

Leslie Groves Society of St John's (Roslyn) - Leslie Groves 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 BSI Group New Zealand Ltd, 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: Leslie Groves Society of St John's (Roslyn)

Premises audited: Leslie Groves Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 13 August 2025 End date: 14 August 2025

Proposed changes to current services (if any): Please note; it was requested by the general manager at the surveillance audit in June 2024 to change the premises name from Leslie Groves Home to Leslie Groves Rest Home to reflect internal documentation and google maps.

Total beds occupied across all premises included in the audit on the first day of the audit: 25



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

Leslie Groves Rest Home is operated by the Leslie Groves Society of St John's (Roslyn), a charitable trust governed by a Board of Parishioners from the Anglican Parish of St John's Roslyn in Dunedin. Leslie Groves Rest Home is certified to provide rest home level of care for up to 33 residents. Occupancy at the time of the audit was 25 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service is managed by a rest home manager, who is supported by the clinical manager, general manager, quality coordinator, and an experienced care staff team. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the Standard.

The service has been awarded continuous improvement rating around dementia awareness.

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.

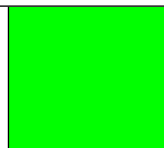


Subsections applicable to this service fully attained.

Leslie Groves Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services, and care for residents. Residents receive services in a manner that considers their dignity, privacy and independence. The service provides support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.

The service is governed by a team of ten Board members and managed by the rest home manager, who is supported by the general manager and clinical manager. The strategic plan 2025-2026 includes a vision, values, and core business objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. A health and safety system is in place with

identified health and safety goals. Health and safety policies are implemented and monitored by the health and safety committee. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

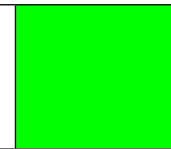
<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Subsections applicable to this service fully attained.</p>
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Leslie Groves Rest Home have an admission booklet available prior to, or on entry to the service. The rest home manager efficiently manages the entry process to the service. The registered nurses and enrolled nurse assess, plan and review residents' needs, outcomes and goals. The care plans demonstrated individualised care. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication-competent healthcare assistants are responsible for the administration of medicines. They complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked by a contracted service off site at the sister facility. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are met. The sister facility has a current food control plan. Residents were reviewed regularly and referred to specialist services, and to other health services as required. Discharge and transfers are coordinated and planned.

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.

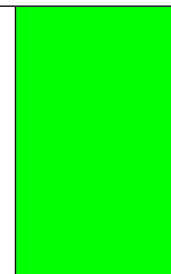


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single, and rooms are personalised. There is an approved evacuation scheme, and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau 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.

A comprehensive suite of policies is in place. The infection control programme is reviewed annually. The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated. Surveillance of healthcare-associated

infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Any infectious outbreaks are managed in accordance with the Ministry of Health guidelines. The environment supports the prevention and mitigation of infection transmission. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

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.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the rest home manager. There are currently no restraints used. Use of restraints would only be considered as a last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation and challenging behaviour. A restraint register is maintained.

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	1	167	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>A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. As part of staff training, Leslie Groves Rest Home incorporates the Māori health strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing into practice. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p> <p>All staff have access to relevant tikanga guidelines. Leslie Groves Society of St John's (Roslyn) has a Māori advisor (Te Tari Consultants), who is available to support the organisation's cultural journey. The service has links with a local marae, who provide guidance and support for Māori. The village manager stated that they support a culturally diverse workforce, and will interview Māori applicants when they do apply for employment opportunities.</p> <p>Eight staff members interviewed (three healthcare assistants, one enrolled nurse, one external cleaning manager, one external kitchen manager, one maintenance person and one activities coordinator) described how care is based on the resident's individual values, beliefs,</p>

		and preferences.
<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>Leslie Groves Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a Pacific health plan documented, based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to resident need.</p> <p>At the time of the audit, there were Pacific residents living at Leslie Groves Rest Home. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process, and entered in the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>Leslie Groves Rest Home has Pacific staff currently employed. The general manager confirmed how they encourage and support any staff that identify as Pasifika, beginning at the employment process. This was confirmed in interviews with one staff member who identified as Pasifika. The service partners with their Pacific employees to ensure connectivity with Pacific community groups, to increase knowledge, awareness and understanding of the needs of Pacific people and celebrate cultural activities.</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</p>	FA	<p>The Code is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager or unit managers discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the quarterly resident/whānau meetings. Three residents and four family/whānau interviewed reported that the residents' rights are being</p>

