

Victoria Place Lifecare Limited - Victoria Place Lifecare Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Victoria Place Lifecare Limited
Premises audited:	Victoria Place Lifecare Limited
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 16 July 2025 End date: 17 July 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	51

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Victoria Place provides rest home, dementia and hospital level care for up to 51 residents. NZ Aged Care Services (NZACS) commenced operation of the care facility in September 2024. Service delivery has successfully transitioned to NZACS systems and models of care. The finding from the provisional audit related to provision of 24-hour activity plans for dementia residents and ensuring all resident's identified needs were recorded, has been addressed.

This certification audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, the managing director, the care home manager and clinical lead nurse, care staff, allied staff and a general practitioner.

There were no improvements required because of this audit.

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

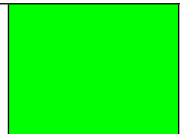
Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

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

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

Hunga mahi me te hanganga | Workforce and structure

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

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

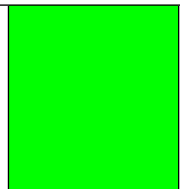
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

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

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, and provide shade and seating, and meet the needs of people with disabilities.

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

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents requiring restraint interventions for safety reasons at the time of audit. The care home had been restraint free for years prior to this.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	29	0	0	0	0	0
Criteria	0	174	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>New Zealand Aged Care Services NZACS has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Policies, including governance documents, state that the NZACS Board is committed to fulfilling its obligations and responsibilities under Te Tiriti o Waitangi and aims to embed and enact aspects of the Treaty within all its work. The managing director, board and employees are supported to demonstrate cultural competency with an understanding of Te Tiriti, te reo Māori pronunciation and Te Whare Tapa Whā.</p> <p>The organisation’s Māori health policy was developed with input from cultural advisers. Staff have access to a Māori Culture Handbook, Tikanga - Best Practice Guideline flipcharts, and a cultural assessment tool. The use of Māori health-templated personal plans for residents who identify as Māori is constructed using the Te Whare Tapa Whā framework and includes the resident's values and spiritual beliefs.</p> <p>The facility works in partnership with local iwi (Ngāti Raukawa) and Māori organisations to promote better service integration, planning and support for Māori. Networking events with Ngāti Raukawa and consultation with Māori staff support equitable service provision for</p>

		<p>Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination/mana motuhake, and they felt culturally safe. Local population demographics reveal a large percentage (40%) of Māori, which impacts the resident population. On the days of audit, 16% of residents identified as Māori.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, 25% of the staff employed identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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>The NZACS Board is committed to fulfilling its obligations and responsibilities as described in Ola Manuia: Pacific Health and Wellbeing Plan 2020-2025. The organisation developed its own Pacific health plan with input and guidance from Pacific advisers, which describes strategies toward achieving equity. The service policies and on-site processes, including a cultural assessment tool, promote cultural safety for Pacific peoples. A personal plan template for Pacific peoples is in use. Victoria Place works in partnership with local Pacific communities and organisations to enable better support and interventions to improve outcomes for Pacific residents. The latest census demographics show 20-22 percent of the local population identify as Pacific peoples. On the day of audit, 17% of residents at Victoria Place identified as of Samoan or Cook Island origin. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced</p> <p>The provider actively recruits, trains and retains a holistic Pacific health and wellbeing workforce that is responsive to Pacific people's health and disability needs. Of the 48 staff employed at Victoria Place, 12 % identified as of Pacific nation origin.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their</p>

