

Cambridge Resthaven Trust Board Incorporated - Cambridge Resthaven

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Cambridge Resthaven Trust Board Incorporated
Premises audited:	Cambridge Resthaven
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: 22 May 2025 End date: 22 May 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	59



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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
	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

Resthaven on Vogel (Resthaven) provides hospital, rest home and dementia level care for up to 107 residents, which includes 45 approved for care apartments under Occupation Right Agreements (ORA). On the days of audit, there were 59 residents, one of whom was residing in an ORA apartment. The board also owns and operates a large retirement village situated near Resthaven and another aged care facility in Leamington Cambridge, Resthaven on Burns.

Apart from the opening of the care apartments in 2024, there have been no significant changes to the scope and size of the service.

This surveillance audit process included consideration of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the chief executive officer (CEO), general manager (GM) and other leadership team members, care staff, and a general practitioner.

The corrective actions required from the previous partial provisional audit in December 2023 have been addressed. A building code of compliance and approved fire evacuation plan have been obtained, and staff have practiced emergency procedures from the new building.

This audit did not identify any findings.

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.

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

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

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintained professional boundaries and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provided guidance to staff to ensure informed consent was gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data, identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supported safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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.


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

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using a restraint at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	19	0	0	0	0	0
Criteria	0	51	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>	FA	<p>Resthaven on Vogel (Resthaven) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This includes supporting a staff cultural group that consists of a board member, senior leaders, and other key staff. Mana motuhake is respected. Partnerships have been established with iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and one interviewed said they felt culturally safe. The service continues to demonstrate good practice in delivery of culturally safe and appropriate services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>Resthaven provides services that are underpinned by Pacific worldviews. Fifteen per cent of the workforce identify as Pacific people. A Pacific Island resident was unable to be interviewed due to ill health. Pacific staff described the workplace as embracing all worldviews including different cultural and spiritual beliefs.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed at Resthaven understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training records and interviews verified staff training on the Code had been provided within the past year.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Information on the Code and the Advocacy Service was on display on the residents' notice board.</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>Residents were receiving services that were free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. This was evidenced through observation, interviews and documentation.</p> <p>Residents reported that their property was respected, and their finances were protected.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p>	<p>FA</p>	<p>Residents of Resthaven and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Files reviewed evidenced documentation regarding consents, advance care plans, Enduring Powers of Attorney (EPOAs) and resuscitation status being in place and acted on.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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>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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable complaints system is in place which promoted use and understanding by Māori and others to receive and resolve complaints. For example, local kaumātua and tau iwi who have been advising the organisation, were available to support any Māori residents and their whānau.</p> <p>The general manager (GM) has overall responsibility for all complaint investigations and used these as opportunities to make improvements. The process and policies met the requirements of the Code and these standards. Residents and whānau interviewed understood their right to make a complaint and said they knew how to raise concerns.</p> <p>Documentation sighted showed that all complaints received since the previous certification audit had been acknowledged in writing, complainants had been informed of findings throughout the process and following investigation, and that resolution and/or agreement had been reached between the parties involved. A small number of complaints were still open pending further investigation and resolution.</p> <p>There have been no known complaints received or investigated by the funder or the office of the Health and Disability Commissioner since the previous certification audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into</p>	<p>FA</p>	<p>The Trust board assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the chief executive officer, general manager and other leadership team members who report to the board. External advice was sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting</p>

<p>organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through management interviews. A commitment to the quality and risk management system was evident. The Trust board was kept well informed on progress and risks, as confirmed in a sample of reports reviewed.</p> <p>The approach, size and complexity of clinical governance is appropriate for the services delivered. Clinicians, managers, and other heads of teams met weekly to improve and be held accountable for the quality and safety of the health and disability services they provide. These meetings included consideration of unstable/deteriorating residents, new wounds/pressure injuries and/or any new infection events, and any other clinical concerns including safe staffing.</p> <p>The service provider holds contracts with Health New Zealand – Te Whatu Ora for aged residential care-hospital medical, geriatric, rest home and secure dementia care with a maximum capacity of 107 beds. This comprises 10 dementia beds and 89 dual purpose rooms (37 of these are Occupation Right Agreement (ORA) apartments approved as suitable to deliver rest home or hospital care). A further eight beds under ORA are approved for rest home only.</p> <p>The agreement includes provision for respite/short-stay and Long-Term Support-Chronic Health Conditions (LTS-CHC) and post-acute care. There were 59 residents on site the day of this audit. Of these, 30 were assessed at rest home level of care, 20 were hospital, and nine dementia. One rest home resident lived in an ORA apartment; another was on short stay/respite and one other rest home person was funded by the Accident Compensation Corporation. There were no residents under 65 years of age.</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</p>	<p>FA</p>	<p>Resthaven has a documented and implemented quality and risk management system which is reviewed and kept current by the senior leadership team and the external owner of the quality system. The system included a risk management plan and policies and procedures which clearly describe all potential internal and external risks including potential inequities and corresponding mitigation strategies.</p>

