

Y&P NZ Limited - Deverton House Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Y&P NZ Limited
Premises audited:	Deverton House Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 August 2025 End date: 27 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:	22

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Deverton House Rest Home (Deverton House) provides rest home-level care for up to 23 residents. The service is operated by two private owner/directors and is one of four aged residential care facilities owned by the same operator. Deverton House is administered by a manager, supported by two registered nurses who oversee all clinical services.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the provider's contract held with Health New Zealand. The certification process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents and family members, the nurse practitioner and staff. An interpreter was used to conduct interviews and to check written material that was documented in Chinese.

This audit did not identify any areas requiring improvement.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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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. Staff have received education on the Code, and Te Tiriti o Waitangi.


Residents are safe from abuse and reported that they are treated with dignity and respect. Consent is obtained where and when required. The provider maintains a socially inclusive and person-centred service for the Chinese residents in this home. Principles of mana motuhake practice were evidenced in service delivery.

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

The Māori health plan is clearly documented and guides staff to ensure the needs of Māori can be effectively met, respecting their cultural values and beliefs if a Māori resident is admitted to this service.

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

Hunga mahi me te hanganga | Workforce and structure

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

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

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

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

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

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

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

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

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

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

Subsections applicable to this service fully attained.

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions as needed.

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	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Deverton House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with Māori organisations to support service integration, planning, equity approaches, and support for Māori residents if admitted to this facility. A Māori health plan has been developed with input from the contracted quality consultant and cultural advisers. The owner/director interviewed stated that all residents at this home identify as Chinese; therefore, a Māori-centred focus of care is not currently applicable. All the staff identify as Chinese. Only two staff members do not speak English: the chef and the kitchen hand.</p> <p>Residents and family interviewed, with the support of an interpreter, reported that staff respected their rights to dignity and privacy, met their needs, and ensured they felt culturally safe. The interpreter also assisted during interviews with the kitchen staff on the day of the audit.</p> <p>Strategies to actively recruit and retain staff across roles were discussed. Staff have all worked at this facility for some time. At the time of the audit, no staff or residents identified as Māori, due to the nature of the service. Staff ethnicity data is documented on</p>

		recruitment and trended.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Deverton House identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples. The Ola Manuia: Pacific Health and Wellbeing National Action Plan 2020 – 2026 and additional documents for reference were reviewed, and these cover all aspects of communication and understanding of all of the Pacific Islands. Expert advice can be sought if needed from Pacific community groups.</p> <p>There were no staff or residents at this rest home who identified as Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All 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. Whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, Cantonese, Mandarin, and New Zealand Sign Language. Staff training on the Code has been conducted.</p> <p>The registered nurse (RN) and facility manager (FM) interviewed reported that the service recognises Māori mana motuhake (self-determination) of residents, family or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and family, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation,</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>spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, except couples who share a room with their partner's consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme and te reo Māori information posted around the facility. A copy of Te Tiriti o Waitangi document was posted in the dining room. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to. The registered nurse (RN) and facility manager (FM) stated that tāngata whaikaha participation in te ao Māori would be supported, when required.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. Residents are encouraged not to bring or keep large amounts of cash. Residents and their whānau manage their finances.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of a Māori health care plan when required.</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</p>	<p>FA</p>	<p>In interviews conducted, residents and whānau reported that communication was open and effective, and they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated that they were kept well informed about any changes to their relative's health</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>status and were advised in a timely manner about any incidents or accidents and the outcomes of regular or urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>All residents were of Asian (Chinese) descent, and they speak very limited English. Staff employed are all Chinese and speak either Mandarin or Cantonese. Interviews were conducted with the help of an interpreter. Staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed, and use family members as appropriate.</p> <p>The RN, care staff, and activities staff reported that verbal and non-verbal communication cards and regular use of hearing aids by residents when required, was encouraged.</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>The staff interviewed understood the principles and practice of informed consent. Informed consent is obtained as part of the admission documents that the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation treatment plans and advance directives were signed by residents who were competent and able to consent, and a medical decision was made by the nurse practitioner (NP) for residents who were unable to provide consent. The RN reported that the NP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau. This was verified in interviews with residents, their whānau, and the NP. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they were provided with information and were involved in making decisions about their care. Where required, a nominated support person is involved with the resident's consent.</p>

