

Sunhaven Holdings Limited - Sunhaven Home & Hospital

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 HealthShare 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:	Sunhaven Holdings Limited
Premises audited:	Sunhaven Home & Hospital
Services audited:	Hospital services - Psychogeriatric services; Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 12 August 2025 End date: 13 August 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:	30

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 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
	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
	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

Sunhaven Home & Hospital (Sunhaven) provides services for up to 40 residents/consumers who have been assessed as requiring dementia, psychogeriatric and residential disability-psychiatric (RDP) care.

This certification audit considered the requirements of Ngā Paerewa, the New Zealand Health and Disability Service Standards 2021 and funding agreements with Health New Zealand - Te Whatu Ora. This was the first audit undertaken since the change of ownership in August 2024.

The only significant change since the change of ownership has been an approved reconfiguration of beds. The configuration which increased RDP/mental health beds and reduced psychogeriatric beds has not been enacted due to a lack of referrals. The audit process included a pre audit review of policies and procedures, review of residents' and staff files, observations and interviews with staff, a director, the facility manager, clinical manager, residents, whānau/family members, and a nurse practitioner (NP). All the interviewees spoke positively about the care provided.

The consumer auditor conducted telephone interviews with residents/consumers and their whānau. This included two whānau/family from Weka wing-psychogeriatric, two family and two residents from Tui wing -dementia, four consumers and three family members from Kea Wing- psychiatric/mental health. Feedback from all interviewees was very positive.

No non compliances were identified as a result of this audit. An improvement in antimicrobial stewardship by reducing use of topical antifungals was rated as continuous improvement. The service provider continues to demonstrate best practice in its quality and

risk systems. The previous rating of continuous improvement for celebrating cultural diversity and the extent of cultural activities provided is ongoing.

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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Sunhaven supports and encourages 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.

A small number of Pacific peoples living at Sunhaven are supported by staff who identify as the same culture and/or who have access to resources that guide on how to recognise Pacific peoples worldviews and provide culturally safe services.

Residents/consumers 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. There have been no reported incidents or complaints related to abuse or neglect.

Residents/consumers and whānau receive information in an easy to understand format. They stated that they 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 are fully attained.

The governing body provide regular support and leadership to the facility manager and the clinical manager who oversee day to day management and service delivery. Services are focused on improving outcomes for residents/consumers. Organisational performance is being monitored. Quality and risk management systems are well established and implemented to monitor compliance with policies, contractual, regulatory and legislative requirements including adherence to these standards (Nga paerewa). Risks are identified and monitored, with documented controls. Quality outcomes data is collected and analysed to improve service delivery. Internal audits are routinely conducted. Quality improvements are developed, implemented and evaluated. Adverse events are being reported and managed according to the national adverse events policy. A sufficient number of suitably qualified staff are on duty at all times. All new staff are oriented to their roles and provided with ongoing education. Staff competencies were defined and performance was being monitored.

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 are fully attained.

The entry to service process is managed efficiently by the facility manager, clinical manager and the registered nurses. All assessments, care plans and care evaluation were completed in a timely manner in collaboration with residents/consumers and whānau where applicable.

Care plans are individualised, based on a comprehensive range of information, and accommodate any new problems that might arise. Residents/consumers are referred or transferred to other health services as required.

The planned activities provide residents/consumers with a variety of individual and group activities. The activity programme promotes residents/consumers to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents are supported to maintain and develop their interests and social activities suitable to their age, assessed needs and stage of life. Activities for consumers in the residential disability-psychiatric unit are strength based, and recovery focussed.

The service uses a pre-packaged medication system and an electronic medication management system. Medication is administered by staff who are competent to administer medicines. Medication reviews are completed by the nurse practitioner in a timely manner.

The food service meets the nutritional needs of the residents/consumers, with special needs and cultural needs catered for. Food is safely managed, and snacks and drinks are available on a 24-hourly basis. Residents/consumers verified satisfaction with meals.

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 meets the needs of residents/consumers. The building warrant of fitness was current, the building, chattels and equipment are in good order and were being well maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are preventative and reactive maintenance processes in place.

Communal and individual spaces are maintained and reflect individual resident's cultural needs and values. External areas are accessible and safe for residents' use. Bathrooms and toilet areas are accessible for tāngata whaikaha/people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents/consumers reported a timely staff response to call bells. All staff are identifiable.

There are effective security processes in place to protect residents and staff.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service are fully attained.
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The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified infection control coordinator leads the programme which is reviewed annually. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the outbreak management plan.

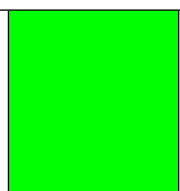
Prescribed antibiotics are monitored, and occurrence of adverse effects are monitored.

Specialist infection prevention advice is accessed when needed. Staff understood the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

Waste and hazardous substances are managed safely as per council guidelines. Cleaning and laundry services are effective.

Surveillance of health care associated infections is undertaken with results shared with staff. Follow-up action is undertaken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

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 provider has actively worked to eliminate use of restraint which has been the case for more than three years. Restraint policies and procedures are documented, as are emergency processes for the management of escalating behaviours. All staff receive education in de-escalation, calming, behaviour management and alternatives to restraint use.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	175	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>	FA	<p>Sunhaven has implemented policies, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The environment is culturally inclusive. Manu motuhake is respected. Māori residents/consumers and their whānau said they were encouraged and supported to be self-determining, and that they felt culturally safe.</p> <p>All staff and the leadership team have completed training in Te Tiriti o Waitangi, tikanga, te reo and cultural safety. A number of staff are continuing to attend te reo Māori classes. Sunhaven liaises with local kaupapa Māori providers and has access to cultural advisers and local iwi. A number of residents who identify as Māori (approximately 30%) are supported to practice their cultural values and beliefs. Residents were actively involved in the powhiri/welcome on day one of the audit. Te Whare Tapa Wha Māori model of health is used for care planning and there were lots of Māori focused themes in the activities programme. Review of staff ethnicity data confirmed that Māori staff are employed in various roles.</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</p>	FA	<p>The Pacific policies and plan were developed with input from Pacific communities. These documents link to Ola Manuia the 2020-2025</p>

