

# Heartland Care Limited - New Vista

---

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Heartland Care Limited

**Premises audited:** New Vista

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 25 September 2025 End date: 26 September 2025

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 56

# 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

New Vista is privately owned by Heartland Care Limited. It can provide services for up to 60 residents requiring rest home or hospital levels of care. There have been no significant changes to the service since the previous audit. On the first day of audit, there were 56 residents in the facility.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts New Vista holds with Health New Zealand – Te Whatu Ora. It included a pre-audit review of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, one of the directors of the facility, staff, and a general practitioner.

The facility is led by an experienced facility manager, supported by a clinical nurse manager; both were registered nurses and share clinical leadership and oversight of the facility. They also ensure the delivery of services in a way that aligns with the principles of manaakitanga, whanaungatanga, and equity.

Residents and their whānau expressed satisfaction with the quality of care and support they receive, highlighting respectful relationships, effective communication, and a sense of safety and belonging.

An area identified for improvement from the audit process related to the recording of temperatures (room and refrigerator) in the medication room.

## 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.

New Vista works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were being provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were processes in place to ensure that diverse cultural identities and worldviews, which are inclusive and culturally safe, are in place for Pacific peoples. Service delivery is adapted to meet the needs of different ethnic and cultural groups.


The service provider works actively to recruit and retain Māori and Pacific staff, to support a diverse and representative workforce and in line with organisational policies. At the time of audit, there were staff who identified as Māori and Pacific working across the service.

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

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

The complaints process was being managed in accordance with the Code, and it was responsive, fair and inclusive. Complaints were being addressed in collaboration with all parties, and culturally appropriate pathways were available, including processes specific to Māori.

## 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 directors of the facility assume accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance activities, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pacific peoples and tāngata whaikaha (people with disabilities).

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

A comprehensive quality and risk management system underpins service delivery. This system supports continuous improvement through a risk-based approach, encouraging active resident, whānau and staff engagement in quality initiatives. Actual and potential risks were systematically identified and addressed. The National Adverse Events Policy is implemented, with corrective actions leading to systems learning and service improvement. The service complies with statutory and regulatory reporting obligations.

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

Resident and staff information is accurately recorded, securely stored, and access is restricted to authorised personnel only.

## 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>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

When people enter the service, a person-centred and whānau-centred approach is adopted. Residents were assessed before entry to the service to confirm their care requirements. Relevant information is provided to the potential resident and whānau.

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

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

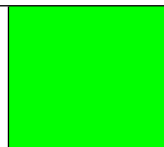
Medicines were managed and administered by staff who have been assessed as competent to do so.

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

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

## Te aro ki te tangata me te taiao haumarū | 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.

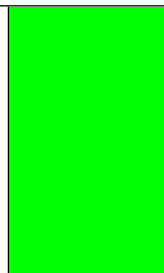
The facility was clean and maintained, and met the needs of residents, including tāngata whaikaha. There is a current building warrant of fitness, and this was displayed. All electrical and biomedical equipment is routinely checked, tested, and maintained according to regulatory and manufacturer guidance and/or policy requirements. Internal and external areas were accessible and safe, and external areas had shade and seating provided and meet the accessibility needs of tāngata whaikaha.

Staff had been trained in emergency preparedness, including fire safety, emergency equipment use, and the location and use of emergency supplies. Regular fire drills are conducted. Residents, whānau and staff understood emergency procedures and security arrangements. There were sufficient emergency supplies on site to meet civil defence requirements for the region.

Residents reported a timely staff response to call bells. Security measures were in place and functioning effectively, promoting a safe environment for residents, visitors and staff.

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

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



Subsections applicable to this service fully attained.

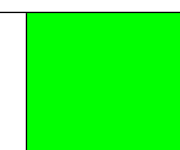
The directors and clinical staff at New Vista ensure the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme and is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

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

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
---	---	--

New Vista is committed to a restraint-free environment; this is supported by the directors of the service and by the facility and clinical nurse manager at operational level, underpinned by organisational policies and procedures. Restraint has not been used at New Vista since 2024. There were no residents observed to be using a restraint during the audit.

