

# Oceania Care Company Limited - Eden Rest Home and Village

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Eden Rest Home and Village
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 17 June 2025    End date: 18 June 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>	61

# 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

## General overview of the audit

Eden Rest Home and Village is owned and operated by Oceania Care Company Limited and provides rest home and hospital-level care for up to 66 residents. On the first day of the audit, 61 residents were in the facility.

Since the previous audit, the management structure has undergone some significant changes, notably the appointment of a clinical manager (CM) in October 2023.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents, whānau, staff, management, the regional clinical and quality manager (RCQM), mental health specialists, and the nurse practitioner (NP). Residents and whānau were complimentary about the care provided.

Improvements are required relating to the care planning process, wound evaluations, and documenting the effectiveness of pro re nata (PRN) medications.

A continuous improvement rating has been awarded relating to palliative care.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Eden Rest Home and Village works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

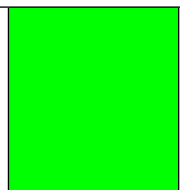
Pacific peoples were provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code), and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse. Staff interactions observed during the audit demonstrated respect, empathy, and culturally safe communication. Residents confirmed that their values, beliefs and cultural identity were acknowledged in their care. Equity was promoted through practices that enabled fair access to services for all residents.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Residents confirmed that information was shared in a timely and respectful manner, and that they were supported to make informed choices. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives were followed wherever possible. Whānau confirmed they felt welcomed and involved as active partners in care.

Complaints were resolved promptly and effectively in collaboration with all parties involved. Complaints processes were accessible, and residents/whānau were aware of how to raise concerns. Feedback was encouraged and used to support continuous improvement

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The governing body assumes accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau. Residents were welcomed in a manner that acknowledged their identity, culture, values and preferences. Information was shared in a clear and respectful way to support understanding and decision-making during the admission process.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Assessment and planning processes incorporate clinical risk tools, cultural assessments, and individual goals. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis. Service coordination included input from the wider health team, when necessary, to ensure continuity and responsiveness.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activities were designed to promote engagement, wellbeing, and connection to culture and community.

Medicines were safely managed and administered by staff who were competent to do so. Medication systems were consistent with the scope of the service and supported safe prescribing, dispensing, and administration practices.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed, and menus had been reviewed by a qualified dietitian. Residents confirmed that mealtimes were enjoyable and culturally respectful.

Residents were referred or transferred to other health services as required. The service ensured timely coordination, with communication and consent processes followed.

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

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

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

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

The infection control coordinator was involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices. Responsibilities included oversight of infection control-related audits, reporting, and staff training.

Staff demonstrated adherence to infection control practices. Residents, staff and whānau were familiar with the pandemic/infectious diseases response plan. Infection control training was included in staff orientation and annual updates.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, analysed and reported, with actions implemented when required. Ethnicity data was collected as part of surveillance monitoring.

The environment supported infection prevention and transmission mitigation. Waste and hazardous substances were managed in accordance with documented procedures. Laundry services were managed in a manner that met hygiene standards. Hand hygiene and PPE supplies were available at key locations throughout the facility.

## Here taratahi | Restraint and seclusion

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

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

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	2	0	0	0
Criteria	1	165	0	2	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>Oceania Care Company Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work.</p> <p>The regional clinical and quality manager (RCQM) reported that Oceania Care Company Limited established an external cultural advisory group to provide management-level leadership and oversight to the clinical and health &amp; safety committees. This ensured the organisation's commitment to the cultural needs of Māori employees, residents and stakeholders of Oceania Care Company Limited; thus, supporting service integration, planning, equity approaches and support for Māori, and included a member who understood Te Tiriti o Waitangi, and tikanga Māori.</p> <p>A Māori health plan, based on Te Whare Tapa Whā model, has been developed with input from within the group and a supporting external cultural advisory consulting agency. It was used for residents who identified as Māori upon admission.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were no staff employed who identified as Māori. Staff ethnicity data was</p>

