

Chetty's Investment Limited - Glenbrook Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Chetty's Investment Limited

Premises audited: Glenbrook Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 June 2025 End date: 10 June 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: 20

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

Glenbrook Rest Home provides rest home services for up to 22 residents. No changes to the service or facility have occurred since the previous audit. The service is operated by the owner/director, who is the facility manager. A registered nurse manages the day-to-day care of the residents and is supported by the clinical nurse manager, who works across two residential aged care sites owned by the same owner.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora Counties Manukau (Te Whatu Ora Counties Manukau). This certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents and family members. The general practitioner and staff were interviewed.

No areas were identified as requiring improvement.

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.

Glenbrook Rest Home 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. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

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

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

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

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

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

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

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

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator led the programme.

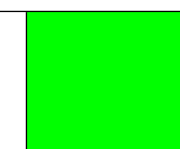
The infection control coordinator was involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

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

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

Here taratahi | Restraint and seclusion

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

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	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.</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>Glenbrook Rest Home has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health action plan has been developed with input from cultural advisers and is used for residents who identify as Māori. Te Whare Tapa Whā model of care has been adopted by the service to use for residents who identify as Māori. Bilingual information was available for residents. Operational policies included cultural considerations, where appropriate, based on Māori tikanga.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. A kuia and kaumatua were available if needed for advice. Te Whatu Ora Counties Manukau Māori and Pacific Island advisory team representatives were available, and the contact details were sighted.</p> <p>Management and staff have completed training on Te Tiriti, cultural values and beliefs and tikanga best practice and cultural protocols.</p>

		<p>This was verified in the training records reviewed.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were residents who identified as Māori. Staff ethnicity data was documented on recruitment and trended. No staff currently identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Glenbrook Rest Home has identified and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no residents from the Pacific on the day of the audit. However, Pacific staff interviewed felt the Pacific worldview, and cultural and spiritual beliefs, were embraced when Pacific people/residents were admitted to the service.</p> <p>Policies and procedures and the Ola Manuia; Pacific Health and Wellbeing Action Plan 2020-2026 (recently reviewed) were used to guide staff.</p> <p>Active recruitment, training and actions to retain a Pacific workforce were supported by management, resulting in Pacific staff employed across roles. The facility manager and the clinical nurse manager both identified as Pacific people. The 'Fonofale' model of care was used in the care planning process as needed. Linkages with the local community included chaplains from local churches who visited the facility regularly.</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</p>	FA	<p>Staff interviewed 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. Posters of the Code in English and te reo Māori were posted around the facility.</p> <p>Residents and whānau interviewed reported being made aware of</p>

<p>way that upholds their rights and complies with legal requirements.</p>		<p>the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake principles were observed in practice. Residents who identified as Māori confirmed that they were involved in planning their care.</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 service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Personal cares were completed behind closed doors.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through te reo Māori information posted around the facility and through the activities programme. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori. Residents were supported to maintain their independence, where applicable.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that it was respected. Residents look after their own finances, or they are supported by their family. All staff have undergone police</p>

		<p>vetting as part of the employment process.</p> <p>Professional boundaries were maintained by staff, as confirmed by residents in interviews. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care. Residents stated that they were treated fairly.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints. Whānau confirmed being advised of adverse events in a timely manner.</p> <p>Staff knew how to access interpreter services, if required. Staff were observed communicating with residents in a respectful manner.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed admission agreements and informed consent forms were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made because of the investigation. Six minor complaints have been received since the previous audit, and all were effectively closed out in the register reviewed.</p> <p>The service has assured the process worked equitably for Māori by having the complaints policy in te reo Māori. The code of rights was clearly displayed in both English and te reo Māori.</p> <p>There have been no complaints received from external sources since the previous 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 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>The facility manager assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Pacific representation on the team as both the facility manager and the clinical nurse manager identify as Pacific people. Each also demonstrated expertise in Te Tiriti, health equity and cultural safety. The training was verified in the training records reviewed.</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health action plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the</p>

		<p>service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through internal audits, including entry and enquiry information. A commitment to the quality and risk management system was evident. The facility manager, interviewed by telephone, felt well informed on progress and risks. This was also confirmed in the minutes of meetings held regularly with the clinical nurse manager, which were available at audit.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participated in planning and evaluation of services through surveys completed annually.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Counties Manukau for rest home level care, rest home respite care, and under 65 years – long term support chronic health care (LTSCHC.) On the day of the audit, 18 residents were receiving rest home level care, rest home respite care – nil residents, and two residents under LTSCHC.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, whānau and staff contributed to quality improvement through assisting with internal audits and reporting processes. Annual staff and resident surveys were completed in September each year. The CNM has collated the feedback, provided an analysis of the data received, and</p>

<p>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>reported any issues directly to the facility manager and staff at the staff meetings. Any areas for improvement of service delivery were actioned for quality improvement.</p> <p>Critical analysis of practices and systems, using ethnicity data, identified possible inequities and the service works to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies and procedures reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The facility manager 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 documented adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The facility manager and the CNM interviewed understood and complied with essential notification reporting requirements. No Section 31 notifications have been recorded, or any significant adverse events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>There was 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 that all aspects of service delivery were met. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>this. At least one staff member on duty had a current first aid certificate. The RN is on call 24/7 and was supported by the CNM. The GP was also contactable after hours as needed.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education was planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Training records were maintained by the CNM, and training was always provided at every opportunity, and at monthly staff meetings.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Health New Zealand Te Whatu Ora – Counties Manukau. There was a total of six health care assistants (HCAs), with one who has completed Level 4, four who have completed Level 3 (one of whom is currently completing Level 4), and an HCA who is newly employed and is yet to be enrolled in the training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. The RN and the CNM were competent in interRAI to undertake the assessments on admission and six-monthly, as required.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were consistently implemented. A quality consultant was contracted to provide this service requirement. Job descriptions were</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. The annual practicing certificates (APCs) are reviewed annually for all health professionals employed and contracted, and once verified, a record is maintained.</p> <p>Staff reported that the induction and orientation program prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance was reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. A paper-based information management system was in use. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for obtaining the national health index (NHI) numbers for residents.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access,</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and</p>