Should restraint be required in the future, there is a comprehensive assessment, approval, consent, and monitoring process for restraint, requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is a registered nurse who has a defined role to provide support and oversight for restraint management should this be required. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes, including least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## 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	26	0	0	1	0	0
Criteria	0	168	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>New Vista demonstrates a commitment to achieving equitable outcomes for Māori and upholding Te Tiriti o Waitangi across the facility. The organisation has a Māori Health Plan in place, which outlines the approach taken to meet the cultural needs of Māori residents and whānau. The document incorporates key Te Tiriti o Waitangi principles: tino rangatiratanga, partnership, active protection, and equity, and embeds te ao Māori values into practice. They reflect Te Whare Tapa Whā model of health, acknowledge the importance of tikanga Māori, and support the use of te reo Māori within the care environment.</p> <p>The Māori Health Plan was developed with input from cultural advisors. This plan can be adapted to guide the delivery of care for Māori residents, incorporating their cultural, spiritual, whānau, and psychological needs. There were Māori residents present in the facility during the audit, and interviews and documentation confirmed that they were encouraged to participate in decisions related to their care planning, dietary preferences, activities, and spiritual wellbeing. Residents and whānau also confirmed that their experiences reflected cultural safety and inclusiveness, and they felt that their mana motuhake (self-determination) was respected.</p>

		<p>At the time of audit, there were staff employed at the facility who identified as Māori. New Vista has identified strategies to actively recruit and retain Māori health professionals across service levels, in alignment with equity goals and organisational policy. Staff ethnicity data is captured at recruitment and is monitored and trended to support workforce diversity planning.</p> <p>The service has established links with local iwi and other Māori health providers and support networks in the region to strengthen access to kaupapa Māori services for residents and whānau.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>New Vista has a Pacific Peoples' Culture and General Ethnicity Policy in place that outlines how the organisation responds to the cultural, spiritual, and holistic needs of Pacific peoples receiving care. This policy aligns with the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020–2025, and incorporates the Fonofale model of health, which reflects Pacific peoples' values, beliefs, and worldviews. The policy emphasises the importance of embracing Pacific cultural identity, whānau connections, spirituality, and community, and supports culturally safe and person-centred service delivery.</p> <p>There were no residents who identified as from a Pacific community in the facility on the days of audit. Processes were in place to ensure that services for Pacific peoples can be delivered in ways that were inclusive, respectful, and culturally appropriate. New Vista is able to access culturally specific support for Pacific residents through its staff, local Pacific health providers, local churches, and the local Health New Zealand – Te Whatu Ora (Te Whatu Ora). These supports ensure that Pacific residents would be able to maintain connection to their cultural practices and receive care that aligns with their values and beliefs.</p> <p>The service has implemented strategies to actively recruit, train, and retain a Pacific workforce across all levels of the organisation. Ethnicity data is gathered during the recruitment process and is monitored and analysed at both facility and organisational levels to support workforce diversity and planning. Staff who identify with a Pacific community were employed in clinical roles, including leadership and training positions.</p>

		This reflects New Vista's commitment to equity and cultural responsiveness.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Twelve residents interviewed confirmed that staff respected their rights and their individual cultures, and that mana motuhake is respected. Observations during activities, meal service, and medication rounds showed that staff spent time offering their residents choice and respecting their rights to accept or refuse what was offered.</p> <p>New Vista has a welcome pack that is given to all prospective residents and their whānau prior to entry. The welcome pack contains information on the Code and the Nationwide Health and Disability Advocacy Service (advocacy service) available to them. Brochures on the Code and advocacy services were also available in the main reception and throughout the building. Residents and whānau interviewed reported being made aware of the Code and the advocacy service and were provided with opportunities to discuss and clarify their rights. The Code was on display and accessible in English, te reo Māori, and New Zealand Sign Language (NZSL). Brochures on the advocacy service were available in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.</p> <p>New Vista had access to interpreter services and cultural advisors/advocates if required. There were staff employed in the service who identify as Māori and from Pacific communities, including staff who were able to communicate in te reo Māori. One of these staff members acted as the facility's Māori cultural advisor and assisted through all levels of the facility's operation to enable a more equitable service for Māori. Relationships had been established with Māori and Pacific peoples' organisations for the support of residents in the service.</p>
Subsection 1.4: I am treated with respect	FA	The service supported residents in a way that was inclusive and