<p>requirements.</p>		<p>upheld by the service. Interactions observed between staff, residents and family/whānau during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake; self-determination, independence, sovereignty and authority, as evidenced in their Māori health plan and through interviews with management and staff. Residents and family/whānau confirmed that individual cultural beliefs and values were respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed most recently in 2025 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged. There are links to spiritual support through local churches. Church services are held regularly.</p> <p>Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. The</p>

		<p>service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. A review of resident care plans identified goals of care included interventions to promote positive outcomes and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive and respectful. Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. Staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Quarterly resident meeting minutes identify feedback from residents and subsequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau/next of kin are kept informed. An interpreter policy and contact details of interpreters are available. Interpreter services are used when needed. At the time of the audit, all residents could speak and understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team, and residents/relatives provide consent and are communicated with regarding services involved. The rest home manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed and written general consents were sighted for outings, photographs, release of medical information, medication management and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations. The admission agreement is</p>

<p>manage their own health, keep well, and live well. 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>appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision-making, when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>Advance directives for healthcare, including resuscitation status had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioners (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relatives' lives. Discussions with the healthcare assistants and the rest home manager confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs. The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural responsiveness from the Māori perspective on health.</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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There has been one complaint made since the previous audit in June 2024. The complaint reviewed included acknowledgement, investigation, follow-up letters and resolution to demonstrate that the complaint was managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff interviewed confirmed they are informed of complaints and compliments in the quality improvement and staff meetings. Complaints and compliments are a standard agenda item in all quality improvement, RN/clinical and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were</p>

		<p>provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Leslie Groves Rest Home is located in Dunedin and certified to provide rest home level of care for up to 33 residents. There were 25 residents in the facility at the time of the audit. All residents were under the age related residential care (ARRC) contract. There are no double/shared rooms. There was a married couple; however, the residents were in single rooms.</p> <p>Leslie Groves Rest Home is operated by the Leslie Groves Society of St John's (Roslyn), a charitable Trust governed by a Board of Parishioners from the Anglican Parish of St John's Roslyn in Dunedin. The service is governed by a team of ten Board members, and the culture is underpinned by social, cultural, and professional diversity. There are terms of reference for the Board activities. Board members have expertise in their portfolios and meet monthly. An external consultant provides oversight of policies and procedures to ensure they reflect current best practice and align with Ngā Paerewa Health and Disability Services Standard.</p> <p>The strategic plan 2025-2026 has clearly identified their vision, values and core business objectives. The Board chair interviewed stated that the strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The rest home manager prepares a monthly quality report for the general manager. The quality report is included in the general managers' report to the Board. Members of the Board have completed training on Te Tiriti. There is a cultural advisor to</p>

		<p>the Board to provide advice on activities that support equality for Māori. An interview with the general manager confirmed the Board is committed to supporting the Ministry of Health's Māori health strategies. Leslie Groves Rest Home respects the connection to family/whānau and the wider community to improve and achieve equity for tāngata whaikaha people with disabilities. There are structured opportunities (annual satisfaction surveys and quarterly resident meetings) for family/whānau to provide feedback, to participate in the planning and implementation of service delivery.</p> <p>An experienced general manager has been in their role for over five years and is responsible for the overall leadership of the Leslie Groves Rest Home and nearby Leslie Groves Hospital. The rest home manager is responsible for the implementation of the quality and risk management programme, and day to day oversight of Leslie Groves Rest Home. The rest home manager has been in the role for three years and is supported by the clinical manager, general manager and an experienced care staff team. The clinical manager is based at Leslie Groves Hospital and works one day a week at Leslie Groves Rest Home. The clinical manager holds overall responsibility for clinical governance. The clinical governance policy provides the framework for Leslie Groves Rest Home and Leslie Groves Hospital.</p> <p>The rest home manager and clinical manager have both completed over eight hours annually of training in relation to managing aged care facilities.</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>Leslie Groves Rest Home has an established quality and risk management programme. The quality coordinator is responsible for the completion of the internal audits schedule. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (eg, falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed at unit level, and benchmarked within the organisation. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not</p>