		Information about the nominated resident's representative of choice, next of kin, or EPOA is provided on admission. Communication records verified the inclusion of residents, where applicable. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.
<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 family understood their right to make a complaint and knew how to do so.</p> <p>There have been five minor complaints reported, with one currently remaining open at the time of the audit. A Health and Disability Commissioner (HDC) complaint received on 17 May 2021 and responded to appropriately, was finally closed out in April 2024. Recommendations provided were followed through and had been signed off by the HDC's recommendation analyst.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements to service delivery had been made as a result of this investigation. No other external complaints had been received.</p> <p>The service assures the process works equitably for Māori by ensuring the complaints process is documented in te reo Māori. The code is displayed in the reception area in te reo and Chinese (Cantonese and Mandarin).</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/director assumes accountability for delivering a high-quality service to the resident communities served. The management group demonstrated expertise in Te Tiriti, health equity and cultural safety. The service does not have Māori representation at management level; however, they can contact an external Māori consultant for any advice. The last training for the director, manager and two RNs was completed on 8 May 2025, and certificates were sighted in the personal records reviewed.</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>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The manager is well supported by two RNs, both with current annual practicing certificates (APCs), who share the RN role, and a nurse practitioner (with a current APC) who visits regularly. External support for Māori and Pacific people is available through Health New Zealand cultural advisors, if needed. The manager works full time and reports to the directors. Training was provided annually, and staff completed a variety of competencies during orientation, and this was ongoing. Records are maintained.</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 commitment to the quality and risk management system was evident.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through the completion of annual surveys.</p> <p>The service holds contracts with Health New Zealand for rest home-level care. Twenty-two residents were receiving rest home-level care on the day of the audit.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included, for example, management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint elimination. Minutes of all meetings were reviewed.</p> <p>Residents/family contribute to quality improvement through annual surveys, the last completed on 20 August 2025. The staff survey is scheduled for completion in September 2025. The resident/family survey covered 10 areas measured, including privacy, dignity, rights,</p>

<p>meet the needs of people using the services and our health care and support workers.</p>		<p>complaints, concerns and open disclosure, medical services, assistance, cleaning, food services, activities, laundry services, safety and security, and the gardening service. Feedback was provided to staff. Any feedback comments were used for quality improvement of service delivery, and this was appreciated by the residents and family interviewed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Should a Māori resident be admitted to the service they would be supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The document control was managed by the contracted quality consultant. Policies and procedures reviewed in the document review process, and during the audit, were current and covered all necessary aspects of the service.</p> <p>The 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. 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 manager understood and has complied with essential notification reporting requirements. No incidents or adverse events had been recorded since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Caregivers</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>interviewed reported that there were adequate staff to complete the work allocated to them. Residents and families interviewed, with the support of an interpreter, reported that the residents were well cared for.</p> <p>The manager works Monday to Friday. The two RNs cover the service in a job-shared role 20 hours per week and provide 24/7 coverage between them, either on call or in person. Both are interRAI competent and ensure the care plans for all residents are reviewed every six months and are updated appropriately if any changes occur. There is a caregiver on each eight-hour shift. Activities are planned three days a week with the activity's coordinator. Cleaning, laundry and kitchen services are carried out by dedicated staff seven days a week.</p> <p>All staff have completed first aid training, and this was recorded in the training records reviewed.</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 every year, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Ethnicities of all staff and residents were collated. Ethnicity information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand. A total of seven caregivers are employed at this rest home. Four caregivers have completed NZQA Level 4 training, two caregivers have completed Level 3, and one caregiver is not currently enrolled.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</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. Job descriptions were documented for each role. Professional qualifications and registrations had been validated prior to employment, and the manager reviews all employed and contracted health professionals' APCs annually and a record is maintained.</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. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>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 residents' files sampled for review. A paper-based information management system was in place. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Policies and procedures guide staff in the management of information. The RN and FM reported that staff had their own logins. An external provider held backup database systems.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities 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>	<p>FA</p>	<p>Residents enter Deverton House when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry or delayed, there are processes for communicating the decision. Related data is documented and analysed six-monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations to support Māori and whānau who enter the service, when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by the registered nurses following a comprehensive assessment, including consideration of the resident's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau. A Māori health care plan is available to use to ensure tikanga and kaupapa Māori perspectives permeate the care planning process and support Māori residents and whānau to identify their own pae ora when required. Deverton House caters for people of Asian background; at the time of the audit there were mostly Chinese</p>