<p>and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>wishes. Posters of the Code in English, te reo Māori and New Zealand Sign Language were posted around the facility. Pamphlets of the Code were included in the admission pack.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake was observed in practice, as verified by residents and whānau in interviews.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through provision of ongoing staff education and on-site resources, including a Māori Culture handbook, and Tikanga – Best Practice Guideline flipcharts. There was a glossary of te reo key words for use in daily practice. Staff are supported to access self-directed learning of te reo. Staff interviewed stated that they had undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, as confirmed in interviews. The NZACS Person with Disability policy actively promotes inclusion, accessibility, and equal opportunities.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. Residents' cash was stored safely in a safe in the office. The organisation has now implemented the use of an external financial service to manage residents' funds.</p> <p>Professional boundaries were maintained by staff, as verified by residents and whānau. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model in the Māori personal health plan.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required. Contact details for interpreter services were posted on a framed poster at the reception area.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed admission agreements, general informed consent forms and medical consent forms were available in records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p>

<p>legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOAs for residents in the dementia unit were activated.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There had been no complaints received from residents, whānau or external sources since the previous audit. The care home manager discussed the process for acknowledging and investigating complaints and keeping complainants informed (during the process), and about findings following investigation. The organisation and Victoria Place management treat all complaints as opportunities for improvement.</p> <p>The service assures the process works equitably for Māori by offering a cultural support person/advocate.</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>New Zealand Aged Care Services, established in 2020, currently operates ten aged care facilities and five retirement villages throughout New Zealand. Each care facility is its own legal entity with site-specific funding and employment agreements that the governing body/board assumes accountability for. The four-person board comprises the managing director (MD), who has long term experience in owning and operating age care services, and people who have demonstrated clinical experience in aged care and disabilities, business knowledge, and Māori representation. All board members have completed an e-learning session on Te Tiriti o Waitangi and module one of the Ngā Paerewa training, which includes information on health equity and cultural safety.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by a senior leadership team and</p>

	<p>monitored by the board, with external advice sought as required. The senior leadership team (MD, general manager, (GM) clinical and operations, GM finance, and a senior human resource person) meet weekly for discussions and review of service delivery and planning.</p> <p>The organisation's overall business plan describes its purpose, values, direction, scope and goals. Each care facility develops site-specific goals which respond to organisational goals. Monitoring and review of performance occurs at monthly board meetings. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through interview with the MD. Clinical key performance indicators (KPIs) provide the board with quality data to monitor service delivery, progress and risks. The board's commitment to quality and risk management processes is demonstrated in policies and monthly board reports.</p> <p>The care home manager is experienced and suitably qualified, having worked at the facility for 13 years. This person was appointed as the manager five years ago.</p> <p>The clinical governance group is appropriate to the size and complexity of the organisation, as confirmed by its terms of reference and membership. The group, which meets regularly, includes a board member, the GM clinical and operations, the regional clinical support person, and a representative care home manager and clinical nurse leader. People receiving services, and their whānau, participate in planning and evaluation of services through regular satisfaction surveys. The outcomes of these are reported to the board. If surveys or other feedback indicate a need for improvement, corrective actions are agreed and implemented by the care facility, which then provides additional reporting on progress until the matter is resolved.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for rest home including dementia care, hospital and respite care. Fifty-one (51) residents (seven dementia, 22 hospital and 22 rest home) were receiving services at the time of audit. Two of these residents were under the age of 65 and funded under the</p>
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		<p>Long-Term Support-Chronic Health Care (LTS-CHC) scheme. One required hospital level care and the other was rest home level of care.</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>Day-to-day service delivery is overseen by a care home manager and clinical nurse leader. Each care home has its own annual quality goals and progress with these is reported to the support office staff, who collate the information to present to the board each month. The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. NZACS uses a New Zealand designed and aged care specific quality portal where all incidents and clinical data are stored and can be populated for analysis. The quality programme and internal audit plan monitors adherence to policy and procedures. Quality and risk are also managed through collation and analysis of incidents and clinical events including infections and complaints. Quality data derived from clinical incidents, such as falls, skin tears, resident behaviour, pressure injuries, medication errors, respiratory infection, wounds, skin, eye, oral, gastro and urinary tract infections, and identification of multidrug-resistant organisms, are benchmarked across the 10 aged care facilities operated by NZACS. Where service monitoring identifies a need for improvement, relevant corrective actions are developed and implemented to address the matter.</p> <p>Annual resident and relative surveys measure any changes in satisfaction. The response rate for the 2025 survey was too low for analysis. A quality improvement process to address this has been initiated, and surveys will be reissued in late July. Residents, whānau and staff also contribute to quality improvement by providing informal feedback at meetings or in one-to-one discussions with the care home manager.</p> <p>Policies and procedures covered all necessary aspects of the service and contractual requirements. These reflect best known practice and comply with legislation, regulations, and these standards.</p>