<p>meet the needs of people using the services and our health care and support workers.</p>	<p>limited to) quality data; health and safety; infection control/pandemic strategies and antimicrobial stewardship; complaints and compliments; staffing; and education. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off. All meetings are combined with Leslie Groves Hospital.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to the Ngā Paerewa Health and Disability Services Standard 2021. A document control system is in place. Policies are regularly reviewed by an external contractor and any new policies or changes to policy are communicated to staff. Resident/family satisfaction surveys are annually. The 2024 and 2025 resident and family/whānau satisfaction survey results reflect an overall high level of resident/family satisfaction relating to: the environment, cultural needs, building/grounds, privacy/dignity and staff friendliness. There were corrective actions required in relation to the food service and communication from resident and family/whānau meetings. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff, quality improvement and management meetings, with a healthcare assistant undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>A physiotherapist is available as required. Residents are encouraged to attend daily exercises as part of the activities programme. Accident/incident forms reviewed (witnessed and unwitnessed falls and skin tears) indicated that the electronic forms are completed in full and</p>
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		<p>are signed off by the clinical manager or quality coordinator. Incident and accident data is collated monthly and analysed by the clinical manager. Any events of concern are discussed, risks are identified, and improvements are made. Results are discussed in the quality improvement, RN/clinical and staff meetings. Wellbeing programmes include offering employees an employee assistance programme. All staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Discussions with the rest home manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required since the last audit. There has been one Severity Assessment Code (SAC) notification for one stage III pressure injury, submitted to the Health Quality and Safety Commission (HQSC) since the last audit. There have been two outbreaks reported since the previous audit, which were both appropriately managed.</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 managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Leslie Groves Rest Home has a documented rationale for determining staffing levels and skill mixes for safe service delivery. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. Interviews with staff confirmed there are sufficient staff to meet the needs of residents. The rest home manager works full time from Monday to Friday. There is an enrolled nurse who works from Monday to Friday, and a registered nurse from Leslie Groves Hospital that works on Fridays. There is a first aid trained staff member on duty 24/7.</p> <p>The rest home manager is also supported by the general manager, clinical manager, and an experienced care staff team. A part-time quality coordinator divides their time between Leslie Groves Rest Home and Leslie Groves Hospital. There is an after-hours on-call roster for Leslie Groves Rest Home and Leslie Groves Hospital, with shared rotation between the rest home manager, clinical manager, and the unit managers from Leslie Groves Hospital. The GP also provides after-hours support. Residents interviewed confirmed that their care requirements are attended to in a timely manner, as evidenced in call</p>

