

# Te Whare Hononga Limited Partnership - Monte Vista Residential Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Te Whare Hononga Limited Partnership
<b>Premises audited:</b>	Monte Vista Residential Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 22 May 2025    End date: 23 May 2025
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	36



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Te Whare Hononga Limited Partnership - Monte Vista Residential Care provides hospital (geriatric and medical) and rest home care for up to 40 residents. At the time of the audit there were 36 residents.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The facility manager is appropriately qualified and experienced and is supported by a clinical coordinator and a team of experienced staff. There are quality systems and processes being implemented. Feedback from family members interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall related to ensuring a registered nurse coverage.

Two continuous improvements are awarded for meal services and kaitiakitanga.

## 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.

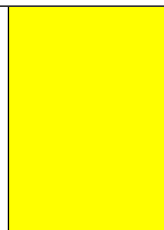
Monte Vista Residential Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed.

The rights of individuals to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Monte Vista Residential Care has an admission package available prior to, or on entry to the service. The facility manager and clinical coordinator efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner at admission. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

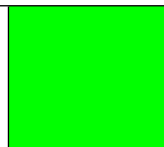
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Culturally appropriate kai options are available. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical services manager. The facility currently has no residents using restraints. Use of restraints are considered as a last resort only, after all other options are explored.

### 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	26	0	1	0	0	0
Criteria	2	165	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to the Treaty of Waitangi in the facility business plan. The recruitment policy includes provision of an equitable recruitment process. The facility manager and clinical coordinator confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit.</p> <p>Monte Vista Residential Care is committed to providing culturally responsive care that recognises and respects the unique identities, values, and aspirations of Māori residents. The service actively supports cultural safety through staff training, interpreter services, and care planning that reflects individual cultural preferences. Monte Vista Residential Care also maintains links with local Māori health providers and community leaders to strengthen cultural connection, advocacy, and inclusive service delivery. The management team collaborates with mana whenua and local Iwi, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for all residents.</p> <p>The service has signage throughout in Māori and the Health and</p>

		<p>Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori, sign language and English with pamphlets available.</p> <p>Interviews with 10 staff (four caregivers, one registered nurse, one activity coordinator, one kitchen manager, one cleaner, one laundry person and one maintenance,) and two managers (facility manager and clinical coordinator), one trust board member and documentation reviewed evidenced that staff are supported with cultural resources and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Monte Vista Residential Care recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were Pasifika residents living at Monte Vista Residential Care. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The service recruits new staff when vacancies occur. The facility manager and clinical coordinator confirmed the service would encourage and support any potential staff member that identifies as Pasifika beginning at the employment process. At the time of the audit there were staff who identified as Pasifika. Staff interviewed confirmed in interview that all cultures are respected at Monte Vista Residential Care.</p> <p>Interviews with staff members, management, five family/whanau (two</p>

		<p>rest home and three hospital), and seven residents (four hospital-including one younger person and three rest home) identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service can consult with Pacific Island staff to access community links and continue to provide equitable employment opportunities for the Pasifika community. They have a relationship with Tuwharetoa Health and community leaders within these organisations to strengthen cultural connection and advocacy.</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>The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager or clinical coordinator discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident/whānau meetings. All residents and family/whānau interviewed reported that the residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/ whānau.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management a trust board member and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</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 code of conduct (part of a comprehensive staff handbook) is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure</p>

		<p>wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents and whānau interviewed confirmed that staff are very caring, supportive and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</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>Information regarding the services offered is provided to residents and family/whānau on admission. Resident/whānau meetings identify feedback and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau /next of kin of any accident/incident that occurs. All correspondence is documented in the resident file. The accident/incident forms reviewed identified family/whānau /next of kin are kept informed of adverse events and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the</p>

		<p>scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse and dietitian). The facility manager and clinical coordinator provided examples of open communication with family/whānau, including the time and support around discussions and decision making.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent which is understood by staff. Informed consent processes were discussed with residents and family/whānau on admission. Six electronic resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for health care, including resuscitation status had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff</p>