<p>enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>action plan, and guide on the provision of culturally safe practices for Pacific peoples. There was a small percentage of Pacific people living at Sunhaven at the time of the audit, and a number of staff members have links to the Pacific islands. These staff who are employed in various roles, said that the cultural and spiritual beliefs of residents is embraced. The service held a 'Pasifika Celebration Day' in July 2025 which featured oral presentations, food and dance from different islands.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions 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>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) posters in English, te reo Māori and New Zealand Sign languages were displayed around the facility. Staff have received training on the Code as part of the orientation process as was verified in staff files and interviews with staff. Staff gave examples of how they incorporate residents' rights in daily practice. The Nationwide Health and Disability Advocacy Service (Advocacy Service) and the Code pamphlets are included in the admission pack and were available at the front entrance area. Residents/consumers and whānau were aware of the Code and they reported that they were informed about the independent advocacy services. They stated that services were provided in a manner that complies with residents' rights. Consumers and whānau stated that the facility provides a homely environment that is welcoming. Consumer/residents' rights are included in the satisfaction survey process. Records of surveys sampled confirmed satisfaction with services, including respect for their rights.</p> <p>Māori mana motuhake is upheld in practice. Māori residents can practice their culture as desired. Māori residents participated in a mihi whakatau for the auditors on the first day of the audit. Cultural needs support in relation to mental health and recovery is provided by a Kaumatua from Tui Ora (community mental health organisation). Residents/consumers in the residential disability – psychiatric (RDP) unit and enduring power of attorney (EPOA) for residents in the dementia unit and psychogeriatric unit were involved in the assessment and care planning process.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents'/consumers' values, beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics are identified and documented during the admission assessment. Residents/consumers and EPOAs confirmed they were consulted on individual values and beliefs and that staff respected these. Staff were observed respecting consumers/residents' personal areas and privacy, as well as talking to residents/consumers in a respectful manner. Sunhaven supports cultural and religious celebrations throughout the year.</p> <p>Residents/consumers are supported to maintain as much independence as possible. Residents/consumers can choose to attend the activities of choice and can perform their own personal cares if competent to do so.</p> <p>Te reo Māori and tikanga Māori are actively promoted throughout the organisation and incorporated through all their activities. Tangata whaikaha needs are responded to as assessed and participation in te reo and te ao Māori is enabled. Residents/consumers who identify as Māori are supported to practice their culture, for example doing karakia in residents'/consumers' meetings and incorporate Māori music in sing-along sessions. All three units, have bathrooms, toilets, offices and dining rooms named in te reo Māori. All staff have received education on cultural safety, equity and Te Tiriti o Waitangi. Five staff including the clinical manager have completed Te reo Māori level one course.</p> <p>Whānau stated the staff are warm and welcoming to them. They said they have observed residents/consumers being cared for with affection, patience and respect.</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</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, misconduct, discrimination, and abuse and neglect are part of the orientation topics discussed with all new staff. These are documented in the employee handbook. In interview, staff understood professional boundaries and the processes they would follow, should they suspect or witness any</p>

<p>abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>form of abuse, neglect or exploitation.</p> <p>Abuse and neglect policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. Systems in place to protect residents/consumers from abuse, victimisation, institutional and systemic racism include the complaints management process, regular residents'/consumers' meetings, and satisfaction surveys. Residents/consumers and whānau/EPOAs interviewed stated that they haven't suspected or witnessed any discrimination or racism and were aware of the processes to report these as required.</p> <p>Residents/consumers are invoiced for personal expenses outside those provided under the contract every three months. The service does not manage residents'/consumers' finance. Residents/consumers manage their finance and those who need support, have this provided by their whānau. Residents'/consumers' property is recorded and labelled on admission.</p> <p>A holistic approach to care incorporating Te Whare Tapa Wha model of care is used to ensure wellbeing outcomes for Māori.</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/consumers and EPOAs are given information to make informed decisions and an opportunity to discuss any concerns they may have during admission or whenever required. Other agencies involved in residents'/consumers' care were recorded in residents'/consumers' records and referrals sent to the agencies were available in residents/consumers records. Community mental health key workers are available to the RDP consumers and work as the interface between the psychiatrist and the service. Whānau and EPOAs stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents, medical review outcomes and general updates. They also receive a regular newsletter about the service. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of</p>