		<p>bell response reports.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for restraint; handwashing; medication management/administration; cultural competency; correct use of personal protective equipment; cultural safety; and moving and handling. A record of completion is maintained. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are eleven healthcare assistants employed, with nine having achieved a level 3 NZQA qualification or higher.</p> <p>The orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The rest home manager, registered nurse, and enrolled nurse are interRAI trained. The part-time registered nurse is working towards their interRAI competency. The rest home manager, registered nurse and enrolled nurse are encouraged to also attend external training, webinars, and zoom training where available. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information. Staff wellness is encouraged through participation in health and wellbeing activities.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (one rest home manager, three healthcare assistants and one activity coordinator), evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to</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>the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator and infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</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>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and documented in a timely manner. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a</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>competent, equitable, timely and respectful manner. Information pamphlets are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pamphlet and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The rest home manager is available to answer any questions regarding the admission process, and a waiting list is maintained.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available, or if the prospective resident's needs were out of the scope of the certified services. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The service has existing relationships with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted 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>FA</p>	<p>Five resident files were reviewed for this audit. All residents were on rest home age related residential care (ARRC) contracts. The rest home manager, registered nurses and the enrolled nurse are responsible for conducting all assessments and for developing care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process, as evidenced in the files reviewed. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pacific health care plan. There is a resident who identifies as Pasifika at time of audit.</p> <p>All residents have admission assessment information collected and an initial care plan is completed at the time of admission. All reviewed files had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Care plan evaluations evidence resident progression towards meeting their goals and aspirations. Short-term care plans for infections, weight loss, behaviour that challenges, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>Independent GPs ensure residents are assessed within five working days of admission. The contracted GP reviews each resident at least three-monthly. The GP practice provides an on call and after-hours service. The registered nurses are available 24/7 for clinical advice and decision-making as required. The GP was interviewed and expressed satisfaction with the standard of care and the RN's competence at the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist and an independent dietitian available as required. A podiatrist visits six to eight-weekly and a continence advisor, hospice specialists and a wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily by registered nurses and/or healthcare assistants. The registered nurses further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported that their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the</p>
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		<p>rest home manager, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accidents/incidents, GP visits, medication changes, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were six residents with a mix of lesions, skin tears, abrasions, and one venous ulcer. There were no pressure injuries. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required to show healing progression). There is evidence of wound nurse specialist input in a current wound. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans include the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel charts; blood pressure; weight; food and fluid intake; pain; behaviour; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>	FA	<p>There is an activities coordinator with qualifications and extensive experience in teaching primary school children. The activities programme provides activities seven days a week. The programme is planned monthly but is flexible to meet residents' requests and weather changes. The monthly calendar is placed on noticeboards and daily activities are written on a whiteboard. The activity calendar is available for residents who request a copy for their rooms. The calendar has activities adapted to encourage sensory stimulation and residents can participate in a range of activities that are appropriate to their cognitive, emotional, intellectual and physical capabilities. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; sensory Tovertafel and Rendeвер sessions; bingo; happy hour; and</p>

	<p>walks.</p> <p>There are regular van drives for outings (including shopping and coffee), regular entertainers visiting the residents, weekly pet therapy visits, and weekly church services. A resident attendance list is maintained for activities, entertainment and outings. A weekend trolley is set up with resources for residents and staff to utilise. All interactions observed on the day of the audit evidenced engagement between residents and the activities coordinator. Each resident had a social and cultural care plan developed detailing the past and present activities, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission, and reviewed six-monthly at the same time as the long-term care plan review. Evaluations are completed three-monthly and progress notes four-weekly.</p> <p>Residents and family/whānau meet three-monthly to discuss different issues at the facility and provide feedback relating to activities. Celebratory events held in 2025 include (but are not limited to): celebrations of individual cultures (Filipino, Chinese); Easter; Te Tiriti O Waitangi and Anzac Day. Those residents who prefer to stay in their rooms or cannot participate in group activities, have one-on-one visits for a chat and to see if there is anything they need. There is a small lounge (used by the hairdresser one day a week) where residents and families/whānau can have a quiet time or read books. There is also a dedicated craft room with paints, drawing and art supplies readily available for residents at any time. The activity staff facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki</p> <p>The whānau room has been set up to provide a dedicated space for sensory equipment. The service is committed to improving the lives of their residents with dementia and have purchased an interactive console game which interacts with hands and lights. They have also purchased a virtual reality experience which encompasses a 3D headset and allows residents to use immersive technology to interact with familiar locations, such as previous homes, worldwide destinations, and animals or pets. Sessions are scheduled two to four times a month. EPOA, family/whānau and residents reported overall satisfaction with the level and variety of activities provided. There are resident</p>
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		meetings, and residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The rest home manager and enrolled nurse have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in a locked trolley in the nurses' station. The medication trolley is always locked when not in use.</p> <p>The medication fridge and medication room (nurses' stations) temperatures are monitored daily and evidence these are consistently within the required ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GPs and charted on the electronic medication chart. Ten electronic medication charts were reviewed. The medication charts reviewed confirmed that the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-administering medicines on the days of the audit. There are policies and procedures around the process, should a resident choose to self-administer their medications.</p> <p>Pro re nata (PRN) medications are administered as prescribed, and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for</p>