		<p>understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</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>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been five complaints logged year to date since the previous audit. There has been one external complaint. Four of the complaints were from staff who had incorrectly used a complaint form rather than an incident form. The complaints/ incidents have been fully followed and staff educated regarding the correct process.</p> <p>The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the quality meetings. Complaints are a standard agenda item in all quality meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including resident/whānau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related</p>

		documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and whanau involvement for some Māori.
<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>	FA	<p>Monte Vista Residential Care is owned by Te Whare Hononga Limited Partnership (Ngāti Tūwharetoa). Monte Vista Residential Care provide rest home and hospital level of care for up to 40 residents. There are 40 beds certified for dual purpose use.</p> <p>On the day of the audit, there were 16 rest home residents (including one resident on a younger person with disability contract (YPD), and 20 hospital level residents (including two residents on a YPD contract, and two residents funded by ACC on short term care). All residents other than the residents on YPD and ACC contracts were under the aged related residential care (ARRC) agreement.</p> <p>The governance body of Monte Vista Residential Care is made up of three directors, each a delegate of Te Kotahitanga o Ngāti Tūwharetoa, the Post-Settlement Governance Entity representing 26 hapū of Ngāti Tūwharetoa. Each director brings decades of governance experience, providing leadership that is culturally grounded and committed to the wellbeing of the community and residents.</p> <p>Directors collaborate closely with a dedicated Kaiārahi (cultural advisor) and maintain active engagement with the Tūwharetoa kaumātua rōpū, ensuring tikanga Māori and matauranga Māori are authentically embedded across governance and organisational leadership. New directors undergo an induction process led by the chair and facility manager. This includes introductions to key staff, an overview of operational processes, cultural leadership frameworks, and provision of the constitutional documents of Te Haeata Limited and Te Whare Hononga Limited Partnership. Orientation also includes familiarisation with Monte Vista Residential Care's cultural safety practices, tikanga Māori principles, and active engagement processes with kaumātua leadership.</p> <p>Directors meet monthly with the management team, receiving detailed operational, cultural, and financial reporting. Meetings include a</p>

		<p>review of the compliance schedule and quality/risk data to ensure Monte Vista Residential Care maintains alignment with Ngā Paerewa standards and legislative obligations. Governance monitors the expression of tikanga Māori across operational practices, ensuring karakia, waiata, wairuatanga, and te reo Māori initiatives remain integral to daily life. This collaborative and transparent relationship between governance and operations ensures the facility advances both service quality and cultural identity outcomes for residents.</p> <p>The facility manager was able to describe the company's quality goals. The philosophy of care and strategic plan reflect a resident/whānau-centred approach to service provision. There is a current business plan that outlines objectives for the period. Objectives are regularly reviewed and signed off when fully attained.</p> <p>The service is managed by a facility manager who has been in position since January 2022 and had previously worked as an RN at the facility earlier in their career. They are supported by a clinical coordinator who has been in the position since February 2021, with six years' prior experience in aged care. The facility manager and clinical coordinator have both maintained at least eight hours annually of professional development activities related to managing a rest home. This includes cultural training specific to Te Whare Tapa Whā and te ao Māori.</p> <p>The management team collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata whaikaha.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, business courses, privacy training and ARRC forums. Peer support is provided by a medically qualified member of the Board.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>FA</p>	<p>Monte Vista Residential Care has established quality and risk management programmes. These systems include performance monitoring through internal audits, the collection, collation and internal</p>

<p>responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>Monthly staff/quality and RN meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. Resident meetings are held immediately prior to the staff/ quality meetings to ensure the voice of the resident is represented at the meetings.</p> <p>The 2025 resident and relative satisfaction survey process includes a kitchen survey and cultural survey and resident survey. Surveys showed a high level of satisfaction in all areas. Minimal corrective actions were completed related to comments documented. Results have been communicated to residents and staff during meetings.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is part of all quality meetings. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register reviewed monthly or quarterly based on the risk of the area or hazard were sighted. Reviews have been completed as scheduled. Health and safety policies are implemented and monitored by the health and safety officer and management team. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular</p>
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		<p>manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, cultural days and shared kai at meetings.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Benchmarking occurs through the external quality system provider. Opportunities to minimise future risks are identified by the registered nurses, clinical coordinator and facility manager who review every adverse event.</p> <p>Discussions with the facility manager and clinical coordinator evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications for shortages of registered nurses, and no Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit. There have been two outbreaks appropriately documented and reported since last audit (one covid and one gastroenteritis).</p> <p>Two incidents have been reported and managed in association with Health New Zealand.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers; however, there was not always 24/7 registered nurse cover. There are dedicated activities, maintenance, housekeeping and cleaning staff supporting service delivery.</p> <p>The facility manager interviewed confirmed staff needs and shortages</p>