<p>The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>respected their identity and experiences. All residents had a private room. Residents, including tāngata whaikaha (people with disabilities), and their whānau confirmed that they received services in a manner that had regard for their culture, dignity, gender, privacy, sexual orientation, spirituality, choices and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. Staff working at New Vista were educated in Te Tiriti o Waitangi and cultural safety as part of the 2024 education plan. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Residents were assisted to have an advance care plan in place, and staff were aware of how to act on residents' advance directives and maximise independence. Residents verified they were supported to do what was important to them, and this was observed during the audit. The needs of tāngata whaikaha were being responded to, including their participation in te ao Māori.</p> <p>Staff were observed to maintain privacy throughout the audit.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at New Vista included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to identify any racism within the service and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A strengths-based and holistic model of health at New Vista was promoted that included use of Te Whare Tapa Whā and Fonofale models of care specific to Māori and Pacific peoples. An individualised</p>

		<p>approach to care was in place that ensured the best outcomes for all. Twelve residents and six whānau interviewed expressed satisfaction with the services being provided.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, documentation, and signage throughout the facility. Staff knew how to access interpreter services, if required.</p> <p>Resident and whānau meetings were held regularly at New Vista in addition to regular contacts with whānau by email, newsletters, telephone calls, and the 'open door' policy of the facility manager (FM) and the clinical nurse manager (CNM). Evidence was sighted of residents communicating with all staff, including the FM and CNM. Residents, whānau and staff reported that the FM and CNM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints. Documentation supported evidence of ongoing contact with residents' enduring power of attorney (EPOA) or whānau. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	<p>Residents and/or their legal representative were being provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p>

<p>keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Staff who identified as Māori, or from a Pacific community, or other people/organisations involved in the service, assisted staff to support safe cultural practice for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Information about the complaints process was made available to residents and whānau in both English and te reo Māori, promoting accessibility and understanding of their rights under the Code. Residents and whānau interviewed confirmed that they were aware of their right to make a complaint and understood how to do so. The complaints process was clearly displayed and explained to residents and their whānau on entry to the service.</p> <p>There has been one formal complaint and six informal expressions of concern received in the last 12 months, all of which were managed in line with New Vista's documented complaints management process. Documentation reviewed showed that all complaints and concerns were acknowledged and responded to within required timeframes, with clear communication of outcomes and any corrective or preventative actions taken. Complainants and people expressing concerns were kept informed throughout the process, in line with a transparent, person-centred and whānau-centred approach.</p> <p>There have been no complaints received from Māori residents or their whānau; however, processes were in place to ensure that any complaint from a Māori resident or whānau member would be managed in a culturally safe and appropriate way, including the use of hui, culturally appropriate support people, whānau involvement, and respect for tikanga Māori. These approaches align with the service's responsibilities under Te Tiriti o Waitangi and its commitment to equitable outcomes.</p>

		<p>There have been no complaints received from other external sources since the previous audit; however, the service is managing one (historic) complaint received in November 2023 from the Office of the Health and Disability Commissioner (HDC). The service has responded to the complaint within the appropriate timeframes set by the HDC. The complaint remains open at the time of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <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>The directors of New Vista assume accountability for the delivery of high-quality, equitable, and culturally safe services. Governance structures and strategic planning processes were underpinned by a commitment to honour Te Tiriti o Waitangi, to advance health equity, and to promote meaningful partnerships with Māori, Pacific peoples, and tāngata whaikaha. New Vista utilises an external company to assist the organisation in ensuring there is meaningful inclusion of Māori in governance activities and that Te Tiriti o Waitangi is honoured; they have access to legal advice if required. One of the directors of the facility has completed cultural training via the Manatū Hauora e-learning platform.</p> <p>New Vista has a business plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. Equity is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code, complaints, infection prevention and control, and bilingual signage). Specific models of care relevant to Māori and Pacific peoples were available for use in the service. Cultural safety is embedded in business and quality plans and in staff orientation and training. Ethnicity data is being collected and analysed for residents and staff to support equity.</p> <p>The directors and managers at New Vista commit to quality and risk via policy and processes, and through feedback mechanisms. Clinical governance is appropriate to the size and complexity of the organisation; the FM and CNM provide clinical and quality information reports to the owners of the facility. Internal data collection (e.g., adverse events, infection control, and complaints) is aggregated, and</p>