		<p>documented on recruitment and trended.</p> <p>At the time of audit, there were no residents who identified as Māori. Residents and whānau interviewed reported that staff respected their right to self-determination, and they felt culturally safe. Mana motuhake was respected.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Oceania Care Company Limited has established a cultural advisory group to provide management-level leadership and oversight to the Clinical and Health &amp; Safety Committees. This ensured Oceania Care Company Limited's commitment to the cultural needs of Pacific employees, residents and stakeholders of the organisation, thus supporting service integration, planning, equity approaches and support for Pacific peoples.</p> <p>A Pacific health plan based on the Ola Manuia (Pacific Health Model) has been developed with input from within the group and a supporting external cultural advisory consulting agency and is used for residents who identify as Pacific peoples when admitted.</p> <p>Strategies to actively recruit and retain a Pacific health workforce across roles were discussed. At the time of the audit, there were staff and residents who identified as Pacific peoples. Staff ethnicity data was documented on recruitment and trended.</p> <p>Residents and whānau interviewed reported that staff supported their worldview, and cultural and spiritual beliefs were embraced.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed demonstrated an understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in line with their preferences and wishes.</p> <p>Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). There was evidence of Māori mana motuhake, advocacy, and Code of Rights training provided to staff. They were given opportunities to discuss and</p>

		clarify residents' rights during admission and at every six-monthly multidisciplinary meeting. Residents and whānau interviewed confirmed this practice.
<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>	FA	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>There was evidence of an ongoing process to understand the background and cultural needs of residents. Upon admission, the resident services manager (RSM) interviewed the resident or their Enduring Power of Attorney (EPOA) about their preferences and cultural needs. This information was reflected in each resident's leisure care plan.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, providing them a safe space. This was confirmed by whānau, residents and staff during interviews.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through culturally safe communication, incorporation of te reo in documentation and interactions, and practices that reflect Māori values, beliefs and protocols. This was also evident in residents' meeting minutes and infection control meeting discussions.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in 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>	FA	<p>Residents received services free from discrimination, coercion, harassment, exploitation, abuse and neglect, as evidenced by relevant policies and ongoing staff education. No instances of such concerns were identified during the audit, as confirmed through interviews with staff, residents, and whānau/legal representatives, as well as a review of documentation.</p> <p>Residents reported that their personal property was respected.</p>

		<p>There was clear evidence that residents' belongings were labelled upon admission, and their finances were securely managed. Any cash brought in by residents was stored in a locked safe, and residents can access their funds through a designated key person as needed. A system was in place to ensure the residents' comfort fund was protected and securely managed. The business and care manager (BCM) and administrator reconciled the comfort fund weekly using a software system, and individual statements of account were readily available to residents or their legal representatives upon request, ensuring transparency.</p> <p>Professional boundaries were maintained by staff. Staff interviewed reported feeling comfortable raising concerns related to institutional and systemic racism, and were confident that any such concerns would be addressed appropriately. A strengths-based and holistic model of care was evident, incorporating Te Whare Tapa Whā framework. Evidence of Māori health and cultural training was also confirmed during staff interviews.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. During audit observation, the clinical manager (CM) involved the allied health team and whānau to support communication with a resident who had cognitive challenges. A communication care plan was then formulated based on strategies identified with the multidisciplinary team. This was evident in the care plan strategies, progress notes, and interviews with the mental health specialists.</p> <p>Changes to residents' health status were communicated to relatives/whānau in a timely manner. Registered nurses (RNs) confirmed that they contact the whānau or EPOA and inform the resident after each nurse practitioner (NP) review or when there are changes to the care plan. Where other agencies were involved in care, communication had occurred. This was confirmed by the whānau and residents during interviews.</p> <p>Examples of open communication were evident following adverse</p>

