorded, severity risk rating is given, and immediate action is documented with any follow-up action(s) required as evidenced in 12 adverse event forms reviewed (witnessed/unwitnessed falls, challenging behaviours, resident wandering and pressure injuries). Adverse event data is collated monthly and analysed. A summary is provided against each clinical indicator. Results are discussed in the staff, quality, RN/clinical and clinical governance group meetings. The service has been awarded a continuous improvement for the reduction of falls in the care centre.</p> <p>Discussions with the general manager and care manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements to the Health Quality and Safety Commission (three unstageable pressure injuries, two in August and one in September 2024). There have been Section 31 notifications submitted appropriately since the last audit</p>
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		(one resident aggressive behaviour in April 2024). Two outbreaks have been recorded since the last audit and were well managed.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The roster provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. The general manager, care manager and clinical manager are on site from Monday to Friday and share the on call 24/7 duties for any clinical issues. The service coordinator works from Sunday to Thursday. The general manager and care manager share the on-call duties for any operational related matters. The management team are supported by a team of experienced RNs and HCAs. There is at least one RN on each shift. The number of HCAs allocated to the roster is sufficient to meet the care needs of the residents.</p> <p>Absences can be covered by staff working extra hours or casual staff. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff, residents and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Family/whānau receive emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the staff and quality improvement meetings. There are medication competent HCAs on morning, afternoons and night shifts to support RNs to administer and sign for administration of medication. Medication competencies are completed annually.</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics. The training schedule is being implemented for 2025 and completed as per schedule for 2024. Training and education is provided at staff meetings and may include guest speakers. The care manager meets their training requirements through Health New Zealand training and training sessions held in-house. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 38 HCAs employed. Thirty-one HCAs have obtained a level 4 and seven have completed level 3 NZQA certificate. Twenty-eight HCAs work in the memory support unit; of whom twenty-five have attained their dementia standards, three are in progress of completing and are within the 18-month required period. There are</p>

		<p>twelve RNs in total (including the care manager, clinical manager and general manager), nine of them are interRAI trained.</p> <p>The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attend cultural awareness training annually and at orientation. Training provides for a culturally competent workforce. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information. Competencies are completed by staff, which are linked to the education and training programme. The RNs complete competencies including (but not limited to): medication administration, insulin administration, controlled drugs administration, syringe driver and wound care. All five HCAs in the staff files reviewed completed annual competencies for restraint, hand hygiene, moving and handling correct use of personal protective equipment (PPE) and behaviours of concern. A record of completion is maintained.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and their annual performance appraisals. Staff interviewed stated the care manager has a transparent process when making decisions that affects staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed including one care manager, one clinical manager, one RN, five HCAs, one diversional therapist and one grounds/maintenance technician evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health</p>

		<p>professionals.</p> <p>The annual appraisal schedule is implemented and completed staff appraisals were on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff adverse events, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured.</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>Resident files and the information associated with residents and staff are retained in hard copy format. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures is available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely destroyed. The general manager is the privacy officer for Holly Lea and has to approve requests for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted). The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p>	FA	<p>Information about the services, accommodation options and costs are outlined in an information pack and on the website. Prior to entry prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team as needing rest home, hospital or dementia level care.</p> <p>Residents and family/whānau confirmed staff are respectful and communicate well with them. Entry would only be declined if a prospective resident does not meet the entry criteria. In this case they are informed and referred back to the NASC team. Data is collated on the numbers of declined entries and this data includes ethnicity. The organisation has links with local Iwi and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo in activities and in signage throughout the facility.</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>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files reviewed: three dementia level care, two hospital level care and two rest home level care residents (including one on a respite contract). The RNs are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All permanent residents had an interRAI assessment, in addition to a full suite of assessments contained in the electronic resident management system, which incorporate, skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs. The respite resident had the same suite of assessments completed. The service implements the principles of Te Ara Whakapiri for their residents on end of life care.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are</p>