		<p>the Code.</p> <p>Information provided to residents/consumers and whānau is mainly in the English language. Appropriate interpreter services are engaged when required. At the time of the audit there were no residents/consumers who required interpretation of information. Written information and verbal discussions are provided to improve communication with residents/consumers, whānau or EPOA. Consumers in the RDP unit and EPOAs confirmed that information is provided in a manner that is useful to them and they seek clarification when needed. A record of phone or email contact with whānau or EPOAs was maintained.</p> <p>Staff wear a uniform and name badges for easy identification.</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>Best practice tikanga guidelines in relation to consent was practised. Informed consent was obtained as part of the admission documents. Consumers in the RDP unit signed their admission agreements and EPOAs signed admission agreements for the residents in the dementia unit and psychogeriatric unit. The signed documents were available in files reviewed. Advance directives in relation to resuscitation and medical care guidance records were available in residents'/consumers' files. Staff were observed to gain consent for daily cares. Relapse prevention plans were available for consumers in the RDP unit and interviewed residents were aware of these.</p> <p>Residents/consumers, whānau and EPOAs confirmed that they are provided with information and are involved in making decisions about their care. Residents/consumers are offered a support person through the advocacy services and social workers when required. Communication records sighted verified inclusion of support people where applicable.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy and associated forms meet the requirements of consumer rights legislation and works equitably for Māori. Information on the complaint process is provided to residents and whānau on admission. Residents and whānau stated they would not hesitate to raise a concern if they had one. Internal audits regarding the complaints process confirmed that residents understood the complaints process. Sunhaven had not received any external complaints since the previous audit.</p> <p>The complaint submitted to the Office of the Health and Disability Commissioner (HDC) in 2022 was closed in July 2025.</p> <p>Any day-to-day concerns from residents are addressed in resident/consumer meetings (for those in the residential disability-psychiatric/mental health unit) which occur monthly. These meetings are facilitated by the FM, who records the minutes and shares these with the meeting attendants. The minutes confirmed participation and evidence of actions taken since the previous meeting, updating residents on organisational performance and discussing general issues.</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>Governance is provided by the directors of Sentinel Group Investments Limited who own two other age care facilities and operate Sunhaven as a separate business entity Sunhaven Holdings Limited. The directors demonstrated a commitment to Te Tiriti o Waitangi and have completed relevant education on the treaty, cultural safety and equity for Māori in healthcare. Interview with one of the directors confirmed that Māori input to the service philosophy and operations occurs via an independent consultant. The mission, values and vision of the organisation are displayed in te reo Māori and English. The current business/strategic plan which describes the service scope and purpose, is documented and goals are monitored for progress and achievement. This and governance policies and procedures describe director responsibilities, business sustainability, asset management, insurance and a commitment to tāngata whaikaha and Te Tiriti o Waitangi. The facility manager (FM) who has worked at Sunhaven for 20 years attends at least eight hours of professional development each</p>

	<p>year and demonstrated an understanding of Te Tiriti, social determinants of health, disparities and equity.</p> <p>Leadership and management tasks are carried out by the FM and clinical manager (CM). These people confirmed their commitment to Te Tiriti o Waitangi, reducing barriers and striving to make services equitable. The directors and facility manager who have been in the age care sector for many years, understand and comply with legislative, contractual and regulatory requirements. There is a commitment to quality and risk management systems. The FM keeps the directors informed by weekly telephone calls and provision of monthly reports which include quality data. The management team discussed the methods in place to ensure the needs of tāngata whaikaha are met and are well supported by diverse and multicultural staff.</p> <p>Clinical governance is overseen by the CM and RNs in collaboration with the Nurse Practitioner.</p> <p>The service holds agreements with Health New Zealand -Te Whatu Ora for the provision of aged residential care – dementia and psychogeriatric care, which are both delivered in secure units and residential disability-psychiatric (mental health) under the Long-Term Support -Chronic Health Conditions (LTS-CHC) scheme. Sunhaven can accommodate a maximum of 40 people in single bedrooms.</p> <p>The funder and HealthCERT approved a reconfiguration of beds in March 2025 to reduce the number of psychogeriatric beds from 18 to 15 and increase the number of residential disability-psychiatric/ mental health beds from eight to 11 to meet demand. A door separating the psychogeriatric wing from the mental health unit was repositioned to accommodate this. Since the change there has been no new mental health people admitted. On the first day of audit a resident was admitted for respite into the psychogeriatric wing bringing the total number of residents to 30. There were eight people in Kea, the mental health unit, 12 in Weka, the psychogeriatric unit, and 10 people in Tui, the dementia unit. The provider also has a contract for respite/short stay and day care (dementia) through their funder. There was one person attending the day programme for one day a week. Six residents were under the age of 65 years and funded under the LTS-CHC scheme. Two were in psychogeriatric care and one in dementia care and three in the mental health unit. Individual and group activities are</p>
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		tailored for the needs of these people, for example outings, music suited to their tastes and activities that match their capabilities.
<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>	FA	<p>The quality and risk management system, which is specifically designed for the health sector, is well embedded. Ratings of continuous improvement in the providers quality and risk management systems have been ongoing for several certification cycles. The previously identified continuous improvement rating in 2.2.1 for activities that promote understanding of cultural diversity and inclusion is ongoing. The resident population was/is culturally diverse as is the cultural composition of staff. The directors and the senior leadership team ensure staff are either directly involved in quality and risk monitoring and/or receive regular updates about outcomes from quality monitoring.</p> <p>There are processes to measure achievement against the quality and improvement plan, including benchmarking service indicators with other similar size and scope aged care providers nationally. Quality related data and outcomes are collated, analysed and shared with staff at regular staff/quality/infection control/health and safety meetings. These meetings occur every two months and are well attended by all staff. The minutes from staff and RN meetings demonstrated how information is shared with all levels of staff. The quality related data presented and discussed includes progress with quality improvements and business goals, outcomes from internal audits, complaints and compliments, trends in adverse events, staffing, service delivery matters, infection control matters, hazards/ risks/health and safety and property maintenance. Pictorial graphs of quality data are displayed in the staff room.</p> <p>Where audits or quality data indicates the need for improvement, corrective action plans were documented, and actions implemented and evaluated before being closed out. A comprehensive internal audit programme is in place with audits showing a high level of compliance with the audit tools in use. This audit confirmed there was excellent communication across staff about any subsequent changes to</p>