		<p>events and during the management of any complaints. Complaint forms and the process can be seen in the communal areas and are also outlined in the admission agreement.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access 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>Residents and/or their legal representatives were provided with the information necessary to make informed decisions, in accordance with the Code. Interviews with residents, and where appropriate, their whānau, indicated that they felt supported and empowered to actively participate in decision-making. With residents' consent, whānau were also included in the process to ensure decisions were culturally responsive and aligned with individual preferences.</p> <p>Advance care planning and the establishment and documentation of EPOA arrangements were evident in the records reviewed. Activated EPOA documents were present where applicable, and informed consent forms and admission agreements were appropriately signed by either the resident or their legal representative.</p> <p>Registered nurses and care staff interviewed demonstrated a sound understanding of the principles and practice of informed consent, guided by organisational policies that align with the Code and reflected tikanga guidelines. Staff confirmed they had received training on Te Tiriti o Waitangi, te reo Māori, and tikanga Māori. Evidence of this training was also sighted in staff files, supporting culturally safe and informed care practices.</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</p>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were three complaints in 2024, and one in 2025 (year to date). The BCM reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required. Documentation, including follow-up letters and resolutions, was</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code of Health and Disability Services Consumers' Rights was visible and available in te reo Māori and English. Residents and whānau spoken with expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor, if needed.</p> <p>There had been no external complaints received.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Oceania Care Company Limited is a leading provider of premium health care services in New Zealand. Eden Rest Home and Village is one of its facilities located in Auckland, providing care for up to 66 residents. The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p> <p>There are currently six board members, and the board sits three-monthly. The board members possess significant governance experience and expertise in various fields, including business management, accounting, executive management, and the health care sector. The board demonstrated responsible governance and remains close to service delivery by supporting and providing additional activities. Monthly reports to the board showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance. Governance and the senior leadership team are committed to quality and risk through policy, processes, and feedback</p>

	<p>mechanisms. This included receiving regular information from BCM and the senior leadership team. The management team interviewed were knowledgeable of the sector and regulatory and reporting requirements and maintained currency within the field.</p> <p>The service was managed by a BCM who has been in the role since 2023. The BCM has extensive experience in the health care sector and has held senior leadership roles in various organisations. The CM, RCQM, the senior leadership team, the clinical team, and the board provided support.</p> <p>The strategic plan outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan supported improving equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. Cultural safety was embedded in business and quality plans and staff training. Ethnicity data was being collected to support equity. Cultural safety training has been undertaken by all staff, including the senior management team and governance.</p> <p>The management interviewed during the audit displayed a commitment to ongoing quality improvement, resident safety, elimination of restraints, and equity principles. Oceania Care Company Limited established an external cultural advisory consulting agency to provide management-level leadership and oversight to the Clinical and Health &amp; Safety Committees. The external cultural advisory consulting agency supported cultural training, policy development, resident and whānau cultural needs. People receiving services, and their whānau, participated in planning and evaluation of services through satisfaction surveys and regular monthly residents’ meetings. A sample of minutes of these showed good attendance and a comprehensive agenda, and any concerns raised were addressed and reported back to the residents. Residents and whānau interviewed were happy with the services provided, and their level of involvement.</p> <p>There was a clinical governance structure in place that is led by the director of clinical and care services. The team meets monthly to ensure there is a consistent overall approach to all clinical issues.</p> <p>The service holds contracts with Health New Zealand – Te Whatu</p>
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		<p>Ora for age-related residential care (ARRC), rest home, respite, and hospital-level care for up to 66 residents. Sixty-one (61) beds were occupied on the day of the audit. These were comprised of: rest home care 25 residents, including respite, and hospital-level care 36 residents.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results, other sister facilities, and other external facilities quarterly.</p> <p>Residents and whānau contributed to quality improvement through satisfaction surveys and residents' meetings, and staff contributed through reviewing data as part of regular staff meetings/registered nurse (RN) meetings and audit activities. Staff meeting agendas and minutes reviewed showed good attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes from the resident satisfaction survey conducted from February to March 2025 were favourable. Minimal corrective actions were identified, and these had been implemented. The clinical governance team has updated and reviewed all policies and procedures to meet the requirements of the Ngā Paerewa Standard.</p> <p>The BCM and CM reported that collecting, collating, and reviewing of resident and staff ethnicity data to improve health equity through critical analysis of data and organisational practices, was implemented.</p> <p>The management team described the processes for the</p>

		<p>identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings.</p> <p>Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner. The nursing team and management were aware of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes. In 2024, the service reported SAC 2 events for two residents who fell and sustained fractures, and in 2025, it reported four incidents of falls that led to fractures.</p> <p>The service complied with statutory and regulatory reporting obligations. The management team interviewed was familiar with essential notification reporting requirements. There were five Section 31 notifications completed to Health New Zealand – Te Whatu Ora for the unstageable pressure injuries and the appointment of the CM in October 2023. The BCM and CM reported there was one notification in relation to the norovirus outbreak to Public Health completed since the previous audit.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Most staff members on duty in their respective wings had current first aid certificates and there was 24/7 registered nurse coverage.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education was planned annually, covering a wide range of topics including, but not limited to, infection prevention and</p>

