

Chetty's Investment Limited - Alexander Lodge Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Chetty's Investment Limited
Premises audited:	Alexander Lodge Rest Home
Services audited:	Rest home care (excluding dementia care); Residential disability services - Psychiatric
Dates of audit:	Start date: 5 August 2025 End date: 5 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:	18

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

Chetty's Investment Limited T/A Alexander Lodge Rest Home provides rest home residential disability – psychiatric care for up to 23 residents. No changes have taken place to the facility since the previous audit.

This unannounced surveillance audit was conducted against Ngā Paerewa Health and Disability Service Standard NZS 8134:2021 and the service's contract held with Health New Zealand – Te Whatu Ora. The audit process included observations, review of policies and procedures, review of residents' and staff files, and interviews with residents, whānau, staff, the owner, the clinical manager (CM), and the contracted general practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to quality and risk, staff training and education, the collection and sharing of high-quality Māori health information, police vetting for all new staff, the three-monthly medical and medication reviews, the implementation of the antimicrobial stewardship programme, and the infection prevention and control educational resources now being readily available in te reo Māori. As a result of this audit, no improvements are required.

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.

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

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints are resolved promptly, equitably 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 owner assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

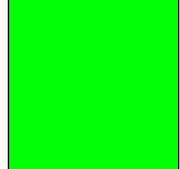
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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 have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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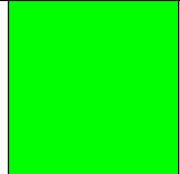
Alexander Lodge Rest Home works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents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

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

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

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 are fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually. The clinical manager (CM) oversees the infection prevention and control programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

An infection outbreak of COVID-19 was managed according to Ministry of Health (MoH) guidelines.

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.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

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	19	0	0	0	0	0
Criteria	0	56	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>Alexander Lodge Rest Home (Alexander Lodge) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Training was provided on Te Tiriti on 6 February 2025 and cultural safety on 29 June 2025. Mana motuhake is respected. Partnerships have been established with a local Māori organisation to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe. There were current staff employed who identified as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific</p>	FA	<p>Alexander Lodge provides services that are underpinned by Pacific worldviews. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. The owner/facility manager and the clinical manager, and many staff, identified as Pacific people.</p>

<p>peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed at Alexander Lodge Rest Home 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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect is provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The staff reported that staff were guided by the code of conduct to ensure the environment was safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</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>FA</p>	<p>Files reviewed evidenced that residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Residents interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed admission agreements were evidenced in the sampled residents' records. Resuscitation and care plans were signed by residents who were</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>competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</p> <p>The CM and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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>	FA	<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. Four informal complaints had been received since the previous audit, and these were closed out effectively.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The service assures the process works equitably for Māori by ensuring the process is documented in te reo Māori, and the Code was available in te reo and English versions.</p> <p>There have been no Health and Disability Commissioner (HDC) complaints received, or other complaints from external sources, since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	FA	<p>The owner assumes accountability for delivering a high-quality service to users of the services and their whānau. The owner is the facility manager and has owned the facility for 12 years. The owner is supported by the clinical manager, who has 20 years' service at the facility and has worked 20 hours a week in this role for the past five years. The clinical manager oversees another aged residential care facility owned by the same owner. Compliance with legislative, contractual and regulatory requirements is overseen by the management team, with external advice sought as</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>required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, through the business plan reviewed, and from quality outcomes. A commitment to the quality and risk management system was evident. The owner interviewed felt well informed on progress and risks. This was confirmed in a sample of management meeting minutes reviewed.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting and monitoring of resident safety and clinical indicators monthly, including infection prevention and restraint management.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for rest home, residential disability – psychiatric care, respite care, long-term support–chronic health care (LTS-CHC) – younger people disabled (YPD). On the day of audit, there were 18 residents, including one boarder resident. Sixteen residents were rest home-level care, and one resident was under the LTS-CHC – YPD contract. There were no respite-level care, or residential disability – psychiatric residents, in the rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. A resident/relative satisfaction survey was completed in May 2025. Positive outcomes were documented regarding the activities provided, privacy, complaints management, laundry, and security. A staff survey was last completed on 19 September 2024. Positive comments were made by staff who completed the survey. Results were reported at the staff meetings held monthly.</p> <p>Relevant corrective actions are developed and implemented to address</p>