	<p>procedures and practice. This was evidenced by staff interviews, observation of handovers, meeting minutes and staff notices. A new and improved RN handover sheet has been introduced since the previous audit.</p> <p>Residents/consumers and family/whānau are notified and updated about changes that impact them via 1:1 meetings, resident meetings in the mental health unit and/or newsletters. The most recent (December 2024) resident and relative satisfaction surveys revealed a high level of satisfaction. The documented risk and hazard management plan includes risks related to potential inequities and corresponding mitigation strategies. The plan is reviewed and updated regularly. Risks are identified, analysed, monitored and discussed regularly between the facility manager and the directors. Issues impacting business are included in the annual business plan.</p> <p>The documented risk and hazard management plan includes risks related to potential inequities and corresponding mitigation strategies. The plan is reviewed and updated regularly. Risks are identified, analysed, monitored and discussed regularly between the facility manager and the directors. Issues impacting business are included in the annual business plan.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms showed that next of kin/families had been notified. Where possible, antecedents were identified, and remedial action to prevent recurrence were implemented in a timely manner. All incidents are trended according to type, time and location. The FM and CM understood their responsibilities for essential notification reporting requirements. The only notification submitted since the previous audit was for RN shortage on one night shift.</p> <p>The approach to providing culturally safe and high-quality healthcare for Māori meets this standard, as confirmed by review of residents' health records and interviews. The organisation is focused on achieving Māori health equity through regular analysis of resident data and organisational monitoring systems.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Policy and process for determining staffing levels and skill mix is documented and implemented. The allocation of RNs and care staff is adjusted by the FM/CM to provide culturally and clinically safe care, 24 hours a day, seven days a week. The FM and CM work business hours each weekday and are on call after hours. A sample of rosters showed sufficient staff allocated in each wing. At the time of audit, the morning and afternoon shifts had three care staff (one is nominated as the 'lounge' person) allocated to the psychogeriatric wing (Weka with 11 residents) and the same configuration in the dementia wing (Tui with 10 residents). The RDP/mental health unit has one care giver each morning and afternoon. The RN on the floor for morning and afternoon shifts is located in Weka wing but oversees resident cares in all areas. Where an individual resident's behaviour and/or risks require it, a staff person is allocated to provide 1:1 care for that person. Two caregivers and one RN are rostered to be on site each night. Staff numbers can be adjusted to meet the changing needs of residents. This was demonstrated on day one when a care giver stayed on shift to support the admission of a new resident.</p> <p>Three RNs and seven care staff interviewed said there were adequate staff to complete the work allocated to them. Residents/consumers and their whānau said that staff were always available. There is always at least one RN on site 24/7 with a current first aid certificate, and the majority of care staff are trained in cardiopulmonary resuscitation (CPR). Each of the staff files sampled (seven) contained evidence of current first aid certificates.</p> <p>Existing staff are used to cover leave or unplanned absences, via additional or extended shifts. No agency or bureau staff are used. There are cleaners and laundry staff on site seven days a week and at least one activities person on site seven days a week.</p> <p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all RNs, care and non-clinical staff attend regular education which includes mandatory training topics. Staff are provided recognition rewards for completing training. The training schedule and staff attendance sheets confirmed regular in-service sessions on consumer rights, informed consent, privacy, advance directives, advocacy and enduring power of attorney, understanding equity, cultural safety and learning about Te Tiriti o</p>
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	<p>Waitangi, infection control, alternatives to restraint, health and safety including manual handling, plus a range of resident care topics. The RN's attend at least eight hours RN professional development each year. Individual staff competencies are assessed annually and include hoist use, manual handling, hand hygiene, donning and doffing of personal protective equipment (PPE), de-escalation/restraint and medication management if this is a requirement of the role. Current research informs education provided. The CM and one of the other four RNs employed are maintaining interRAI competencies.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. Of the 23 care givers, seven (7) have achieved level 4 of the national certificate in health and wellness, eight are at level three, and eight are yet to complete level 3 education. Twenty-one care staff have completed the four dementia unit standards as required by the age-related residential care (ARRC) contract. Each of the staff records audited had evidence of training and competency assessments completed.</p> <p>There is policy related to consumer and whānau /family participation. This describes the multiple ways and the processes for whānau and consumers to be involved in all aspects of service delivery and terms of reference. The service does not employ consumers or whānau in any type of advisory capacity or for any individual roles so it does not have position descriptions. However, the consumers with lived experience who reside in the mental health unit do regularly participate in service planning, implementation, monitoring and evaluation. .This was evident in service developments and whānau improvements which have been suggested by consumers. The consumer voice is heard at monthly meetings in the unit and when individuals and their whānau are involved in care planning and completing satisfaction surveys. Interviewees (six consumers and seven whānau) were very complimentary about the extent of individualised care provided. One consumer is identified as the service kaumatua and is involved in all cultural events.</p> <p>The provider works closely with the local clinical mental health team, mental health advocates, peers and a kaupapa Māori service who provide support for RDP/mental health consumers.</p>
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<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>Policies and processes related to staffing are based on good employment practice and relevant legislation. The sample of staff records audited seven (7) confirmed policies were being adhered to. Current annual practicing certificates were sighted for all employed and contracted registered health professionals. There was evidence of recruitment, job descriptions, validation of qualifications and a comprehensive orientation specific to the role. Recently employed staff said their orientation prepared them well for their roles. The files contained proof that each staff member had completed an induction/orientation programme which included health and safety and emergency preparedness and processes.</p> <p>Staff performance is reviewed and discussed at regular intervals. An initial 90-day review with each new staff member occurs. Each staff file contained proof of a performance appraisal conducted in the past 12 months.</p> <p>Staff commented that they felt very well supported by their managers and were always offered the opportunity to debrief after any unsettling incidents.</p> <p>Ethnicity data is collected and used in line with health information standards. Staff records are stored securely.</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>All necessary demographic, personal, clinical and health information was fully completed in the resident/consumer files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. The service uses an electronic information management system. Residents' information was stored securely in electronic files. Staff have individual passwords to access the electronic systems.</p> <p>The service is not responsible for the registration of NHI numbers.</p>