	<p>developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>There were no residents who identified as Māori; however, the service uses the MANA (Māori assessment of neurological abilities) assessment and a Māori care plan to support the needs of Māori residents. The RNs interviewed describe removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to Māori and Pasifika advisors if a cultural support is needed. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Multidisciplinary reviews occur six-monthly. This includes input from the RN, HCAs, residents and family/whānau, activities staff and physiotherapist. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p>
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	<p>The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. Two GP's each visit weekly and as required. The main GP is also on-call after hours up until 11pm and again at 7am. The local 24 after hour medical centre provides additional back up services when required. Medical documentation and records reviewed were current. The GP (interviewed) described how the facility operates at a high standard, with clear communication and experienced registered staff. A physiotherapist visits the facility on request to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, and medical specialists are available as required through Health New Zealand. Palliative care support and wound nurse specialists are available through the Nurse Maude</p> <p>An adequate supply of wound care products was available at the facility as sighted. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 22 active wounds, including one resident with two non-facility acquired unstageable pressure injuries (one of which is almost healed).</p> <p>The progress notes are recorded and maintained in the integrated clinical records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include, (but are not limited to), monthly blood pressure and weight monitoring, bowel records, behaviour monitoring and repositioning records. Staff interviews confirmed they are familiar with</p>
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		<p>the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</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>	<p>FA</p>	<p>The activities team overseen by a qualified diversional therapist with a background in event management and communications and is based in the care centre. There is also a fulltime activities coordinator based in the dementia unit and a third person provides additional assistance for exercise and covers Sunday activities in both areas. The team jointly provide a wide range of activities over seven days a week.</p> <p>Activities assessments are completed within 21 days of admission using a social and activities profile. The cultural, social, spiritual and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six monthly at the same time the long-term care plan is reviewed. Monthly progress notes and activity attendance records are maintained. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pasifika advisors if a cultural support is needed.</p> <p>All members of the team have current first aid certificates. Each resident in the secure memory support unit has an individualised 24-hour activity plan and de-escalation/distraction strategies appropriate to them. The activities support reminiscing and sensory needs. Activities also include baking, memory games and domestic chores. There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, intellectual, creative, and social activities. The monthly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; bowls; chair yoga, housie; shopping; church services; walks; happy hour; pet therapy; newspaper reading, baking and musical activities. The service has been awarded a continuous improvement for the inclusion of electronic therapies into the activities programme.</p> <p>The diversional therapist stated the calendar was flexible to allow for</p>

		<p>inclusion of spontaneous events. The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in dual language signage, guest speakers; arts, and crafts (poi making), kapa haka from local school children, quizzes, and participation in Māori language week, and Matariki Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches and schools. Residents who choose not to participate regularly in group activities are visited one-on-one.</p> <p>Community visitors include entertainers, pastoral care, church services visits, kindergarten children and pet therapy. The service has a van available for weekly (or more often) outings. Themed days such as Valentines Day, St Patricks day, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available. There are monthly combined resident meetings. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Family/whānau and residents are also well informed with monthly and seasonal newsletters and portal access to a connect application which provides detailed information on activities at Holly Lea. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and met their individual needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Holly Lea uses blister packs for medication for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p>