		<p>control, medication management, care planning and assessment and cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, fire safety, and syringe driver training. Related competencies were assessed. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Most health care assistants (HCAs) have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Seventeen (HCAs) had achieved Level 4, five (5) had achieved Level 3, two (2) had achieved Level 2, and five (5) were still to commence training. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>The facility was awarded a continuous improvement rating for palliative care.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes were based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the registered nurses, general practitioners, nurse practitioners, physiotherapists, pharmacists, podiatrist and dietitian.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in nine files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff had access to the Employee Assistance Programme (EPA), if</p>

		<p>required. Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation's (HISO) requirements. Following incidents, the BCM and CM were available for any required debriefing and discussion sessions.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were up to date, integrated and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely on-site and were clearly labelled for ease of retrieval. Residents' information was held for the required period before being destroyed.</p> <p>The service used an electronic information management system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting nurse practitioners and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The BCM reported that staff have their own logins. An external provider held backup database systems.</p> <p>There was a consent process for data collection. The records sampled were integrated. The BCM and CM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format accessible to the residents concerned.</p> <p>Eden Rest Home and Village is not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>FA</p>	<p>Residents entered the service when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. The files reviewed met all contractual requirements. Entry to the service was based on</p>

<p>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>documented criteria that were accessible to the community and clearly understood by staff. The admission process was designed to meet the needs of residents, and whānau interviewed expressed satisfaction with the process and the information provided at the time of admission.</p> <p>Where a prospective resident was declined entry, there were established processes for communicating the decision. Each declined case was reviewed by the regional clinical quality manager (RCQM) and relevant data, including decline rates for Māori, was documented and analysed. There was evidence of clear communication and explanation provided to the NASC agency when a resident was declined entry.</p> <p>The service has developed partnerships with local Māori marae and organisations and actively supports Māori residents and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>The multidisciplinary team, including mental health specialist services, older adult services, and facility staff, worked in partnership with residents and their whānau to support holistic wellbeing. Care plans were developed by suitably qualified staff, including the clinical manager, resident services manager (RSM), and primary nurse, following a comprehensive assessment. These plans incorporate the resident's lived experience, cultural needs, values and beliefs, and consider wider service integration, where required.</p> <p>Assessments were based on a range of clinical tools and include input from the resident and, where appropriate, their whānau. Early warning signs, identified risks, and strategies for prevention, escalation, and appropriate intervention are clearly documented. Staff supported Māori residents and their whānau to identify their own pae ora outcomes, as verified through resident record reviews and interviews with residents, whānau, and clinical staff.</p> <p>Timeframes for initial assessments, medical or nurse practitioner evaluations, long-term care plans, and review processes met contractual and policy requirements. Long-term care plans were</p>

		<p>reviewed within expected timeframes and demonstrated alignment with InterRAI assessments. These provided comprehensive clinical guidance, while short-term care plans addressed acute or temporary conditions.</p> <p>Medical conditions were well managed, with evidence of systematic monitoring and regular evaluation using outcome-based measures. Care plans were adjusted in collaboration with the resident and/or EPOA or whānau. Residents and whānau confirmed active involvement in the care planning process.</p> <p>Behaviour management plans were in place where required, with documented triggers and strategies. Documentation confirmed that referrals to specialist services were made with appropriate consent from the resident's EPOA or legal representative. Mental health specialists interviewed during the audit confirmed that referrals were timely, information was accurate, and EPOA involvement was appropriately documented. The nurse practitioner verified that care delivery aligned with clinical standards and that communication from the nursing team was consistent.</p> <p>However, there are opportunities for improvement. Some initial care plans lacked consistent documentation of interventions, and wound care plans were not consistently completed or updated.</p> <p>Tāngata whaikaha were involved in service development and decision-making, with examples provided of how choice and control over service delivery were respected. Staff, tāngata whaikaha, and whānau confirmed that individuals were supported to access information independently.</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</p>	<p>FA</p>	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>There was evidence that residents and whānau were involved in the planning of resident activities. After each residents' meeting, the RSM updated the activity care plan according to the wishes of the residents. The RSM also collected the life history of each resident upon admission and incorporated the resident's cultural background and preferences into their leisure care plan.</p> <p>Feedback on the programme was provided through residents' meetings and resident satisfaction surveys. Those interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of the audit. A registered nurse was observed administering medicines in accordance with documented procedures. All staff who administered medicines were competent to perform the function they managed and held current medication administration competencies.</p> <p>Medication reconciliation occurred and was completed by registered nurses when pharmacy supplies were received. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. There was evidence that the required audit for controlled drugs had been completed, with weekly checks conducted by registered nurses and six-monthly checks completed by the pharmacist. Medicines were stored within the recommended temperature range, with daily monitoring of the medication room and fridge temperatures.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded in the electronic medication charts, and any adverse events were responded to appropriately. Over-the-counter medication and supplements were considered by the</p>