		<p>Resident/consumer information is archived and labelled to be readily retrievable. These records were being held on site for the required period before being destroyed.</p> <p>No personal or private resident information was visible/on public display on the days of audit.</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 between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Sunhaven entry criteria were clearly documented in the information handbook. Entry to services is managed by the facility manager, the clinical manager and the registered nurses (RN). An entry for urgent respite care was observed to be handled efficiently in a supportive and compassionate manner. Prospective residents/consumers or their whānau and EPOAs are encouraged to visit the facility prior to admission. Information about the service is provided to the prospective resident/consumers and/their whānau or EPOAs. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC). Consumers in the RDP unit are referred from Te Whatu Ora adult mental health services and Tui Ora. Whānau and consumers confirmed they were involved in the entry and assessment processes into the service.</p> <p>Entry to services policies and procedures have clear processes for communicating the decisions for declining entry to services. Residents' EPOAs and consumers confirmed their rights and identity are respected. The service maintains a record of the enquiries. Routine analysis of entry and decline rates including specific rates for Māori is completed six-monthly. The service has established links with the local marae and other Māori organisations to meet the needs of residents/consumers who identify as Māori. There are two Māori cultural advisors available to provide cultural support when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	FA	<p>The clinical manager and RNs complete nursing admission assessments, care plans and care plan evaluation. Initial nursing assessments sampled were developed within 24 hours of an</p>

<p>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>admission. Risk assessments, management plans and relapse prevention plans for consumers in the RDP unit were completed by Te Whatu Ora mental health team before admission. The service uses a range of assessment tools, for example tools that include consideration of residents' lived experiences, oral health, falls risk, continence, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission for residents admitted in the dementia unit and psychogeriatric unit. The long-term care plans were developed within three weeks of an admission. A range of clinical assessment outcomes, including interRAI, referral information, observation, NASC assessments and risk assessments served as a basis for care planning. Consumers and EPOAs were involved in the assessment and care planning processes.</p> <p>The long-term care plans identified residents'/consumers' strengths, goals and aspirations aligned with their values and beliefs. Early warning signs and risks that may affect a resident's wellbeing were identified, and strategies to manage these were documented in the care plans. Recovery and relapse prevention plans were completed for the mental health consumers. Challenging behaviour management plans were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour monitoring charts were completed where applicable.</p> <p>Te Whare Tapa Wha model of care was utilised to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process and support Māori residents/consumers to identify their pae ora outcomes. The assessment considered use of traditional healing methodologies such as rākau rongoā, mirimiri, and karakia. Staff understood the process to support residents/consumers and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision were identified and the clinical manager reported that these are monitored and prevented as possible. The strategies in place include ensuring that cultural support is accessible to residents/consumers.</p> <p>Medical assessments were completed by the nurse practitioner (NP) in a timely manner. Routine medical reviews were completed three monthly and more frequently as determined by the</p>
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	<p>resident's/consumers' condition. The community mental health team and psychiatrists are responsible for reviewing consumers under residential disability psychiatric care. The community mental health nurses and key workers support consumers in the RDP unit to attend to regular mental health reviews by the psychiatrists, and the psychiatrists visit the consumers who identify as Māori onsite for reviews. Mental health specialist's reviews are scheduled depending on the timeframe set by the clinicians or psychiatrist.</p> <p>Service integration with other health providers including medical and allied health professionals was evident in records sampled. Changes in residents'/consumers' health were escalated to the NP in a timely manner as confirmed by the NP. The NP expressed satisfaction with the care provided to residents/consumers and that medical orders are followed. The NP commended Sunhaven for best improvement in overall skin care compared to other seven facilities they look after and awarded the service a certificate in July 2025. A quality improvement project was implemented in skin care management, and this has resulted in a continuous improvement rating awarded at this audit, refer to criterion 5.3.3.</p> <p>The long-term care plans were reviewed at least six-monthly. Short-term care plans were completed for acute conditions, and these were reviewed as clinically indicated. Care plan evaluation included the resident's/consumer's degree of progress towards the agreed goals and aspirations as well as whānau goals and aspirations. Changes were made to the care plans in collaboration with consumers/EPOAs where progress was different from expected. Residents'/consumers' care was evaluated on each shift in the progress notes by the care staff.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents'/consumers' needs. Interviewed consumers and whānau or EPOAs confirmed their involvement in evaluation of progress, and they expressed satisfaction with the care provided. EPOAs stated that residents are routinely showered and are presented with clean clothing, hair done and shaved as required.</p>
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<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 is provided by an activities coordinator who is undergoing training in diversional therapy. The activities coordinator is supported by an assistant coordinator. A contracted external diversional therapist oversees the activities programme. The activities coordinator completes the activities needs assessment on admission. Residents'/consumers activity needs, interests, abilities, and social requirements are assessed with input from consumers or whānau and resident's EPOA. A monthly activities calendar is completed, and daily activities are written on whiteboards around the facility. Residents are invited to the activities on the programme each day.</p> <p>Individual and group activities are provided. Individual activities are provided for residents who cannot join group activities. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Daily activities attendance records were maintained. A wide variety of activities are organised for residents including external activities suitable for consumers in the RDP unit. Monthly, national and international days are celebrated. National cultural events celebrated include Waitangi Day, Matariki celebrations, ANZAC day and Māori language week. Other opportunities for Māori to participate in te ao Māori include having karakia in RDP clients' meetings, including traditional Māori music in music sessions and Marae visits organised for Māori residents. Regular van outings are organised for residents.</p> <p>Activities for residents in the dementia unit and psychogeriatric unit are tailored to meet the needs of the residents. 24-hour activity plans were completed for all residents in the dementia unit and psychogeriatric unit. Activities are offered at times when residents are most physically active and/or restless. Consumers in the RDP unit have additional support for their activities through the community mental health support services. Consumers have free access to their unit using a separate entrance. These consumers can access community events and social activities with support or individually. A Kaumatua from Tui Ora visits consumers and residents weekly.</p> <p>Resident's/consumer's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review. Feedback on activities is discussed in monthly consumers' meetings and through annual satisfaction surveys. Residents/consumers were</p>
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		<p>observed participating in a variety of activities on the days of the audit. Interviewed consumers confirmed they find the programme enjoyable and entertaining. Seven of nine whānau said that their whanau member (resident) was not able to participate in the activity programme, but they did go on outings and spent time with other residents and staff in the lounge and other common areas as they are able. Two residents participate with some of the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy complies with relevant legislation and guidelines. Medicine was safely administered using an electronic system. An RN was observed administering lunchtime medicine. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had current medication administration competencies. Medication errors were documented- two in the previous 12 months, and investigations completed with corrective actions implemented as required.</p> <p>The medicine was stored safely in locked medicine rooms and trolleys. Medications were supplied to the facility in a pre-packaged format from a contracted pharmacy. The RNs complete medication reconciliation when new packs are delivered from the pharmacy and when residents/consumers return to the facility from acute services. All medications sighted were within current use by dates. Pharmacist input was provided on request. Standing orders are not used.</p> <p>Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. The records of temperatures for the medicine fridge and the medication rooms were within the recommended range.</p> <p>The NP and the psychiatrists consistently completed three-monthly medication reviews. Appropriate prescribing practices were observed in records reviewed. Over-the-counter medicine, supplements and allergies were documented on the prescription charts where applicable. Residents/consumers and their family/whānau are supported to understand their medications. The NP stated that when requested by Māori, appropriate support, and advice for treatment is provided.</p>