		<p>any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. A contracted quality consultant was responsible for the implementation of the document control process. Any new policies or updates are forwarded to the clinical manager in a timely manner. At the last audit, the organisation's policies, procedures and forms were outdated. This was identified as an area for improvement, which has now been fully addressed. All policies, procedures and forms were reviewed in October/November 2024 and now have the date recorded on the footer of each document for reference.</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. Learning from harm was discussed with staff at the staff meetings. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The facility manager and the clinical manager interviewed understood and have complied with essential notification reporting requirements. There have been no Section 31 notifications made to HealthCERT or any other agencies since the previous audit. The clinical manager stated that there have been no adverse events requiring notification to the Health Quality & Safety Commission.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p>	FA	<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. At least one staff member on duty has a current first aid certificate. The clinical manager covers the facility, along with another facility owned and operated by the</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>	<p>facility manager.</p> <p>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. Records reviewed demonstrated completion of the required training and competency assessments to meet the Ngā Paerewa Standard and Health New Zealand– Te Whatu Ora contract obligations. There were two areas requiring improvement from the previous audit (criteria 2.3.4 and 2.3.6); these criteria have been fully addressed. The training required was clearly documented on the training plan to address the topics not able to be verified at the last audit, including Te Tiriti of Waitangi training, antimicrobial stewardship, abuse and neglect, and restraint elimination.</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 Health New Zealand – Te Whatu Ora. On the day of the audit, there was a total of eight caregivers. Three caregivers have not completed and/or are not enrolled in any NZQA training; however, three others have completed Level 3, two have completed Level 4, and one has completed Level 5.</p> <p>The community mental health team are available to the service provider should any residents need to be supported at any time. No residents at the time of the audit were requiring any input from the team. When the need arises for individual residents, the community team are involved in the treatment planning process to support the goals, and to ensure interventions with consent of the resident are appropriate to meet the needs of the resident.</p> <p>The previous area of improvement relating to the implementation of a process to facilitate the collection and sharing of high-quality Māori health information has been addressed. The CM adds the information collated, to the agenda of the management and staff quality meetings. The data is discussed, recorded and shared at these meetings. The outcomes are documented in the minutes of the meetings.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration. All employed and contracted health professionals have their annual practising certificates validated annually, and this was recorded.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Staff were 'buddied' with a senior staff member for orientation. Additional time was provided, if required, for new staff. A checklist was completed and filed in the individual records randomly selected and reviewed. All employment information was accurately recorded including police vetting on all staff.</p> <p>Staff ethnicities were recorded in the staff register maintained. There are staff from different nationalities employed at the rest home. The ethnicity data collected was used in accordance with the Health Information Standards Organisation (HISO) requirements and was kept securely and confidentially maintained.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>The previous area of improvement relating to police vetting, as part of the staff employment requirements has been addressed. A checklist on the sampled staff records reviewed was dated when the results were received.</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</p>	<p>FA</p>	<p>Five residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed.</p> <p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Cultural assessments were completed by the CM in consultation with the residents, and whānau/EPOA. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual/policy requirements. The previous area of improvement relating to three-monthly medical reviews has been addressed. Files sampled had evidence of completed three-monthly medical reviews, and a schedule for resident reviews was in place. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. The general practitioner reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred.</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. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Evidence of EPOA/whānau and residents being notified following incidents was sighted on incident forms, and communication with whānau/family forms in the resident files. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>Residents who were assessed as requiring residential non-aged care had their needs identified and managed appropriately.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications were supplied to the facility from a contracted pharmacy. The previous audit shortfall requiring improvement in relation to completing three-monthly medication reviews has been addressed. The GP had completed three-monthly medication reviews, and commencement dates were clearly</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>documented on medication charts. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines.</p> <p>There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication cupboard temperatures was conducted regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The CM was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents self-administering medication on the audit day. Appropriate processes were in place to ensure this is managed in a safe manner if required. There is a self-medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p> <p>Resident medicine records were randomly sampled and verified that the general practitioner has completed the three-monthly medication reviews required in a timely manner. The date when the review occurred, was clearly documented on the electronic records reviewed.</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</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. All food and baking were being prepared and cooked on-site by a cook. There was an approved food control plan, which expires on 20 June 2026. The menu review was completed on 15 January 2024.</p> <p>Diets were modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents were given an</p>

<p>and wellbeing.</p>		<p>option of choosing a menu they wanted. Residents have a nutrition profile developed on admission that identifies dietary requirements, likes, and dislikes. All alternatives were catered for as required. Evidence of resident/patient satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p> <p>EPOA/whānau and residents interviewed expressed satisfaction about the food.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is 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. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness with an expiry date of 9 February 2026, electrical testing and tagging completed on 6 January 2025, and biomedical testing by a preferred provider, which was completed on 22 July 2025. An inventory of all equipment and resources requiring verification and/or calibration was maintained.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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 previous area of improvement relating to ensuring the antimicrobial stewardship programme is implemented has been addressed. The programme was implemented. Monthly data is collated by the clinical manager and reported at the staff meetings.</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>The infection prevention and control coordinator (IPCC) oversees and implements the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and a review of the programme documentation.</p> <p>Staff were familiar with policies and practices 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.</p> <p>The previous area of improvement relating to educational resources not being available and accessible in te reo Māori has been addressed. Signage and information is readily available in te reo Māori.</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</p>	FA	<p>The infection surveillance programme was appropriate to the size and complexity of the service. Infection data was collected, monitored and reviewed monthly. The data, which included ethnicity data, was collated, and action plans were implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory system, and wounds. Surveillance tools were used to collect infection data, and standardised</p>

<p>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>surveillance definitions were used. All infection data was reported to the governing body.</p> <p>Infection prevention audits were completed, including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed at shift handovers, for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results.</p> <p>There was a COVID-19 infection outbreak since the previous audit, in May 2024. This was managed in accordance with the pandemic plan.</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 owner demonstrated commitment to this through documented policy and regular reporting requirements. The clinical manager is the restraint coordinator for this service and is fully informed about the restraint standard and requirements.</p> <p>At the time of audit, there was no restraint in use. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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.