		<p>prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine charts. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely, with appropriate systems in place. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this was identified, and support was provided.</p> <p>Pro re nata (PRN) medications were administered as prescribed; however, outcome monitoring following PRN administration was not consistently documented in some records. This is an area requiring improvement.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the service. The menu has been reviewed by a qualified dietitian within the last two years, and recommendations made at that time have been implemented. Snacks and fluids are available to residents 24 hours a day.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated under an approved food safety plan, with its registration valid until the next review date.</p> <p>Each resident had a nutritional assessment completed on admission to the facility. Personal food preferences, special diets, and modified texture requirements were accommodated in the daily meal plan. The chef and assistant chef demonstrated that they follow the nutrition care plan folder, which is updated by the registered nurses every six months, or earlier if there is a change in the resident's nutritional needs. Māori residents and their whānau would have access to menu options that are culturally specific to te ao Māori, as needed.</p> <p>Evidence of resident satisfaction with meals was confirmed through resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Whānau and residents commended the dining area and food services during interviews. Residents were given</p>

		sufficient time to eat their meals in an unhurried manner, and those requiring assistance were supported with dignity.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. There was evidence of proper handover of clinical documents to the allied health team and the use of ISBAR assessment forms during referrals to the NP. The NP commended the nurses and the clinical manager during the interview for writing detailed ISBAR forms during referrals, which assisted both the NP and ambulance team during hospital transfers. Risks and current support needs were identified and managed. Options to access other health and disability services and social or cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relatives.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they met legislative requirements. There was a current building warrant of fitness with an expiry date of 19 August 2025. This was displayed at the entrance to the facility. The facility vehicle had a current registration and warrant of fitness. The physical environment supported the independence of the residents and provided private spaces for residents when required. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside in the lounges and dining rooms, and outside on the open deck areas.</p> <p>The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. The maintenance officer and certified</p>

		<p>tradespeople carried out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>The service is divided into two floors and all rooms are dual purpose and care suites. There is a lift that connects two floors with a current certificate of service. All shared rooms have dividing curtains to maintain privacy. Shared rooms, shower rooms and toilets are suitable sizes to accommodate mobility equipment.</p> <p>There are other toilets available for staff, and visitors. All communal toilets and shower facilities have a system that indicates if they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group.</p> <p>Residents interviewed reported they were able to move around the facility, and staff assisted them when required. Residents' rooms were personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas.</p> <p>The maintenance officer reported that, when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Health care assistants interviewed stated they had adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire evacuation plans have been approved by Fire and Emergency New</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>Zealand (FENZ). Trial evacuation drills were performed in all respective wings. The drills were conducted every six months, and these were added to the annual training programme. Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. The BCM reported that the service was listed as a critical customer by an external supplier for a generator, which would be needed in the event of a civil defence emergency. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff on duty with first aid training.</p> <p>Call bells alerted staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required.</p> <p>There was a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas and communal areas. CCTV signage was displayed around the facility. There is a visitors' policy and guidelines available to ensure that resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. All staff, residents and whānau had received training and updates on managing infections. Training records and meeting minutes were documented.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Eden Rest Home and Village has two registered nurses (IPCCs) responsible for overseeing and implementing the infection prevention and control (IP) programme. The IPCC coordinators had access to clinical records and results (via the nurse practitioner) and reported to the clinical nurse manager and the business and care manager. Reports are also received and analysed by the national clinical quality manager and the national infection control governance team.</p> <p>The coordinators hold appropriate skills, knowledge and qualifications for the role, and they confirmed access to the necessary resources and support. Infection prevention training for both staff members had been completed online. Their input was sought when making decisions regarding procurement relevant to care delivery, design of any new buildings or facility changes, and policy development, as evidenced by quality meeting minutes.</p> <p>The IPCC team has access to their local marae for consultation and advice on tikanga relating to infection prevention practices.</p> <p>The infection prevention and control policies reflected the requirements of Ngā Paerewa and were based on current accepted good practice and legislation. Cultural advice was accessed where required, and family involvement was confirmed through interviews.</p> <p>Staff had completed relevant training and demonstrated familiarity with policies through orientation and ongoing education. Staff were observed following these policies correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs, as evidenced in client meeting minutes. Educational resources were available in te reo Māori. Hand washing posters in te reo Māori were sighted in public areas.</p> <p>A pandemic and infectious disease response plan was documented and had been regularly tested. There were sufficient resources on-site, including outbreak kits and personal protective equipment (PPE), and staff had been trained accordingly. New hand sanitisers had been ordered.</p>