		<p>Consumers in the RDP unit have their regular injections managed by the community mental health nurses who visit them at the facility to provide the treatment.</p> <p>There were no residents who were self-administering medicine at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner when required.</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>Residents' dietary requirements are assessed on admission in consultation with the consumers and whānau or EPOAs. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are recorded on the nutrition plan. A nutritional requirements form is completed and shared with kitchen staff, and any special requirements are accommodated in daily meal plans. Consumers in the RDP unit take turns to choose a meal they want to eat every Friday.</p> <p>Food is prepared on site by a chef and a cook. The menu follows summer and winter patterns in a four-weekly cycle. The menu was reviewed by a registered dietitian on 31 March 2025. Residents who chose not to go to the dining room for meals had them delivered to their rooms.</p> <p>The service operates with an approved food safety plan. The current food control plan expires on 5 June 2026. A food verification audit was completed on 17 July 2025. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was observed to be clean, and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>A contracted dietitian reviews residents/consumers three-monthly. The dietitian provides staff education on nutrition and hydration. Residents' weight was monitored monthly and there was evidence that any concerns in weight were managed appropriately. Additional supplements were provided where required. Culturally specific Māori and Pacific food options were on the menu and provided monthly. Consumers expressed satisfaction with the food services. Whānau interviewed expressed no concerns with the food provided. Snacks and healthy drinks are provided on a 24-hourly basis.</p>

		<p>All aspects of food procurement, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Consumers in the RDP unit have access to the kitchenette where they can make drinks, breakfast and snacks with support.</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>The transfer and discharge policy guides staff practice. Transfers and discharges were managed safely in consultation with the consumer, their whānau and the EPOA where applicable. A transfer form and checklist are completed to facilitate the sharing of relevant information for continuity of care. The service coordinates with the receiving service over the phone to provide verbal handover.</p> <p>Residents/consumers are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Transfer documentation in sampled records included risk mitigation. Residents/consumers were provided with the support they required during the transfer processes.</p> <p>Referral or support to access kaupapa Māori agencies and other health and disability services where indicated, or requested, is offered. Consumers/residents' whānau were kept informed of the referral process, reason for transfer or discharge as verified in records sampled and in interviews.</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>	FA	<p>The current building warrant of fitness was displayed with an expiry date 13 September 2025. A contracted company completes the certification of compliance requirements through monthly inspections, maintenance and reporting procedures. Electrical equipment was tagged, most recently in July 2025 and medical devices were checked and calibrated in April 2025. Documentation/certificates showed that</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>electric beds, sling hoists and ceiling hoists are also regularly checked by outside agencies.</p> <p>Maintenance is addressed in a routine and ongoing manner by a part time maintenance person and/or external trades people. Records of maintenance requests are maintained which confirmed the timeliness of repairs. The previous owner had replaced the roof above Weka (psychogeriatric unit)..</p> <p>The building was purpose built as a care home and has three distinct wings with secure separation (electronic fob access) between the psychogeriatric wing, the dementia wing and the RDP/mental health unit. There are dining and lounge and recreational areas in each wing.</p> <p>Visual inspection of all areas revealed no major concerns with floor or wall surfaces, and fixtures and fittings including furniture and appliances.</p> <p>Health and safety requirements are maintained, including hazard identification. Eight bedrooms have ceiling hoists installed. The other bedrooms are spacious enough to accommodate hoists and resident mobility equipment. Handrails are installed at the correct height in corridors and hand grips and toilet surrounds are in bathrooms. Two of the bedrooms in Kea (RDP/mental health wing) have ensuite bathrooms. A sufficient number of shared bathrooms and toilets for the number of residents had clear signage and functional locking systems. Each bedroom has a handbasin. There is a shower bed in the mental health unit for use by a consumer who requires this. Sluice rooms in both Weka and Tui wing were stocked with relevant PPE and were clean and fitted out with sanitizers. There was sufficient supply of other equipment to assist older people or tangata whaikaha/people with disabilities. For example, shower chairs, commodes, seat risers and walking aids. Hot water temperature testing occurs regularly on all resident accessible water outlets. Records showed that temperatures were being maintained at a safe heat, at or below 45 degrees Celsius.</p> <p>Environmental health and safety is monitored through internal audits of the premises each month. The safety checklist covers the entire facility and corrective actions are implemented.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs, for example modified wheelchairs, and fall out chairs.</p>
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		<p>All parts of the environment were comfortable and accessible, promoting independence and safe mobility. Each wing has access to suitable external areas with gardens, safe walking paths, seating and secured perimeter fences. A number of the residents enjoy working in the vegetable gardens. A contracted gardener who also mows the lawns is provided sufficient hours to maintain these areas. Common areas and personal spaces are culturally inclusive and suited to the needs of each resident group. The facility was warm throughout, with underfloor heating, and gas fired ceiling heaters. External doors and opening windows allow sufficient air flow.</p> <p>Māori residents interviewed said they felt very comfortable in the home. The Code is on display in English and te reo. Cultural art works and bilingual signs are throughout the facility. Whānau interviewed expressed a high level of satisfaction with the environment, which was consistent with feedback provided in written surveys and compliments received.</p> <p>There were no plans for new buildings. The manager and director interviewed said they understood the requirement to consult and co design environments in ways that reflect the aspirations and identity of Māori.</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 been trained and knew what to do in an emergency. All staff have current first aid certificates.</p> <p>There had been no changes to the footprint of the building since the previous audit, the fire evacuation plan which was approved in July 2017 is unchanged.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water (3,000 litres) for all residents and staff for at least three days, battery radios, torches, food supplies and blankets and other items that may be needed. There is back up battery emergency lighting and portable generators for power outages. The fire suppression systems are tested regularly. Trial fire</p>