		<p>changing medications and side effects. This is documented in the progress notes. The enrolled nurse described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site at the sister facility by contracted staff. All healthcare assistants who assist in the servery role have completed safe food handling training. The on-site servery kitchen was observed to be clean and well-organised. A current approved food control plan for the sister facility was evidenced. On delivery of meals, temperatures are entered into an app and automatically uploaded to a programme visible on the chef’s computer.</p> <p>The four-weekly seasonal menu has been reviewed by an independent dietitian. There is a food services manual available in the kitchen. The external contractor receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or residents with weight loss. The kitchen manager from the sister facility (interviewed) is aware of residents’ likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences.</p> <p>Māori or Pasifika menu options are available on the seasonal four-weekly rotation menus and upon request, and family/whānau can bring special meals for their relatives. On the day of the audit, meals were observed to be well presented. There was a pleasant ambience in the dining rooms and on days of audit, residents were chatting amongst themselves. Residents were observed enjoying their meals. Staff assisted those residents who needed help. Lipped plates are available. The healthcare assistant rostered to assist in the servery completes a daily diary, which includes fridge and freezer temperature recordings. Food temperatures are checked on arrival and dishing. Meals are delivered in Bain Marie trays in hot boxes, placed in the Bain Marie at the Leslie Groves Rest Home, and is served directly from the kitchen</p>

		<p>servery. There have been no complaints regarding cold food. The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</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>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services, and social support or Kaupapa Māori agencies, where indicated or requested. The rest home manager and registered nurses explained that the transfer between services includes a comprehensive verbal handover, and the completion of specific transfer documentation.</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>The building has a current warrant of fitness that expires on 16 May 2026. A full-time maintenance person oversees the maintenance of the site; he works one day at Leslie Groves Rest Home and four days at Leslie Groves Hospital. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, and the calibration of medical equipment. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually (November 2024). Checking and calibration of medical equipment, hoists and scales is completed annually (July 2025). Healthcare assistants interviewed confirmed there is adequate equipment to carry out the cares according to the residents' need. Hot water temperatures were monitored monthly, and the reviewed records were within the</p>

		<p>recommended ranges.</p> <p>The physical environment supports the independence of the residents. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas. There are three communal areas in the facility. There is a large lounge area, which has sliding extensions that can be opened for large functions, or closed to provide privacy when required. Adjacent to the large lounge there is a dining room, and the facility also has a smaller lounge area. The dining room is spacious and located directly off the kitchen. The furnishings and seating are appropriate for residents' needs. Residents interviewed reported they are able to move around the facility and staff assisted them when required. Activities take place in any of the lounges. All resident rooms are single rooms with shared ensuites. Residents are encouraged to bring their own possessions into the village and personalise their room as desired.</p> <p>The resident rooms are spacious and meet the resident's assessed needs. Residents can manoeuvre mobility aids around the bed and personal space. There are sufficient resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. Residents interviewed stated their privacy and dignity is maintained while attending to their personal cares and hygiene. Healthcare assistants interviewed reported that rooms have sufficient space to allow cares to take place. All communal areas and resident rooms have external windows, with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Residents and family/whānau interviewed stated the environment was warm and comfortable. There is a safe outside area that is easy to access. The exterior has paving in the courtyards, with outdoor shaded seating.</p> <p>The Māori health plan states that the service will consult with their local Māori tikanga advisors in relation to ensuring any new building design is appropriate for Māori and that any barriers to access which are related to environment, will be factored into building design.</p>
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<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>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service; letter dated 19 June 1995. A fire evacuation drill is repeated six-monthly, with the last fire drill having been completed on 27 February 2025. A fire evacuation drill has been booked for the end of August 2025. There are emergency management plans to ensure health, civil defence, and other emergencies are included. In the event of a power outage, there is a large generator at Leslie Groves Hospital that is available to provide instant power. The service also has an agreement in place with a local contractor to provide an additional generator if needed. There are sufficient supplies of food stored in the kitchen. There is a gas barbeque to cook on when required. There are adequate supplies in the event of a civil defence emergency.</p> <p>There is sufficient water supply, including two 2,000 litre water tanks, and three litres of bottled water in each of the residents' rooms. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. There is always a staff member on duty with a current first aid/CPR certificate. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There is a display monitor centrally located in the hallway by the lounge that alerts staff to where the call bell is coming from. During the audit, residents were observed to have their call bells in proximity to their current position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secured after hours. Staff complete regular security and safety checks overnight.</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</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are integral to Leslie Groves Rest Home business and quality plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, and Health New Zealand. Infection control and AMS resources are accessible. Infection rates are</p>