<p>focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>Activities to monitor adherence to the business, quality and risk plan, and the service policies and procedures included scheduled and ad hoc internal audits, a range of staff and resident meetings, provision of staff education and professional development opportunities, and analyses of quality data, such as incidents, infections, restraint use and complaints. Where a need for improvement was identified, corrective actions were implemented until improvement occurred. This was demonstrated by interview, and seen on the documented outcomes of incidents, internal audits and in the minutes of full staff meetings, RN meetings and the health and safety committee meetings.</p> <p>Annual resident and relative surveys were conducted by an external company, which provided valuable feedback and was used to monitor improvement or decrease in satisfaction with services. The May 2024 survey revealed no major concerns and a slight increase in the overall satisfaction rating from the 2023 survey results.</p> <p>The GM and CEO described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The GM understood and has complied with essential notification reporting requirements. RN shortage on shifts notifications were submitted in 2024, one unstageable (non-facility-acquired) pressure area was reported in March 2024, as was a COVID-19 outbreak December 2023 to January 2024.</p>
<p>Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At</p>

<p>achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage. All RNs are maintaining current practicing certificates.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensures services were delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced modules of the National Certificate in Health and Wellness registered by the New Zealand Qualification Authority (NZQA) to meet contractual requirements and best-known practice. Of the 44 care staff employed, 17 had achieved Level 4, seven were at Level 3 and three had acquired Level 2 of the certificate. Thirteen care staff had completed the limited career path in dementia and seven more were registered. A sample of rosters confirmed that only staff who had completed or were progressing the four-unit standards in dementia care, were allocated duties in the secure unit.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented, including evidence of qualifications and registration.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Resthaven work in partnership with the resident and whānau to support wellbeing. Six resident files were reviewed. These included two hospital files, one file from a resident in the secure unit, and three rest home files. Rest home files reviewed included a resident receiving care while residing in an ORA apartment and a resident receiving respite care. The files reviewed included residents with a number of co-morbidities, residents who identified as Māori, residents who were from a Pacific island, residents receiving palliative care, residents who displayed behaviours that were a challenge, residents who self-administered medications, and residents who had recently required transfer to an acute facility.</p> <p>The file reviews verified a care plan was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. This was verified by sampling residents’ records and interviews with clinical staff, people receiving services, and whānau.</p> <p>Residents and whānau confirmed active involvement in the process.</p> <p>A phone interview with the GP, who had commenced services to Resthaven recently, described being impressed with the clinical staff at Resthaven. The GP was called appropriately, the required assessment data was supplied, and staff were organised. The GP was complimentary of the clinical staff being “on top of things.” The GP expressed no concerns with the care being provided at Resthaven.</p> <p>An interview with three other whānau and eight other residents expressed an elevated level of satisfaction with the care provided, and they were</p>
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		complimentary of the staff and management and commented they were being kept informed. Two of nine residents and one of six whānau made mention of a slow response occasionally when the bell call system was activated. Response times to call bells were being monitored and reported regularly. Two of nine residents and a small number of food satisfaction respondents made mention of food concerns. The GM was aware of these concerns and had corrective action plans in place to monitor and address these.
<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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Standing orders were not used at Resthaven.</p> <p>Self-administration of medication was facilitated and managed safely.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service at Resthaven was provided by a contracted provider.</p> <p>The menu has been developed in line with recognised nutritional guidelines for people using the services and were reviewed by a dietitian on 27 February 2025. The menu considered the food and cultural preferences of those using the service. The kitchen and contracted provider operated with a Ministry of Primary Industries approved multisite food control plan that was verified in January 2025. Evidence of overall resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes. Some areas of dissatisfaction with</p>

		<p>the meal service were noted and evidenced at audit by two of nine residents interviewed. There is an ongoing commitment by management to address any areas of dissatisfaction as they arise, as evidenced by the identified corrective action plans and ongoing audits.</p> <p>Residents in the secure unit had access to food and fluids at any time of the night or day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Resthaven was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures and complied with relevant legislation. This included a current building warrant of fitness (expiry 12 May 2026) and electrical and biomedical testing, which was undertaken in early May 2025. A certificate of compliance for the new building dated 20 May 2024 was sighted. This addresses the finding from the partial provisional audit in December 2023.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</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>Two findings from the partial provisional audit related to the new building have now been rectified. Fire and Emergency New Zealand (FENZ) approved an updated evacuation plan on 22 March 2024. Staff have been trained accordingly and undertake evacuation drills at least every six months, as confirmed by records of each drill. There were 15 fire-trained fire wardens, who were designated for each shift on the staff roster.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) at Resthaven was responsible for overseeing and implementing the IP programme, with support from two RNs, infection control champions. The programme has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and was reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and reported to the governing body. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</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>Resthaven is committed to achieving and maintaining a restraint-free environment and this is reflected in its policy and procedures. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. Any use of restraint was reported to the governing body.</p> <p>The CNL is designated as the restraint coordinator and oversees all aspects of restraint use in collaboration with the restraint committee. Restraint activity was included in the health and safety meetings and discussed at full staff meetings, RN meetings, in daily handovers and at clinical governance meetings. The extent of restraint use has decreased from two to one resident requiring an ongoing restraint. There has been no emergency restraint used since the previous audit.</p> <p>On the day of audit, a signed consent from a third party for one resident who was unable to consent, was sighted. This person required a lap belt when seated. Assessment, monitoring and review of the restraint was occurring. Staff education records confirmed that all care and clinical staff attend training on alternatives to restraint, safe restraint use and de-escalation practices and techniques. Staff interviews, observation of handover and a sample of meeting minutes confirmed that restraint use, including the type and frequency of restraint, was being reliably reported across all shifts. The restraint committee meets at least six-monthly and reviews all restraint use, to ensure any use of restraint is as per policy and ensures the health and safety of residents and the staff.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.