		<p>evacuations occur at least every six months. The most recent fire drill occurred on 18 June 2025.</p> <p>Call bells alert staff to residents/consumers requiring assistance. Residents/consumers and whānau reported that staff respond promptly to call bells and this was observed on the days of audit. Appropriate security arrangements are in place. Consumers in the mental health unit said they were familiar with emergency and security arrangements.</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) programme is linked to the quality risk management plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents/consumers and staff. Expertise and advise on infection prevention is sought following a defined process which include advise on significant infection events sought from Te Whatu Ora and the NP. A documented pathway supports reporting of progress, issues, and significant events. Reporting of infections to the directors is through monthly reports and weekly telephone management meetings. A stepwise approach to risk management was adopted and appropriate staff support is provided by the clinical manager. Outbreaks are escalated in a timely manner.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is a nominated infection control coordinator (ICC). The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The ICC has completed external education on infection prevention and control within the past year. They have access to shared clinical records and residents'/consumers' diagnostic results.</p> <p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control expert. It is appropriate for the size and setting of the service. Reporting lines to the senior management are documented. The ICC reports to the facility manager and the clinical manager. The IP programme was approved by the governance body and is linked to the quality improvement programme. Annual review of the IP programme</p>

	<p>was completed on 1 July 2025. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>Infection prevention audits were conducted regularly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes in staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plans in place are reviewed at regular intervals. Sufficient stock of IP resources including personal protective equipment (PPE) were sighted. The IP resources are readily accessible to support the pandemic response plan.</p> <p>The ICC has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff had received education in IP at orientation and through ongoing annual education sessions. Education with consumers/residents was on an individual basis. This included reminders about handwashing. This was confirmed in interviews with consumers.</p> <p>The ICC is responsible for procurement of the required equipment, devices, and consumables. There is a clear process for early consultation and involvement from the IP personnel or committee during the design of any new building or when significant changes are proposed to an existing facility. At the time of the audit there were no planned changes.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Cleaning schedules were available to evidence this. Single-use medical devices are not reused.</p> <p>Care staff were observed following appropriate infection control practices such as use of hand-sanitisers, effective hand-washing technique and use of disposable aprons and gloves. Hand washing facilities were readily available around the facility.</p> <p>Culturally safe practice in IP was implemented. Staff were aware of culturally safe practice in IP to meet individual needs. Hand hygiene infection prevention educational material in te reo Māori was posted</p>
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		around the facility.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. Responsible use of antimicrobials is promoted. A continuous improvement project focused on the responsible use of antimicrobials has been implemented successfully resulting in a continuous improvement rating being awarded. Monthly records of infections and prescribed antibiotic treatment were maintained. The AMS programme is evaluated annually.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. The data is analysed, and action plans are implemented when required. All healthcare-associated infections (HAIs) are monitored by the ICC and monthly statistics are discussed with the clinical manager and facility manager monthly and with staff in staff in meetings. Infections are reported back to the directors in monthly reports. Verbal handover is given to staff at shift handovers for early intervention when new infections are identified. Infection surveillance information includes ethnicity data.</p> <p>Consumers/residents and whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with consumers/residents and whānau. COVID-19 infection outbreaks reported since the previous audit were managed effectively</p>

		with appropriate notifications completed.
<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>	FA	<p>The environment was observed to be clean in all areas inspected. Cleaning and laundry staff adhere to best known practices for use of chemicals that maintain hygiene and support prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. There is clear separation between the handling and storage of clean and dirty laundry. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident/consumer/whānau feedback. The cleaning and laundry staff interviewed had completed relevant training and were observed to carry out their duties effectively and safely. Chemicals were being stored safely and material safety data sheets for each product were readily accessible and kept close to the chemicals.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. There have been no complaints, issues or concerns raised about these services in the past three years.</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>	FA	<p>Sunhaven is a restraint free service, there have been no restraints in use for more than three years. A director confirmed a commitment to maintaining a restraint free environment by continued implementation of the policies and procedures that support a restraint free environment. The designated restraint co-ordinator is a registered nurse, who reports via the clinical manager and the facility manager to governance. The restraint coordinator links with the quality committee, of which there is a member who identifies as Māori and represents te ao Māori. There are processes in place to ensure that the type and frequency of any restraint used would be reported to governance, and that analysis would occur to monitor and ensure the health and safety</p>