		<p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>There is an organisation-wide risk management policy and associated NZACS documents that comprise the risk management register, and guidance on using the risk management plan. Risk at each site is monitored using a multipronged approach, including the health and safety programme, outcomes from internal audits, and other components of the quality programme. Policy and the care home manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The health and safety committee conducts rolling reviews of the risk register at their monthly meetings.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The care home manager demonstrated an understanding of essential notification reporting requirements. There have been no notifications to the Ministry of Health or the Health Quality and Safety Commission since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>There is an RN on site 24/7 plus the clinical lead nurse (CLN)</p>

<p>services.</p>		<p>Monday to Friday. Each morning and afternoon shift has two and a half caregivers rostered for 22 hospital residents and two for 22 rest home residents. There is one carer in the dementia unit 24/7. At least one staff member on duty has a current first aid certificate. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. Description of the competencies that must be demonstrated for each employee's role was sighted, and personnel files reviewed confirmed achievement of these. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Of the 22 caregivers employed seven have achieved level 4 of the national certificate in health and wellbeing, four have level 3, two have level 2, one is at level one and eight have not commenced the qualifications. Nine caregivers have completed the dementia unit standards as required in the ARRC. The facility ensures that only staff who have completed or are progressing these unit standards are rostered to work in the dementia unit.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health 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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. All registered nurses are maintaining annual practicing certificates with the New Zealand Nursing Council.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>files reviewed. Staff performance is reviewed and discussed at regular intervals. These opportunities occur three months following employment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>All employees have direct and confidential access to an external agency for counselling, and other support following significant events if required. Staff understood this and said they felt well supported and cared for by the people who they report to.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Victoria Place maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users. Residents' files were integrated electronic and hard-copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Victoria Place is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	<p>FA</p>	<p>Residents enter Victoria Place when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents.</p>

<p>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>Residents' admission in the dementia unit was authorised by the specialist services and EPOAs. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data was documented and analysed six-monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supported Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, from interviews of clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour management plans were completed with identified triggers and strategies to manage the identified behaviours documented for residents in the dementia unit and where appropriate. Residents' and whānau goals and aspirations identified were addressed in the care plan where</p>

		<p>applicable. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. The GP expressed satisfaction with the care provided to residents and confidence with the nursing team's clinical judgement and escalation of residents' health needs concerns.</p> <p>Tāngata whaikaha participated in service development through the assessment and care planning process. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life. There were two diversional therapists running the activities programme.</p> <p>Activity assessments 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 whānau to participate in te ao Māori were facilitated. National cultural events on the activities calendar included Matariki and Waitangi Day celebrations. Community initiatives met the needs of Māori. Kapahaka performing groups were invited to the facility.</p> <p>Activities for residents in the dementia unit were structured to meet the residents' needs, and the diversional therapist (DT) stated that these can be changed when required. Residents were observed participating in a variety of activities on the days of the audit. Twenty-four-hour activity plans were completed for residents in the dementia unit. Residents were able to freely access the secure</p>

		<p>gardens. This was observed on the days of the audit</p> <p>Feedback on the programme was provided through the residents' meetings and annual satisfaction surveys. Those interviewed confirmed they find 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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for residents using the services. The menu has been reviewed by a qualified dietitian in April 2025. Recommendations made at that time have been implemented.</p> <p>The service operated with an approved food safety plan and registration that will expire on 24 October 2025.</p> <p>Each resident has a nutritional assessment on admission to the</p>