		<p>corrective action is addressed.</p> <p>The FM at New Vista has significant aged-care experience and is a registered nurse (RN). The FM is supported by a CNM, who is also an experienced RN. The FM and CNM confirmed knowledge of the aged care sector and regulatory and reporting requirements, and both maintain currency within the field.</p> <p>Residents and their whānau are engaged in service development and care delivery through regular care planning, ongoing communication, resident meetings, and participation in the annual satisfaction survey. Feedback from residents and whānau during the audit confirmed high levels of satisfaction with the quality and responsiveness of care.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) at rest home and hospital levels. It also holds contracts with Te Whatu Ora for short-term care (respite), Long Term Support – Chronic Health Conditions (LTS-CHC), and intermediate care (nexus between the public hospital and the resident’s home). Contracts are also held with the Accident Compensation Corporation (ACC), and individual contracts for Disability Support Service (DSS) residents with the Ministry of Social Development – Te Manatū Whakahiato Ora for younger tāngata whaikaha.</p> <p>Fifty-six (56) residents were receiving services on the first day of audit. Twenty-nine (29) residents were receiving rest home services (25 under the ARRC rest home contract, one on an ARRC respite contract, one on an intermediate care contract, one on a DSS contract, and one through ACC), 27 residents were receiving hospital-level care services (24 under the ARRC hospital-level contract, one on an intermediate care contract, and two on DSS contracts). No residents were receiving services under the LTS-CHC contract.</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</p>	<p>FA</p>	<p>New Vista has a comprehensive quality and risk management system that reflects the principles of continuous improvement, equity, cultural safety, and the prioritisation of resident wellbeing. The service uses a structured suite of organisational documents and frameworks, including for clinical governance, clinical risk management, the quality improvement cycle, health and safety strategies, critical</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>incident/accident/sentinel event management, and document control. Relevant corrective actions were developed and implemented to address any shortfalls. Quality outcomes were regularly evaluated and discussed as part of site quality meetings. This was confirmed through a review of records and interviews with staff, who demonstrated awareness and engagement in quality activities.</p> <p>Policies reviewed were current and aligned with all legislative and contractual requirements. Documentation is the responsibility of an external provider experienced in quality systems for the aged-care sector. Critical analysis of organisational practices to improve health equity is occurring across the service, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The FM and CNM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies were identified, there were processes in place to ensure these were corrected. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The FM and CNM understood and have complied with statutory and regulatory notification requirements. In the last 12 months, there have been 16 Section 31 notifications made to Manatū Hauora related to management changes, resident incidents, and infection outbreaks, and one notification to the Health Safety &amp; Quality Commission (HSQC) related to a fracture following a fall. There were no reported police investigations or coroners' inquests at the time of audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes that ensures the delivery of culturally safe and clinically appropriate care, 24 hours a day, seven days a week (24/7). Staffing levels were regularly reviewed and adjusted to respond to the changing needs of residents, supporting both clinical and cultural wellbeing.</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>Interviews with staff confirmed there were adequate numbers of suitably qualified personnel to complete allocated duties safely and effectively. Residents and their whānau also expressed confidence in staffing levels and the responsiveness of staff. Rosters reviewed demonstrated appropriate staffing levels with 24/7 RN coverage. At least one staff member on duty holds a current first aid certificate and this was confirmed on the rosters sighted.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC) or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies were being assessed to support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programme. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p> <p>The collection and sharing of high-quality Māori health information is embedded across the service through documented policies and procedures, culturally appropriate care planning using relevant models of care, engagement with residents and whānau, and staff competency assessments and education. This supports the delivery of care that honours Te Tiriti o Waitangi and embraces mana motuhake.</p> <p>Staff reported feeling well supported and safe in the workplace. There were policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) is available to staff.</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</p>	<p>FA</p>	<p>Human resources management at New Vista is underpinned by robust policies and processes that align with good employment practice and relevant legislation. This includes police vetting and reference checking as part of the recruitment process, to ensure resident and staff safety.</p> <p>Professional qualifications for all health care professionals were</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. 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>validated at recruitment and then reviewed and documented annually to ensure ongoing competence. Comprehensive job descriptions were in place for all roles undertaken by staff. These job descriptions clearly outline the skills, knowledge, outcomes, accountability, responsibilities, authority, and functions expected for each role.</p> <p>A sample of 10 staff records were reviewed. The records demonstrated that all new employees undergo a structured orientation programme, which is completed and documented. Staff interviewed confirmed the orientation process takes place and described it as valuable in preparing them for their roles and responsibilities. Performance appraisals had been conducted as required. Staff reported that appraisals were beneficial, providing opportunities to set personal career and education goals aligned with service needs.</p> <p>Policies supporting staff wellbeing were in place, and staff were aware of these. Interviewed staff confirmed that debriefing and support were available to them following serious incidents or challenging situations, promoting a supportive and safe work environment.</p> <p>Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Information recorded for staff, including ethnicity information, is used in accordance with Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>New Vista maintained quality records that complied with relevant legislation, health information standards, and professional guidelines. Most resident and staff information is held electronically, and this was username- and password-protected. Residents' files were integrated and mostly electronic, with some paper copy documents that were scanned into the resident's record (e.g., EPOAs). Access to files was limited dependent on the role of the person in the service. Electronic files were archived electronically once the resident had left the service. Any paper-based records were held securely and appropriately archived and destroyed, and only available to authorised users. Data collected included ethnicity data for residents and staff.</p>