		<p>Medications are stored securely. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the medication chart.</p> <p>Thirteen electronic medication charts and one paper-based chart (respite resident) were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-administering their medications on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. Pro re nata (PRN) medications are administered as prescribed appropriately, with effectiveness documented on the electronic medication system.</p> <p>Medication competent HCAs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical manager described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 22 June 2025. Dry ingredients were all in original containers with the expiry date visible. The service employs a kitchen manager/chef and a sous chef and two kitchen hands in the morning and afternoon. Kitchen staff have completed safe food handling training. There is a food services</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>manual available in the kitchen. The kitchen meets the needs of residents who require special diets. The four-week summer and winter menu has been approved by a registered dietitian, with the last menu review completed April 2025. The menu has three main options for lunch and dinner and two desert options in the evening. Menus options are discussed with individual residents every two weeks and individual selections collated by administration staff. The resident has a copy of the menu in their rooms and is available on the connect application for families. The menu provides variety, allows a choice of meals, and likes and dislikes are catered for.</p> <p>The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented. The kitchen manager stated they are able to implement menu options for Māori residents and consult with residents on the food and their choices. The kitchen manager understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation and ongoing education.</p> <p>The service uses an electronic system to record temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and kitchenette areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on signed monitoring schedules. Meals are directly served onto plates in the kitchen and placed in scan boxes for delivery to satellite kitchens or transported on trays (with covers) to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were happy regarding the food service, the variety and choice of meals provided.</p>
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		Residents confirmed open communication with the kitchen manager and consultation on cyclic menu changes. Residents confirmed they can offer feedback individually, at the resident meetings, suggestion box and through resident surveys.
<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>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family is informed. The GP makes the referral to hospital. Relevant documentation is sent with the resident including a printout of their current medications, care needs and a copy of enduring power of attorney documents.</p> <p>Where residents wish to be or need to be seen by another health service, a referral is made. Examples of this were sighted in resident files including referrals to the wound nurse specialist at Nurse Maude. Registered nurses complete a Nurse Maude referral and send this with a photograph of the wound. The nurse specialist decides if they needed to consult with the resident in person or send instructions for the management of the wound if it is considered non-complex. Residents attending external appointments are encouraged to be accompanied by their family, particularly those with dementia. Any risks are communicated to the external health provider by the RN and documented in the file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>There is a planned maintenance programme in place. There is a grounds/maintenance technician who works fulltime and a gardener who assists. The planned maintenance schedule includes electrical testing and tagging (last completed in December 2024), equipment checks, calibrations of weigh scales, and clinical equipment performance monitoring and testing (last completed in April 2024). The building has a current warrant of fitness for the lodge, which</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>expires on 1 June 2025 and for the care centre, which expires on 1 May 2026. There are essential contractors who can be contacted 24 hours a day. There is a maintenance request book for any repairs and maintenance requests. This is checked daily by the grounds/maintenance technician and signed off when repairs have been completed. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold.</p> <p>A tour of the facility was conducted. The care centre is connected to the lodge by a covered walkway. The care centre has its own covered main entrance and car parking. The care centre is purpose built over two levels, the memory support unit is situated on the ground floor and the dual-purpose unit is situated on the first floor. The facility has central heating which can be individually set within each resident room. Resident rooms throughout the facility are spacious with full ensembles and large windows that allow for ample light and ventilation. Residents can personalise their rooms which are large enough for family/whānau to socialise with the resident. Each resident room has a spacious ensuite with shower and privacy curtains. Flooring in the shower is suitable and non-slip and easy to clean. Ensembles have handrails and underfloor heating. The corridors are wide and promote safe mobility with the use of mobility aids. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.</p> <p>There is a visitor entrance to the secure memory support unit. Entry and exit is by key fob/card security access. The memory support unit has a centrally located lounge/dining room with a secure kitchen. The nurses station location allows supervision of residents in the lounge when staff are in the nurses station. The corridors are wide and promote safe mobility with the use of mobility aids. Resident's rooms allow for the safe use and manoeuvring of mobility aids. Memory frames on doors are used to assist residents to find their rooms. There is a pathway around the memory support unit is safe and complete. There is a visitor's toilet off the foyer and two visitors' toilets within the dementia unit.</p> <p>The dual-purpose unit is accessible through the lift and stairs on each side of the unit. There is a centrally located lounge/dining room with a</p>
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		<p>kitchen and servery area. The communal area is spacious and allows for groups or individual activities. Resident rooms in the dual-purpose unit are spacious to allow care to be provided and allow for the safe use and manoeuvring of mobility aids. There is safe access to a balcony with seating and shade. A disability accessible toilet is located off the main communal area. The nurses station location allows supervision of residents in the lounge when staff are in the nurses station.</p> <p>There are eight apartments in the lodge that have been certified for rest home or hospital use. The apartments are on the ground floor with kitchenette and laundry areas available for the residents. The communal area is spacious and allows for groups or individual activities. Each apartment has a spacious ensuite shower/toilet with appropriately situated call bells and handrails. Residents bring their own possessions into their apartment and adorn their room as desired as observed during the audit. There is underfloor and ceiling heating in the apartments that can be adjusted by the resident or operated through the computer-based system which is monitored.</p> <p>The general manager interviewed confirmed that extensive iwi partnership consultation in mate wareware (understanding dementia from Māori perspective) for the design of their memory support unit.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. A business continuity plan guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 23 March 2023 (care centre) and 25 August 2006 (the Lodge). A fire evacuation drill is repeated six-monthly, with the last one being held on 5 December 2024 for the care centre) and the Lodge. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The grounds and maintenance technician checks the civil defence supplies monthly. In the event of a power outage there is a gas barbeque and gas hobs in the kitchen. There are sufficient food</p>