		<p>Staff were familiar with policies for decontamination of medical devices and shared equipment such as hoists and commodes. Evidence of discussions about equipment decontamination was noted in handover sheets. The decontamination process was audited to maintain best practice. Single-use medical devices were not reused. The facility also maintained dedicated containers for residents in isolation, which included individual blood pressure cuffs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Responsible use of antimicrobials was promoted. The clinical manager and infection control committee were currently working with the regional clinical quality manager to ensure proper prescribing of antibiotics and appropriate dispensing to support the effectiveness and appropriateness of infection control interventions. The project is called Anti-Microbial Stewardship For Urinary Tract Infections (UTIs) Management. They monitor this monthly and may include it in future continuous improvement projects. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data.</p> <p>The registered nurses registered the infection cases on their electronic system, and the clinical manager created an infection control report that included ethnicity and formulated infection control strategies with the nurses, which included cultural safety. This was evident in the infection control monthly meeting minutes. Results of the surveillance programme were shared with staff and the</p>

		<p>governance body, and where necessary, recommendations for improvement were identified.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. The regional clinical quality manager was involved with analysing the data and formulating strategies.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) was culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and the mitigation of transmission of antimicrobial-resistant organisms at Eden Rest Home and Village. The infection prevention and control coordinators maintained oversight of the environmental testing and monitoring programme.</p> <p>Staff followed documented policies and procedures for the management of general and infectious waste, as well as hazardous substances. The facility's maintenance person coordinated the timely collection of waste as required. Clean and dirty areas were clearly segregated and appropriately labelled. Chemicals were stored securely in a locked cupboard, and safety data sheets were readily accessible to staff.</p> <p>Laundry and cleaning processes were monitored for effectiveness. All laundry was managed externally. The facility had a laundry chute in place, and dirty or infectious laundry was kept separate to prevent cross-contamination. Cleaning services were carried out by in-house staff. A cleaning schedule was in place and was observed to be consistently followed. Staff had completed relevant training and were observed performing duties safely. Training certificates were sighted.</p> <p>Residents and their whānau confirmed that laundry was well managed and the environment kept clean and tidy, as evidenced through interview feedback.</p>

		<p>Adequate signage and personal protective equipment (PPE) were available for visitors and staff, to ensure their safety and reduce the risk of transmission.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. Any use of restraint was reported to the governing body.</p> <p>The policies and procedures reviewed met the requirements of the standards. The registered nurse was the restraint coordinator, who provided support and oversight should restraint be required in the future. There was a job description that outlined the role. Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme.</p> <p>The approval for any use of restraint in the first instance would be put forward to the restraint approval group, which included the clinical governance team. The national restraint meeting group meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols were covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency), and restraint use was identified as part of the quality programme and reported at all levels of the organisation. All staff had completed annual training around de-escalation and management of challenging behaviour in the last year.</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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the</p>	PA Low	<p>The service demonstrated a collaborative and person-centred approach to the review of care and support plans. Reviews were conducted at defined intervals, with involvement from residents, their whānau, and relevant members of the multidisciplinary team. Documentation confirmed that reassessments were completed using appropriate clinical tools and outcome measures, including InterRAI, wound assessments, and behaviour monitoring tools. Care plans reflected residents’ individual goals, aspirations, and cultural preferences, with input from whānau evident in both planning and review discussions.</p> <p>There was evidence that adjustments were made in response to changing needs, and where clinical progress differed from expected outcomes, the service responded</p>	Inconsistencies were identified in the documentation and review of care planning and wound management, indicating that organisational policy was not consistently followed.	<p>Ensure all initial care plans include documented interventions, and that wound care plans are reviewed within the timeframes specified in organisation policy.</p> <p>180 days</p>