<p>of IP and AMS programme governance. 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>presented and discussed at resident and staff meetings. The data is also benchmarked internally and externally against industry averages.</p> <p>This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection control coordinator, the management team, the GPs and the public health team. There is a documented process for reporting infection control and AMS issues to the Board. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system.</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 control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles, responsibilities and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme's policies and procedures are reviewed by management in consultation with external consultants. Policies are readily accessible and available to staff as needed. The IPC programme was approved by the management and is linked to the quality improvement programme. The IPC programme is reviewed annually; it was last reviewed in February 2025.</p> <p>The clinical manager is the infection control coordinator (ICC), and the job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The ICC has completed various online training courses in infection prevention and control. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The ICC described the pandemic plan and confirmed that the implementation of the plan has proven successful during outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The internal audit monitors the effectiveness of education and infection control practices.</p> <p>The ICC reported that they work in consultation with Health New Zealand infection control specialists in procurement processes for</p>

		<p>equipment, devices and consumables. Sufficient infection prevention resources, including personal protective equipment (PPE), were available and these were regularly checked against their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff members interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The rest home manager, registered nurses and the enrolled nurse work in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. During interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings and emails. There are no plans to extend or alter the building; however, the infection control coordinator would have input into the process if this occurred.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope and complexity. Infection rates are monitored monthly, reported in monthly reports and presented at meetings. The rest home manager collates and analyses</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system and action plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Infection prevention and control audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, which are documented in meeting minutes.</p> <p>Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The clinical manager completes benchmarking by comparing with the previous month's infection data and industry averages. All infection data is reported monthly to the staff and the Board as required. Residents and family/whānau 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 family/whānau. There were two infection outbreaks reported since the last audit: Covid-19 in March 2025 and a gastrointestinal infection outbreak in November 2024. These were managed by following the pandemic plan and Ministry of Health guidelines.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are two sluice rooms (one with a sanitiser located at the back of the laundry) and personal protective equipment, including face mask. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Resident's personal clothing is laundered on site by healthcare assistants.</p> <p>Communal linen is laundered off-site at a sister facility and is collected and returned to the facility seven days a week. The sister facility has designated laundry staff rostered over the week, with healthcare assistants at Leslie Groves Rest Home responsible for collection and delivery as per task schedules. The soiled linen is placed in an external area and once morning cares are finished, a healthcare assistant loads the linen into a designated vehicle for transport to the sister facility. Clean linen is collected for the return transport. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on site. If there is an outbreak at either facility, all laundry is done at individual sites. There are sufficient washing machines and dryers.</p> <p>Material safety data sheets are available, and all chemicals are within closed systems. Linen was transported on covered trolleys. The linen cupboards were well stocked with good-quality linen. Contracted cleaning staff are responsible for cleaning four hours a day, seven days a week. Cleaners' trolleys were always attended to and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The washing machines and dryers are regularly checked and serviced. The contracted owner/cleaner interviewed demonstrated a good understanding of cleaning processes, infection prevention, and control requirements. Kitchen and laundry audits were completed, which evidenced compliance and are reviewed by the ICC. The ICC provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