		<p>of residents and staff. The NP confirmed a commitment to the maintenance of no restraints being used. All staff receive ongoing training in the management of behaviour and de-escalation. Behaviour management plans are put in place for those are need them. The plans describe interventions and strategies to distract, calm and minimise unwanted behaviour. The effectiveness of these techniques was proven by the continuation of not needing restraint interventions.</p> <p>The voice of those with lived experience is considered in the development of de-escalation and behaviour monitoring processes. Consumers confirmed their understanding and knowledge of their early warning signs and what interventions are best implemented to avoid triggers and maintain a stable mood.</p> <p>Subsections 6.2 and 6.3 were not audited as no restraint had occurred. Subsection 6.4 was not audited as the scope of services provided do not permit the use of seclusion.</p>
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.1</p> <p>Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.</p>	<p>CI</p>	<p>The organisation achieves beyond the expected full attainment by continuing to carry out activities that increase consumer satisfaction and enhance their safety and quality of life. A register of quality improvement projects is maintained. The register listed 25 quality improvement projects so far in 2025. The improvements range from small initiatives such as a new RN handover form and environmental enhances to bigger long term improvement projects. Each project is described including the reason or motivation behind the project, allocated responsibility and resources and then implemented. The effectiveness of each improvement is reviewed and evaluated using the PDCA quality improvement cycle.</p> <p>Six of this year improvement projects promoted acceptance of cultural diversity and inclusion. These activities follow on from the quality improvement and CI rating identified at the 2024 provisional audit.</p> <p>-Initiatives included a ‘Pasifika celebration of culture day’ in</p>	<p>Resident/consumer wellbeing, participation and family satisfaction is improved as a result of various cultural awareness initiatives.</p>

		<p>July 2025,</p> <ul style="list-style-type: none"> -introducing karakia before meals, -conducting room blessings, and -facilitating family/whānau involvement in Matariki celebrations. <p>Another new initiative was supporting and enabling new staff from other cultures to connect with people from their same culture by providing them with local information and encouragement to reach out.</p> <p>Evidence to support the ongoing CI rating included,</p> <ul style="list-style-type: none"> -no incidents of racism since 2023, -residents who usually don't participate in group activities were choosing to be involved with setting up for culturally themed days. These residents said they enjoyed being able to contribute to the activities and had gained more understanding and acceptance of cultural diversity. -comments from residents, their family/whānau and staff which consistently mentioned the feeling of belonging in the home. <p>A visiting person from the local Iwi said they were arranging to transfer their family member from another aged care facility to Sunhaven because of the extent of Māori specific cultural activities.</p> <p>Further evidence was the increase in satisfaction shown in the family/relative survey and the frequency of compliments from whānau. These comments demonstrated that Sunhaven is excelling in its commitment to their workforce, and residents/consumers and their family/whānau participating in quality outcomes. Further evidence was the increase in satisfaction shown in the family/relative survey and the frequency of compliments from whānau that demonstrated that Sunhaven is excelling in its commitment to their workforce, residents/consumers and their</p>	
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		family/whānau participating in quality outcomes.	
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	CI	<p>The service achieves beyond the expected full attainment by having successfully implemented a project to promote responsible use of antimicrobials in skin care, particularly addressing the shift from routine and unnecessary antifungal prescribing to evidence-based skin care practices.</p> <p>The current NP identified that antifungal treatments were routinely prescribed for all residents in the dementia unit, regardless of clinical indication. This practice raised concerns regarding overuse of antimicrobials, potential resistance, and lack of individualised care. Upon review, the NP discontinued blanket antifungal prescribing and introduced evidence-based moisturising treatments from year 2023.</p> <p>Improvement actions included reviewing and rationalising antimicrobial use. A clinical audit of previous antifungal prescriptions to identify patterns and assess necessity was conducted by the NP in collaboration with the nursing team. Antifungal treatments where no clinical indication existed were discontinued. A prescribing protocol requiring documented assessment before initiating any antimicrobial treatment was implemented.</p> <p>Evidence-based alternatives were introduced by replacing routine antifungal use with regular application of moisturisers to maintain skin integrity and prevent fungal growth. The RNs monitored that moisturisers were applied as per care plan and documented in progress notes. Training was provided for all care staff on the risks of unnecessary antimicrobial use, correct application of moisturisers and early identification of skin issues requiring clinical review.</p> <p>Skin health outcomes were monitored through regular assessments, incidence of fungal infections post-</p>	<p>The initiative is clearly documented, has measurable outcomes, and has been sustained, scaled and resulted in improvement in residents care, thereby fully meeting the expectations of a continuous improvement rating.</p>

		<p>intervention, whanau/resident satisfaction and comfort related to skin care. Care plans included specific instructions for moisturiser use.</p> <p>The NP awarded the service with a certificate for the best improvement in overall skin care compared to other seven facilities. Interviewed whanau confirmed satisfaction with skin care management and stated that residents are routinely showered skin and moisturisers applied. The skin tear statistics results reviewed showed evidence of skin tears size reduction as compared to the period before the new skin regime was implemented. The last pressure injury was resolved in April 2023, no other pressure injury has been reported up to date. The outcome of the implemented skin management strategies has resulted in significant reduction in unnecessary antimicrobial prescribing of more than 90%, improved skin health and comfort for residents, increased staff confidence in evidence-based skin care and enhanced compliance with antimicrobial stewardship standards. Only one resident has been prescribed antifungal cream in year 2025 up to date. The NP has commended Sunhaven for successfully implementing the recommended skin management regime. Interviewed whanau gave positive feedback on the management of residents' skin.</p>	
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End of the report.