		<p>facility. Personal food preferences, any special diets, allergies and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. Snacks and drinks were provided on a twenty-four-hourly basis for residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Policies and procedures to guide transfer and discharge processes were available.</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,</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 25 August 2025. The maintenance officer tests and tags electrical items annually and resident items as they are brought in. An external agency checks electric beds, hoists and bio medical equipment every year (due in December).</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities</p>

<p>independence, interaction, and function.</p>		<p>to meet their needs. Lounge/recreational and dining areas are located close to residents' bedrooms for easy access. There are three lounges and three dining rooms plus other smaller areas for visiting.</p> <p>All the bedrooms have been certified for dual purpose hospital and rest home (except in the dementia wing). Each room has a hand basin and plenty of space for manoeuvring equipment when required. Hot water temperature monitoring of all water outlets reliably occurs each month. Records of this showed the temperature of hot water accessible to residents were stable at between 42 –45 degrees Celsius, laundry and kitchen areas were 60 degrees. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Eleven of the 51 bedroom have ensuite bathrooms.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. A process is in place to ensure consultation or codesign with Māori occurs when a new building is in the design process.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. The most recent staff training occurred 19-20 March 2025. New staff have emergency systems explained to them during orientation. A building warden is appointed for each shift. The staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) in 2004. Records showed that trial fire evacuations occur every six months, most recently on 17 March 2025.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There is 2,500 litres of accessible</p>

		<p>water stored on site and enough food and supplies to last for eight days. Emergency lighting and resources for cooking and heating water are available for use during power outages. All the RNs are maintaining first aid certificates and there is always an RN on site. Staff can provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. The call system notifies the care home manager if a bell has not been responded to within four minutes. The manager stated there have been no notifications about this for many years. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. External doors and windows are locked at dusk. Residents and whānau were familiarised with emergency and security arrangements during admission and more often when required.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at monthly board meetings. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</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.</p> <p>Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. The IPCC has completed appropriate training in May 2025. The IPCC advice and/or the advice of the committee has been sought when making decisions around</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>procurement relevant to care delivery, or facility changes, and policies. The clinical nurse lead stated that there were no plans for design of any new building at the time of the audit.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessed where required. A new IP programme was issued in January 2025 and has been reported on quarterly and will be reviewed annually.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs in residents' meetings and individually when an infection was identified. Educational resources were available in te reo Māori.</p> <p>A pandemic diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe 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 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. An AMS audit was completed in May 2025.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and the governance body and where necessary recommendations for improvement were identified. An infection outbreak reported since the previous audit was managed effectively.</p> <p>Communication between the clinical team, and residents experiencing a health care-associated infection (HAI) was culturally safe as verified in interviews.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and transmission of antimicrobial-resistant organisms. Laundry and cleaning policies and procedures were available to guide staff practice.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness through regular audits and satisfaction surveys. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations.</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 demonstrates commitment to this, supported by a member of the executive leadership team at operational level. At the time of audit two residents were using a restraint. One had bedrails when in bed and the other a lap belt/chair brief when sitting. Prior to March 2025 there had been no restraint used for a few years. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the clinical nurse lead in collaboration with the restraint coordinator and takes into consideration the person’s cultural, physical, psychological, and psychosocial needs and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at monthly restraint group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>The service does not approve the use or implementation of emergency restraint practices, as documented in the restraint policy; however, the restraint coordinator described what emergency restraint is and the debrief meeting that would be</p>

		required to be held. Criteria 6.2.5 and 6.2.6 were not audited.
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee meets monthly and undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint is constantly monitored by the organisation. There had been no restraint used at Victoria Place prior to March 2025. Incidents leading up to the use of restraints in both residents, the alternatives tried and the ongoing review of each restraint confirmed that the interventions were the most appropriate and safest course of action.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.