		<p>stocks for three days if needed. There is a not a generator on site; however, the service has a contract in place with a local provider to provide a generator on is site if/when required.</p> <p>There are adequate supplies in the event of an emergency including 30,000 litres of stored water (four ceiling header tanks), sufficient for three litres per resident for three days, there is also bottled water included with the civil defence supplies. Emergency management is included in staff orientation, the annual training schedule and external contractor orientation. There is a first aid trained staff member on duty 24/7 including when taking residents on outings. The call bell system is monitored for response times. Call bells are in each bedroom and ensuite. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner. Security measures are implemented. Entry and exit in the memory support unit is by key fob/card security access. The service utilises security cameras throughout the facility, located at the main entrance, car park, hallways, nurses stations, medication rooms, facility perimeter and exit doors.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>There is an infection control programme and antimicrobial stewardship (AMS) policy documented for Holly Lea. Expertise in infection control and AMS can be accessed through a microbiologist, Public Health, and Health New Zealand. Infection control and AMS resources are accessible. Infection rates are presented and discussed at all staff and quality improvement meetings. Benchmarking is conducted. Infection control information is displayed on staff noticeboards.</p> <p>Any significant events are managed using a collaborative approach and involve the infection control officer, executive team, NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the clinical manager. The infection control officer knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where needed to fulfil these responsibilities.</p>

		<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system.</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>FA</p>	<p>The infection control officers (clinical manager and RN) oversee and coordinate the implementation of the infection control programme. Infection control officer role, responsibilities and reporting requirements are defined in the job description. Both infection control officers have completed infection prevention and control training via Health New Zealand, care training online and the Ministry of Health. There is a defined and documented infection control programme, and the programme was developed by an external consultant, well known, and respected in the industry. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff. The annual infection and AMS programme were reviewed in January 2025.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control officers have input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual education sessions. Education with residents was on an individual basis and as a group in residents' meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection control officers liaise with the care manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand. The clinical manager stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility. Medical reusable devices and shared</p>

		<p>equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a policy to guide staff in decontamination and disinfection of surfaces and equipment. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed and thus acknowledge the spirit of Te Tiriti. The infection control coordinator reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. The service has established a multidisciplinary antibiotic stewardship team who monitor and track antibiotic use and identify areas for improvement. Additional training on antimicrobial stewardship, correct antibiotic use and the risks associated with antibiotic resistance has been provided for families, staff and healthcare professionals. Significant events are reported to the executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers, management and staff meetings for early interventions to be implemented. Benchmarking is completed.</p> <p>Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been two outbreaks reported since the last audit; this was reported and well managed. Outbreak meetings occurred every three days throughout the last outbreak with a final meeting held to discuss lessons learned. Staff could describe their response to the recent covid outbreak and the precautions that they implemented. Visitors received communication on the status of outbreaks through the connect application.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.</p>

<p>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.</p>		<p>Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The executive team has oversight of the facility testing and monitoring programme for the built environment.</p> <p>Personal clothing is laundered on site, and laundry of linen is outsourced. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machine and dryer are checked and serviced regularly. The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical manager and restraint coordinator (RN) on interview outlined the services ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the general manager’s commitment to a restraint-free environment. At the time of the audit, no restraints were in place. The restraint coordinator has documented roles and responsibilities that relates to the role. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these</p>

		<p>meetings. A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required. Regular staff meetings include restraint as a standard agenda item. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and current annual competencies were sighted.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Falls in the care centre were identified as an area that required improvement from data collected from August 2023 to July 2024. The service has implemented a fall management programme to enhance resident safety, particularly for those with high-risk scores following assessments. Analysis of fall incidents revealed that, in addition to recurrent fallers, frail residents attempting to maintain their independence were also at risk. In response, a quality improvement project was initiated to balance fall risk minimisation with respect for residents’ rights to independence and mobility. A plan was put in place to reduce fall risk and incidence, to support, educate and upskill the RNs and HCAs around recognising and supporting residents at risk of falling. This initiative was developed and discussed during staff meeting, ensuring a collaborative approach to improving resident care and safety. Positive</p>	<p>A continuous improvement plan was developed in August 2024 which included identifying residents at risk of falling, reviewing call bell response times, routine checks of all residents specific to each resident’s needs, hourly intentional rounding for identified high risk fallers, reviewing the roster to ensure adequate supervision of residents, the use of sensor mats and night lights, proactive and early GP involvement for residents post falls and review of underlying causes for falls including medications, and increased staff awareness of residents who are at risk of falling. A multidisciplinary team, including physiotherapist, diversional therapist, nurses, residents, and their family/whānau, collaborated on a comprehensive program to enhance mobility and transfer abilities. The team conducted thorough assessments to identify areas for improvement and developed personalised plans. Residents were encouraged to participate in activities in the lounge,</p>