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<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 facility is committed to providing services to residents without the use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. If restraint is considered, the facility would work in partnership with the resident and family/whānau to ensure services are mana-enhancing. The designated restraint coordinator is a registered nurse based at the sister facility.</p> <p>There are currently no restraints. The use of restraint is reviewed monthly by the restraint coordinator and reported at staff meetings. The restraint coordinator interviewed described the focus on having a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Education includes de-escalation and challenging behaviour.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Leslie Groves Rest Home is proactive in developing and implementing quality initiatives to improve the lives of residents with reduced cognition and dementia. Management agreed on a project in 2022 which included the following.</p> <ol style="list-style-type: none"> 1. Refurbishment of the home to replace floor coverings which created perception difficulties for some residents and installation of equipment in the whānau room which includes an interactive console game which interacts with hands and lights. They have also purchased a virtual reality experience which encompasses a 3D headset and allows residents to use immersive technology to interact with their surroundings. 2. Increasing dementia awareness and knowledge of all staff. 3. Improving resident welfare and safety by 	<p>A quality improvement plan (QIP) was developed and led by the clinical manager with the support of Alzheimer's NZ. As part of this project, Leslie Groves Hospital and Rest Home achieved five standards of the Dementia Friendly Recognition Award in June 2024. They are continuing to work on obtaining an additional two standards and accreditation, pending input from Alzheimer's New Zealand.</p> <p>The focus of improving the understanding of staff included providing dementia friends orientation induction, 'walking in their shoes' from Health New Zealand, and the introduction of Educational Dementia Immersive Experience (EDIE). Educational Dementia Immersive Experience training is supported by Alzheimer's NZ and uses state of the art virtual reality technology that allows users to see the world through the eyes of a person living with dementia. Leslie Goves Hospital arranged</p>

		<p>developing staff awareness and confidence.</p> <p>4. Obtaining an award of accreditation of a Dementia Friendly facility.</p> <p>Goals have been achieved with improved satisfaction expressed by family/whānau in the 2024 and 2025 satisfaction survey results.</p>	<p>workshops with plans for all staff, including administration, activities, and care staff to attend. Additional training on behaviours of concern management was provided in August 2025.</p> <p>Fifty percent of current staff (other trained staff have recently moved to the sister facility) have completed the Educational Dementia Immersive Experience (EDIE) training and four of these staff were interviewed. Staff were asked what they had learnt from this and what changes they have implemented as a result of the training. All staff were very positive and rated the training very highly, with comments including “it gave me a whole new perspective and in depth understanding” and “it is the best dementia education I have ever participated in”. Staff commented on an increased awareness of how the environment of people with dementia affects their wellbeing, why behaviours are often based on the resident’s perception of the environment, and described situations where changes have been made, resulting in improvement to the resident’s enjoyment and quality of life.</p> <p>A sample of changes made include understanding the perception of flooring surfaces and described moving dark mats (which are often perceived as deep holes by dementia residents); removing highly patterned Axminster carpet and replacing with a plain light colour carpet; replacing lounge furniture with uncomplicated upholstery patterns; removing furnishings such as bins and toilet brushes from toilets; and choosing non-slip, colours and uncomplicated patterns that identified safe surfaces. A feedback form was given to staff after the training, collated and analysed by the clinical manager. Results from 33 participants (including those from the sister facility) rated the course as either a 9 or 10, with comments of extremely informative, engaging, thought provoking, and providing an increased</p>
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			<p>understanding of dementia. This, in addition to Dementia Friendly training with 13 out of 14 staff completing the course, has also contributed to improved satisfaction. The 2025 resident satisfaction survey results evidenced 100% satisfaction with the environment, and 91% satisfaction with the activities programme.</p>
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End of the report.