<p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision. Enquiry forms were completed and reasons for declining entry were recorded on the forms seen. Related data was documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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 work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, was developed by the registered nurse (RN) or clinical nurse manager (CNM) 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.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial nursing assessment, general practitioner assessment, initial care plan, initial interRAI assessment, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well</p>

		<p>documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where the desired outcome was not achieved, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through annual satisfaction surveys feedback and participation in the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Residents were supported to safely complete personal hygiene tasks where required, and those who were independent were supported to remain as independent as possible. Tāngata whaikaha/whānau could independently access information. Some residents had computers they used to access information. The general practitioner (GP) confirmed satisfaction with the standard of care provided.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. Residents and whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</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>An activities coordinator was responsible for overseeing the activities programme for residents. The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the resident's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. National cultural events were celebrated including Waitangi Day, Matariki and Māori Language Week. Community initiatives met the needs of</p>

		<p>Māori. Māori artwork and te reo words were posted around the facility. Residents who identified as Māori expressed satisfaction with the activities programme.</p> <p>Feedback on the programme was provided through annual satisfaction surveys and three-monthly residents' meetings. Residents confirmed they found the programme met their 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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. There were no expired medicines in stock. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely when required. There were no residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service was in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 24 January 2024. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration that will expire on 20 June 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Food options culturally specific to te ao Māori were provided on cultural day celebrations.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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>	<p>FA</p>	<p>Transfer or discharge from the service 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. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Residents were transferred to hospital for emergency situations via ambulance. Transfers and discharges were recorded in the progress notes. Reasons for transfer or discharge were recorded.</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</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. The building warrant of fitness (BWOFF) was</p>

<p>around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>displayed. The expiry date sighted was 31 May 2026. Medical electrical checks and calibration reviews were completed on 6 May 2025. Testing and tagging of electrical equipment occurred on 8 January 2025 and this was verified in the records and inventory maintained.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility. There is a separate bathroom for staff and visitors to access.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance. All resident's rooms have an external window. The gardens were well maintained in this rural care setting. Chickens and ducks were fed daily by residents.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices. A notice board was set up for Matariki Day as part of the activities programme and this was welcomed and enjoyed by the residents. No building alterations are planned however, if this was to occur consultation would be sought in the design process, to ensure the aspirations and identity of Māori are acknowledged.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and had appropriate equipment to respond to emergency and security situations. The last fire evacuation training was held on 19 December 2024. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) and the letter reviewed was dated 13 November 2017.</p> <p>Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency</p>

		<p>recommendations for the region. There was a large water tank holding approximately 5000 litres of water, emergency lighting, torches, empty water bottles, continence products, personal protective resources, radio, batteries, and an emergency portable generator for power which is checked regularly. A barbecue and gas bottle were readily accessible. A garage near the facility contained additional cleaning products, tin foods, dry ingredients, and two freezers with spare frozen foods, was observed on the tour of the facility.</p> <p>Staff were able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alerted staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. The staff lock up the facility in the evenings, and ensure the windows and doors are closed and locked at an appropriate time. Staff check the facility by completing rounds at night. A private security company was contracted to drive around the facility twice at night. There is one exit door which has a security alarm should a resident open this door after-hours. Residents' and whānau were familiarised with emergency and security arrangements, as and when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body and the CNM, link to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	FA	<p>The infection control coordinator (ICC) is responsible for</p>

<p>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>		<p>overseeing and implementing the IP programme with reporting lines to senior management. The ICC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery and policies. The clinical nurse manager stated that the ICC would be consulted when there were planned facility changes or design of any new building. At the time of the audit, there were no planned changes.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. The IP programme was linked to the quality improvement programme and was last reviewed on 25 January 2025. The ICC stated that cultural advice would be accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe</p>	<p>FA</p>	<p>Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, approved by the governance body and supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use monthly and</p>

<p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</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>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, using standardised surveillance definitions, 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 the governance body ,and where necessary, recommendations for improvement were identified. There have been two COVID-19 outbreaks reported since the previous audit. A summary report for the infection outbreaks 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>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) was culturally safe, as confirmed by the residents.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The ICC had oversight of the environmental testing and monitoring programme. Regular environmental audits were completed. The health care assistants responsible for cleaning and laundry duties had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed</p>

		well, and the facility kept clean and tidy. This was confirmed through observations.
<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>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The FM and the CNM demonstrated commitment to this. At the time of audit, there were no residents using a restraint, and this has been the case since the facility manager has owned this residential aged care service, now over five years. Any use of restraint would be reported to the facility manager.</p> <p>The RN is the restraint coordinator and clearly understood their role. A job description, signed and dated, was sighted in the RN's personal record reviewed.</p> <p>Policies and procedures met the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. This training was provided last on 15 August 2024.</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.