		<p>are reported to governance as indicated. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The facility manager and clinical coordinator are available Monday to Friday. On-call cover out of hours is provided 24/7 by the facility manager who resides within the service and as required to the clinical coordinator.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training that is provided as part of orientation and provided annually to all staff. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently sixteen of nineteen staff are at level 3 or above.</p> <p>Registered nurses complete competencies, including restraint, medication management, syringe driver and interRAI assessment competencies. There are six permanent registered nurses (including the clinical coordinator) and one casual RN. Four RNs are interRAI trained. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management) and management of complex medical conditions. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained in the staff files.</p> <p>Staff wellness is encouraged through participation in health and</p>
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		<p>wellbeing activities. Monte Vista Residential Cares environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed evidence implementation of the recruitment process, employment contracts and police checking. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values., responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed for more than 12 months have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff files had completed orientation records on file. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using</p>

<p>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>		<p>cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical coordinator are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents</p>

		<p>ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Monte Vista Residential Care is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with Te Whaariki Aroha and Tuwharetoa Health.</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>Six files were reviewed for this audit: three hospital residents (including one resident on an ACC respite and one resident on a younger person with a disability (YPD) contract and three rest home residents. The registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>There is a cultural awareness policy in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. This policy also applies to Pasifika residents. The long- term care plans all have a cultural/spiritual section.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (including the residents on ACC and YPD contracts) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed, the care plan evaluations documented the residents progression towards meeting their goals. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p>

	<p>There are four general practitioners (GP) who ensure residents are assessed within five working days of admission. The GP's review each resident at least three-monthly. The GP's do not provide on-call service for after hours and the facility uses the emergency department at Health New Zealand. The clinical coordinator is available 24/7 for clinical advice and decision making as required. The GP interviewed was very satisfied with the standard of care and the RN's competence at Monte Vista Residential Care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work two hours a week. A podiatrist visits monthly, a continence advisor, dietitian, hospice specialists and district nurse are available as required.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by registered nurses and caregivers. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the clinical coordinator who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were three residents with minor wounds and one resident with a chronic wound. There are currently no pressure injuries. All wounds reviewed had comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required) to show healing progression. The district nurse had been accessed for input to the chronic wound. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure</p>
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		<p>injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. All monitoring charts reviewed were implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</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>There is one activities coordinator who is currently completing a diversional therapy course and works 40 hours a week Monday to Friday. The weekend programme is supported by the caregivers. The programme is planned monthly and weekly. The weekly calendar is placed in large print on noticeboards and on a whiteboard in the lounge. Those residents who want one can have a copy in their rooms. The two younger residents have an individual activities calendar of their own. The activities coordinator and caregivers facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend. Māori language week and Matariki. Each morning the day starts with a Karakia and a Waiata led by kaumatua. There is a Karakia before meals.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and chit-chat. There are lounges where residents and families/whānau can have quieter times and access newspapers, games, puzzles and books.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident</p>

		<p>attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board games; hand pampering; bingo and happy hour. There are regular van drives for outings, shopping and coffees, regular entertainers visiting the residents, monthly church services and Roman Catholic communion. There is a facility cat and pet therapy dogs visit. Every Tuesday the residents can go swimming at the hot pools. One resident goes out to Age Concern weekly.</p> <p>There are monthly resident meetings. Residents and family/whanau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RN's have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the GP's review all resident medication charts three-monthly and each chart has a photo identification and</p>

		<p>allergy status identified. There were two residents self-administering medications on the days of audit. Consent forms were in order and the medications were stored safely.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical coordinator described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>All meals are prepared and cooked on site. There is a kitchen manager, a weekend cook and five kitchen assistants. All kitchen staff have completed safe food handling. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 5 August 2025.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whanau can bring special meals for their relatives. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers and kitchen staff interviewed understand tikanga guidelines in terms of everyday</p>