		<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection.</p> <p>New Vista is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there were processes in place for communicating the decision to the person and their whānau. Related data is documented and analysed, including specific data for entry and decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to the service, residents were enabled to request another provider to manage their medical needs if desired.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	FA	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were being recorded.</p>

<p>whānau to support wellbeing.</p>		<p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment, care planning and care evaluation processes, and through meetings and the resident satisfaction survey. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau and examples of this were noted in resident files. Tāngata whaikaha and their whānau can either independently access information or be supported to do so; they are encouraged to maintain connection with their local communities, including local iwi, marae, and kapa haka groups.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. New Vista has a qualified diversional therapist who has completed all training relevant to their role. They were assisted by two activity assistants, one of whom is enrolled to complete training on 'Walking in my shoes'.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were being facilitated. Matariki, Māori</p>

		<p>Language Week and Waitangi Day celebrations were acknowledged. The activities staff arranged frequent participation by local community organisations and weekly outings in the facility's van. Entertainers, school groups, kapa haka, and church groups visit the service.</p> <p>Feedback on the programme is provided through resident satisfaction surveys and resident meetings. Documentation sighted showed that residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they find the programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines had been assessed as competent to perform the function they manage; competencies had been checked annually.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Medicines were stored securely, including controlled drugs, and managed in accordance with best practice guidelines. The required stock checks have been completed. While there were policies in place, medication safety protocols for room and refrigerator temperatures had not been consistently managed (refer criterion 3.4.3). There were no vaccines stored on site.</p> <p>Prescribing practices meet requirements. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness was noted in progress notes. Over-the-counter medication and supplements were considered by the prescriber as part</p>

		<p>of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were in use by the facility and processes around their use complied with guidelines.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were being supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 18 July 2025. No areas requiring corrective action were identified. The plan is due for reaudit in January 2027.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that were culturally specific to te ao Māori. Residents who wish to be involved in the preparation of food have this facilitated through the activities programme.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. The whānau of a resident who was recently transferred</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>reported being kept well-informed during the transfer of their relative.</p> <p>Options to access other health and disability services and social/cultural supports were discussed with residents and their whānau as appropriate.</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 physical environment at New Vista supports the health, safety, independence, and wellbeing of residents and meets legislative, regulatory, and contractual requirements. Appropriate systems were in place to ensure that both internal and external environments were fit for purpose, maintained, and aligned with best practice in aged residential care.</p> <p>The environment was described by residents and whānau as comfortable and accessible. Spaces were culturally inclusive and suited the needs of the resident groups, including tāngata whaikaha. Features that support safe mobility and independence include corridors with handrails, accessible bathrooms and toilet facilities for residents, staff, and visitors, and room for the use of personalised mobility and support equipment available to residents with disabilities. Space is available for the storage and charging of electronic mobility aids. There was adequate space in hospital-level rooms for moving and handling equipment.</p> <p>Residents' rooms were personalised, and all rooms have windows for natural light, fitted with safety catches for security. Electric or gas heating ensures the facility is warm and comfortable year-round, with heating monitored and adjustable based on seasonal needs. Wi-Fi access is available for residents and whānau throughout the facility.</p> <p>Culturally and clinically responsive design elements were evident. The layout and communal spaces, including lounges and dining areas, were suitable for a diverse resident population. Residents have access to external spaces with shade and seating, suitable for relaxation and socialisation. There were smaller spaces available for residents and/or younger tāngata whaikaha should they wish for privacy or just to</p>