<p>ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>with updated strategies to support wellbeing. However, resident records reviewed showed that initial care plans did not consistently include documented interventions, and wound care plans were not consistently reviewed within the timeframes specified in organisation policy. Specifically, seven out of eight initial care plans lacked documented interventions, and wound care plans in all eight files reviewed were not updated in accordance with the organisation's required review timeframes.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>The service has a medication management system appropriate to the scope of service. Policies are current and aligned with best practice. Medicines were managed electronically, and administration was observed to be safe and in accordance with procedures. All staff responsible for administering medication held current competencies.</p> <p>Medication reconciliation was completed by registered nurses, and all medicines sighted were within expiry dates. Controlled drugs were securely stored, with regular checks by registered nurses and the pharmacist. Storage temperatures were monitored daily. Prescribing practices met requirements, with allergy information recorded and GP reviews completed three-monthly. Self-administration was safely managed, and residents and whānau were supported to understand medications.</p> <p>Some inconsistencies were identified in the documentation of outcome monitoring for</p>	<p>Outcome monitoring for PRN medication administration was not consistently documented in accordance with organisational policy.</p>	<p>Ensure outcome monitoring is consistently documented following the administration of PRN medications, in line with policy and best practice.</p> <p>180 days</p>

		<p>PRN medications. Out of eight recent medication charts reviewed, six did not include documented outcome monitoring following PRN administration, as required by the organisation's policy. This issue was previously identified in the service's internal audit in February 2025 and had been signed off as resolved by the clinical manager; however, inconsistencies remain.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	CI	<p>A quality improvement initiative was undertaken following the identification of significant gaps in the facility's approach to palliative care. The nursing team consisted predominantly of registered nurses with acute care backgrounds and limited experience in the aged care sector or familiarity with end-of-life care practices in New Zealand. This contributed to delays in recognising residents entering the palliative phase, failure to initiate the palliative care plan, and a lack of holistic focus in care delivery. Additionally, high turnover among registered nurses further impacted continuity and confidence in providing palliative support.</p> <p>To address these issues, the facility aimed to stabilise the nursing team and build internal capability through targeted education and system improvements. Four registered nurses completed training as palliative link nurses, and all registered</p>	<p>Overall, the quality initiative project has enhanced the quality of palliative care provided, leading to more timely recognition of palliative needs, improved symptom management, and increased family satisfaction. The integration of the Supportive and Palliative Care Indicators Tool (SPICT) has supported early identification and referral, aligning the facility with best practices. This continuous improvement highlights the importance of equipping aged care staff to deliver resident-centred, compassionate and coordinated palliative care in alignment with national expectations. Referrals to the hospital reduced from six to none in the first six months of 2025. Six registered nurses interviewed, including the CM, who reported feeling confident and empowered after completing this quality initiative project. The documentation sighted included clinical reports, training records, resident progress notes, service delivery plans, and meeting</p>

		<p>nurses received education through the Palliative Outcome Initiative (POI) and Fundamentals of Palliative Care programmes. A palliative care champion was appointed, and monthly meetings with the Hospice nursing team were initiated to support clinical staff. The Australian Karnofsky Performance Status (AKPS) tool was integrated into monthly clinical reviews to help identify residents approaching the end of life. A centralised system was established to streamline referral processes, and all residents identified in their last days of life now have an appropriate care plan in place.</p> <p>As a result, six palliative care referrals were completed in the first half of the year. Residents and families experienced a more holistic and compassionate approach to care, with improved communication, reduced unnecessary hospital transfers, and appropriate use of anticipatory medications. Staff demonstrated greater confidence in managing end-of-life symptoms and engaging in sensitive discussions with residents and their families. Clinical documentation improved, with clear goals of care and timely initiation of the end-of-life care plan. Outcomes were measured through feedback regarding the palliative care programme from whānau and residents through various channels including written compliments in the form of letters, emails, and cards, as well as during whānau meetings, regular interactions, and on adhoc basis. The feedback was consistently positive, acknowledging the compassionate, respectful, and person-centred approach of the care team.</p>	<p>minutes.</p>
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End of the report.