		<p>practice. Tikanga guidelines are available to staff.</p> <p>The kitchen manager completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are served directly from the kitchen to the dining room. Residents were observed enjoying their meals. Modified utensils are available for residents to maintain independence with eating as required. There is a pleasant ambience in the dining room and residents were chatting to one another. Lunch on the second day of audit was kai moana. A continuous improvement has been awarded for the inclusion of kai moana to the menu.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical coordinator and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. This was observed on the second day of audit when a resident was transferred to hospital.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe</p>	FA	<p>The maintenance management policy ensures the interior and exterior of the facility are maintained to a high standard, and all</p>

<p>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>	<p>equipment is maintained, serviced and safe. Testing and tagging for all equipment is up to date except the hoists charging area. The building has a current building warrant of fitness. The service has an experienced maintenance man, who works full time a week and provides 24/7 cover for emergencies. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are logged in a request book at reception and checked daily. There is a preventative maintenance schedule is maintained. The planned maintenance schedule includes resident equipment checks, calibrations of weigh scales and clinical equipment. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. All equipment has been checked as required and includes (but not limited to), standing hoists, full body hoist with a range of slings, mobility equipment, pressure relieving equipment and sensor mats. There are environmental audits and building compliance audits completed as scheduled.</p> <p>The external areas and gardens were well maintained. Outdoor areas had seating and shaded areas available. There is safe access to all communal areas. Caregivers interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>All bedrooms are single occupancy, and each have a hand basin. Four of the bedrooms have an ensuite with toilet, shower and basin. There are adequate numbers of communal toilets located near the communal areas. Communal toilet/shower facilities have a system that indicates if it is engaged or vacant. Regular audits of the environment are completed as per the quality programme. Liquid soap and paper towels are available in all toilets. Fixtures, fittings, floorings and wall coverings are in good condition and are made from materials which allow for ease of cleaning.</p> <p>Residents are encouraged bring their own possessions into the home and adorn their room as desired as observed during the audit. Hospital level residents have hi/low hospital beds. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy chair or wheelchair.</p>
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<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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (31 March 2025). A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The most recent fire evacuation practice was 31 March 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in trolley which is readily accessible behind reception. In the event of a power outage there is a preferential customer agreement with the local power company which can provide backup generator for planned outages. There is emergency battery backup for emergency lighting and gas cooking is available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with</p>

		<p>three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night.</p>
<p><b>Subsection 5.1: Governance</b></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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk and incident reporting system. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked through an external consultant. Infection control is part of the strategic and quality plans. The directors receive reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations.</p>
<p><b>Subsection 5.2: The infection prevention programme and implementation</b></p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The clinical coordinator oversees infection control and prevention across the service, with support from the registered nurses and facility manager. The job description outlines the responsibility of the role. The infection control coordinator has completed education and completed practical sessions in hand hygiene and personal protective</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>equipment (PPE) donning and doffing. There is good external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist should this be required. The infection control manual was developed by an external consultant which outlines a comprehensive range of policies, standards and guidelines, including role definitions, responsibilities and oversight, training, and education of staff. Policies and procedures are approved by the directors and is reviewed annually by the management team. All policies are available to staff.</p> <p>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There are sufficient quantities of PPE equipment available as required.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practise were displayed in English and te reo.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the nurse manager. The management team and directors liaise with the</p>
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		local iwi contacts should the design of any new building or significant change be proposed to the existing facility.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in Monte Vista Residential Care infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at staff and quality meetings and incorporates ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinator and nurse manager. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two outbreaks (Covid-19 and gastroenteritis) since the last audit. The facility followed their pandemic and outbreak plan. There were clear communication pathways with responsibilities and include outbreak meetings and communication with all relevant parties. Staff wore personal protective equipment, and family/whanau were kept informed by phone or email. Visiting was restricted for the</p>

		areas affected.
<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 antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinator has oversight of the testing and monitoring programme for the built environment through scheduled internal audits that include those related to cleaning, laundry and the environment.</p> <p>The infection control coordinator provides support to maintain a safe</p>

		environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.
<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>At the time of the audit, the facility had no restraints. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) is discussed at staff meetings.</p> <p>All staff have annual restraint training. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme as well.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers; however, there was not always 24/7 registered nurse cover. There are dedicated activities, maintenance, housekeeping and cleaning staff supporting service delivery.</p>	<p>For the previous two weeks roster reviewed, there were three nightshifts without a registered nurse. An overseas RN who is currently undertaking a CAPs course provided the RN leadership with a NZ registered nurse also on call.</p>	<p>Ensure there is a registered nurse on duty every shift</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.4</p> <p>To facilitate equity approaches, my service provider shall be Māori centred.</p>	CI	<p>Monte Vista Residential Care is an iwi Māori owned and operated whare Manaaki, dedicated to ‘nurturing the wellbeing of our kaumātua and whānau’. The mahi is woven through the values of manaakitanga, wairuatanga, Kōtahitanga, and whanaungatanga. The philosophy is ‘Care is not just a service — it is an expression of aroha, whakapapa, and responsibility to uphold the mana of every resident and their whānau’.</p> <p>Resident feedback and whānau voice identified a need for greater community connection, enhanced cultural celebration, and improved facility amenities. Service reviews and resident hui highlighted aspirations for more outdoor spaces, cultural activities, and accessible respite care for kaumātua.</p>	<p>Strategies implemented included monthly resident hui to gather direct resident voice and integration of whānau suggestions. The service have increased cultural activities (marae visits, waiata sessions, whānau storytelling) and collaboration with kaumātua to strengthen cultural and social participation. Service improvements have included significant garden improvements. The service has also ensured a respite bed is ring fenced to be available for local kaumatua.</p> <p>The process of consultation and agreement with 26 iwi was handled with the assistance of local kaumātua and with a high level of cultural care tact and diplomacy. The results have included increased participation rates in activities. The activity calendars demonstrate cultural diversity and resident-led content. There has also been</p>

			<p>enhanced resident hauora and mana motuhake as evidenced through resident and whanau discussion, greater whānau engagement and stronger community connection and whānau ora. There has been an increase to the activities programme attendance particularly with more individuals from the community engaging with Monte Vista. This has had a positive ripple effect on the long-term residents. The presence of new faces and shared activities fosters interpersonal connection, stimulation, and purpose, which in turn strengthens the overall wellbeing and vibrancy of the home.</p> <p>There is clear evidence of increased satisfaction, as reflected in a substantial rise in daycare attendance. In March 2023, attendance was 16.33%, which increased to 94.23% by May 2025, a significant uplift of over 77 percentage points. This growth highlights not only greater engagement but also increased trust and appreciation of the programme offered. Whānau connection has visibly strengthened over time. This is evidenced by increased participation from family members in shared events, hui (meetings), cultural celebrations and daily care routines. Management and staff report whānau are more present, not just physically, but also through shared decision-making and support. There are more whānau engaging in karakia, joining in waiata roopu and even offering mirimiri (healing massage) or tautoko (support) during activities. These taonga tuku iho (treasured practices handed down) reinforce a sense of belonging and collective care that is central to manaakitanga and aroha in practice.</p>
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<p>Criterion 3.5.7</p> <p>Service providers adopt a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori.</p>	<p>CI</p>	<p>Resident and family/whanau feedback identified a desire for more culturally appropriate kai options and a deeper connection to traditional Māori food practices, which were seen as essential to Wairua and wellbeing but underrepresented in standard age care settings.</p>	<p>Key strategies implemented included the introduction of traditional Māori kai options (boil-up, hangi, seafood) into regular menus and consultation with residents and family/whanau on kai preferences. The facility also completed staff training incorporating marae kitchen practices. The kitchen manager is a respected kai mahi who brings Māori into kitchen practices. Karakia is said before each meal. Celebrations such as Matariki, Waitangi and other cultural events will have kai as an integral part. Cafe style breakfasts have also been initiated daily for residents. Examples are poached eggs, spaghetti on toast and eggs benedict as sighted on the days of the audit.</p> <p>Resident surveys show increased satisfaction with meals. The 2025 overall rating for food satisfaction was 95.28% up from 77% in 2022 and 75 % in 2021. There is also increased positive feedback from whanau at cultural events and increased participation in cultural celebrations. The strategies implemented have strengthened resident cultural identity through kai. There is now systematic inclusion of cultural kai in menu planning. Whanau involvement and pride in the Monte Vista Residential Care culturally grounded care approach has also been reinforced. The residents interviewed reported they were very happy with the menu and love the café breakfasts and kai moana. The initiative was also reviewed and discussed at the residents meetings, which evidenced positive feedback. The family/whānau were satisfied with the variety and standard of the food.</p>
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End of the report.