		<p>residents' outcomes were documented as a result of the implementation of the plan.</p>	<p>while those who preferred individualised attention were provided with tailored activities, promoting engagement and mobility in a supportive environment.</p> <p>The plan has been reviewed monthly and discussed at leadership and clinical meetings, with fall prevention strategies reviewed and the residents underlying conditions considered. Education and training for staff has been provided on manual handling, safe transfers, hoisting, safe use of equipment, uses of sensors and devices and promoting nutrition/hydration. Caregivers interviewed were knowledgeable in regard to preventing falls and those residents who were at risk. The outcome of the plan has identified that falls rates in care centre for August 2024 rose to a high of 32, the rate of falls have continued to reduce with the rates in March 2025 being at 17 for the months.</p> <p>The falls management program emphasis on resident safety and well-being created a supportive environment where residents felt confident to participate in group activities and exercises, fostering social connections and physical well-being. Resulting in reduced fall-related injuries and hospitalisations, improved resident confidence and mobility, enhanced staff awareness and response to fall risks, better collaboration between staff, residents, and family/whānau.</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be</p>	<p>CI</p>	<p>Holly Lea has introduced a range of new therapies which have had a positive impact on participation rates and a reduction in residents depression ratings.</p>	<p>Holly Lea identified an opportunity to introduce new therapies incorporating new technology to promote intergenerational programmes and increase resident participation. A number of new initiatives were introduced including (but not limited to) a wellness massage chair based in the memory support unit, a Tovertofel magic table and a Rendeвер virtual reality</p>

<p>responsive to their identity.</p>			<p>system. All resources are available for all village residents to enjoy. The Rendever system is used both individually and in group sessions to encourage social interaction and provides over 650 (and increasing) interactive experiences. The system facilitates residents the opportunity to visit childhood homes, swim with the dolphins, visit overseas destinations and or showcase family trips and holidays. Activity plans were developed for individual residents with a focus on catering to each residents unique interests.</p> <p>The success of the new initiatives is demonstrated in an improvement in individual depression metrics, increased activities participation and positive feedback from residents. When planning these initiatives, the service hoped attendance would increase to 70 percent; however, the data identifies 90 percent participation identifying an increase of over 30 percent over the previous six months. The depression rating metrics using the interRAI assessment tool of ten affected residents were tracked over six months. The assessments of these ten residents were reviewed in association with activities participation. Nine of these identified significant improvement which directly correlated with an increase in activities participation. Positive feedback from families and staff included improvement physical and emotional wellbeing, improved mood, reduced stress and increased social interaction. The enhanced activities programme has resulted in an improvement in resident satisfaction as evidenced by the increased participation and individual comments.</p>
<p>Criterion 5.3.1 Service providers shall have a</p>	<p>CI</p>	<p>The service has reduced unnecessary antibiotic use at the same time improving residents</p>	<p>The service planned to reduce the unnecessary use of antibiotics by 20% over a 12-month period. Steps to achieve this included establishing a</p>

<p>documented AMS programme that sets out to optimise antimicrobial use and minimising harm. This shall be:</p> <p>(a) Appropriate for the size, scope, and complexity of the service;</p> <p>(b) Approved by the governance body;</p> <p>(c) Developed using evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing reports).</p>		<p>outcomes.</p>	<p>multidisciplinary antibiotic stewardship team, educating healthcare staff and identifying and tracking antibiotic usage rates and resistance pattern performance indicators. The project commenced in May 2024. Staff, healthcare professionals, residents and family/whānau have been provided with education on correct antibiotic use and the risks associated with antibiotic resistance. The service collected data on antibiotic use and partnered with other facilities to share best practice, resources and expertise. Regular audits of antibiotic use were completed, and results were fed back to prescribers in discussions which assisted to optimise antibiotic use. Data collected shows that of the total antibiotics prescribed in 2024 was 61.64% which were prescribed in the first six months of the year. This reduced to 38.35% in the second half of the year. Key achievements included a significant decrease in antibiotic prescriptions, minimising unnecessary exposure and resistance. Holly Lea care staff and in-house GPs adopted evidence-based guidelines, ensuring more effective and targeted treatment. By reducing antibiotic overuse, the project minimises adverse reactions and improved resident safety (reduction of falls), and the project raised awareness among healthcare providers, residents, and families about the importance of responsible antibiotic use.</p> <p>The service continues to monitor and report antimicrobial usage aiming to reduce resistance to antibiotics. Regular education and training will continue to be provided to Holly Lea staff to maintain best practices, and the nursing staff will continue to foster collaboration among healthcare providers, residents, and families to promote responsible antibiotic use.</p>
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End of the report.