		<p>residents. Assessments were person-centred and identify whether a resident is from South or North China.</p> <p>Management of 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. Long-term and short-term care plans were evaluated consistently as required. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning process. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information, or are supported to do so. The NP expressed satisfaction with the overall care provided to residents.</p> <p>A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are facilitated by an experienced activities coordinator. Other activities are facilitated by the care staff as required. The activities are based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays were celebrated, and resident meetings undertaken monthly. An activity profile detailing residents' life history was completed for each resident within two weeks of admission in consultation with the family and resident.</p> <p>Activities on the programme are Chinese-based, and include Chinese television channels, Chinese celebrations, Mahjong, ball games, walks, shopping trips, church services, exercises, and Chinese New Year celebrations. The activities coordinator stated that opportunities for Māori and whānau to participate in te ao Māori would be facilitated when required. Community initiatives that meet</p>

		<p>the needs of Māori include celebration of Matariki, when required.</p> <p>Feedback on the programme is provided through annual satisfaction surveys. Residents and family interviewed confirmed they found the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in staff files.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly NP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There were no residents who were self-administering medicine at the time of the audit. Processes for safe self-administration of medication were in place. The RN stated that this is implemented when required. Residents and their whānau are supported to understand the resident's medications. The NP stated that when requested by Māori, appropriate support and advice will be provided.</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,</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. Chinese cuisine is available for residents from both Northern and Southern China. The menu has been reviewed by a qualified dietitian within the last two years (8 May</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>2024). Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that is valid until 12 June 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori, should they be admitted to the service.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</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. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. 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-</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. The building warrant of fitness displayed at reception has an expiry date of 27 July 2026. The preventative maintenance programme ensures that the</p>

<p>centred and culturally safe for Māori and whānau. 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>facility is well maintained, and that all equipment is maintained and serviced and is safe. The contracted electrician completed the testing and tagging of all electrical equipment on 4 June 2025.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of large accessible bathroom and toilet facilities throughout the facility.</p> <p>The large dining room has newly covered chairs to brighten the environment, and flowers are positioned on every table to enhance the dining experience. The main lounge is enjoyed by the residents for a variety of activities. The lounge leads out to a decked area with seating and shade available.</p> <p>Four individual rooms are currently being re-built in line with, and to meet full council requirements. One area is rebuilding an existing upstairs area of two separate rooms, and two existing bedrooms downstairs are being rebuilt.</p> <p>Residents and family interviewed, with the interpreter, were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Individual rooms are personalised with photographs and personal effects.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. When any new buildings are to be designed, consultation would occur that reflects the identify of Māori and Chinese people and their cultures.</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 its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 28 August 2022. A new fire alarm has been installed since the previous audit, near the laundry and kitchen</p>

		<p>downstairs in the basement.</p> <p>Staff can provide a level of first aid relevant to the risks for the type of service provided. The last training was held 9 July 2025. The last fire evacuation training occurred 19 March 2025. A fire safety consultant was present and provided additional training for all staff.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. In an emergency event, alternative resources such as water containers, changed six-monthly, were sighted (last changed 9 April 2025). Batteries, torches, disposable cups, plates, cutlery and other resources were readily available. Dry food stuffs were accessible in the kitchen. A gas cooker and emergency lighting were available. A checklist was maintained. No generator was available on site, but one could be accessed if needed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, including security lighting. Residents and family were familiarised with emergency and security arrangements, as and when required. The staff ensure the facility is locked on the afternoon and night shifts at a predetermined time.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the quality consultant and the RNs, policies and procedures and the programmes link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the director. There have been no outbreaks reported since the previous audit.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. The owner/director stated that the IPCC will be notified of any planned changes to the building.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP programme is reviewed annually, and was last reviewed on 30 December 2024.</p> <p>Staff were familiar with policies through orientation and ongoing education, and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

<p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>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>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IPC programme. Infection prevention audits were completed, and they included cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data was collated and analysed to identify any trends and possible causative factors, and action plans were implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff at staff meetings and handovers on an ad hoc basis. All infection data was reported to the governing body. Benchmarking was completed by comparing with the previous month's results.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled, and verified in interviews with residents and whānau.</p> <p>Nil infection outbreaks were reported since the previous audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensured that trolleys were safely stored when not in use. Sufficient</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>amounts of PPE were available, including masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules were maintained. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.</p> <p>All laundry is done on site. There is a laundry room clearly separated into clean and dirty areas. Clean laundry was delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. Dedicated laundry staff have received training, and documented guidelines were available. The effectiveness of laundry processes was monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes.</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>The service has a restraint free environment. The director is fully committed to this philosophy. Policies and procedures meet the requirements of the standard. The restraint coordinator is shared between the two RNs. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques are known and have been completed by staff. Restraint protocols are also covered in the orientation programme for new staff.</p> <p>No restraint has been used at this facility for more than ten years.</p> <p>As no restraint is in use and has not been used for over ten years subsections 6.2 and 6.3 have not been audited.</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.