		<p>access a quieter space.</p> <p>A planned maintenance schedule includes electrical testing and tagging, routine resident equipment checks, and calibrations of clinical equipment. Hot water tests were completed for resident areas (records of these were sighted) and adjusted as required to address any variances outside expected limits.</p> <p>The building has a warrant of fitness which expires on 22 June 2026. There were no plans for further building projects requiring consultation, but the directors and FM at New Vista were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>New Vista has appropriate systems in place to ensure that the safety and wellbeing of residents, staff, and visitors is maintained in the event of an emergency. The service is well prepared for a range of potential emergencies, including fire, civil defence events, and security incidents. Thirty-two (32) staff have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters sighted.</p> <p>The facility's fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 25 February 1999, and the requirements of the fire and emergency scheme were reflected in the organisation's fire and emergency management plan, which requires a six-monthly fire drill; the last fire drill was held on 19 September 2025. Staff have completed fire and emergency training in 2024 and 2025. Staff interviewed were clear about their roles in an emergency and were confident in their ability to respond appropriately. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service.</p> <p>Comprehensive disaster and civil defence plans and policies guide staff in preparing for, and responding to, emergencies. Staff have received training and resources to manage emergency and security events</p>

		<p>effectively. The facility holds adequate emergency supplies, which meet National Emergency Management Agency (NEMA) recommendations for the region. Alternative energy and utility sources were available, including an on-site generator to supply power in the event of mains failure.</p> <p>The call bell system was available in all bedrooms, bathrooms, and communal areas. These were observed to be functional and appropriately placed to ensure resident safety. Call bells were being monitored for response times. Residents and whānau interviewed reported that staff were responsive to call bells.</p> <p>Security measures were in place throughout the facility. The facility has overnight security procedures in place, including a lock-up process that maintains safety while allowing for emergency egress if required.</p> <p>Staff were noted to be wearing uniforms and name badges throughout the audit, promoting a sense of professionalism and contributing to the overall safety and security of the environment.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at New Vista were appropriate to the size and complexity of the service. These programmes were integrated with the organisation's quality improvement system, and reviewed annually, with outcomes reported to the directors through clinical reporting structures.</p> <p>New Vista has clearly defined IP and AMS policies and procedures, which align with national standards and best practice guidelines. These policies reflect the service's broader commitment to cultural safety and health equity, including specific provisions to ensure ethnicity data is collected and analysed. Infection and antibiotic use data was being reviewed at facility level.</p> <p>Clinical decision-making is supported by specialist personnel from Te Whatu Ora or Regional Public Health (RPH); they can provide clinical guidance, escalation support, and site-specific assistance as required. The clinical management team ensured that any infection outbreaks or concerns were addressed in a timely and consistent manner.</p> <p>Escalation pathways for significant events were well defined, and</p>

		<p>expertise is sought appropriately when needed. Infection prevention and AMS issues were regularly discussed at the facility's clinical, quality and staff meetings, with outcomes and trends reported.</p> <p>The infection prevention and AMS programmes contribute to a safe and culturally responsive care environment. Staff reported that they were well supported in their infection prevention responsibilities through policy, training, competency assessment, and access to expert advice.</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 coordinator (ICC) is responsible for overseeing and implementing the IP programme with reporting lines to the FM and directors of the service. The ICC is the CNM and has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. The ICC maintains their knowledge and skills in line with best practice, through completing Te Whatu Ora online training. Their advice and/or the advice of the infection control committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and were based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested and evaluated following outbreaks. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained in its use.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>New Vista had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme is appropriate for the size and complexity of the service; it has been developed using evidence-based expertise and was approved by the directors of the service. The AMS programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The prescriber has overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained and records included ethnicity data, which was analysed to support equity. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme were shared with staff and the directors of the service; where necessary, recommendations for improvement were identified.</p> <p>Summary reports for two recent infection outbreaks were reviewed; the reviews demonstrated a thorough process for investigation and follow-up. Learnings from the events have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a HAI is culturally safe, and these were documented.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at New Vista. Staff adhered to documented policies and processes for the management of infection control within the facility. Appropriate PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Handwashing facilities and sterilising hand gel were available throughout the facility.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning and laundry processes identified the methods, frequency, and materials to be used in cleaning and laundry processes. Clear separation of the use of clean and dirty items was observed.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>New Vista is committed to providing a restraint-free environment and the facility has remained restraint-free since 2024, with no residents observed to be using restraint during the audit.</p> <p>An experienced RN serves as the restraint coordinator (RC) and provides leadership in the management and dissemination of restraint-related policy, education, and practice. The RC has completed education relevant to the role. The RC also holds a defined job description that outlines their responsibilities, including coordination,</p>

		<p>monitoring, and education.</p> <p>All staff interviewed demonstrated a clear understanding of the restraint process including their responsibility to promote safe and culturally appropriate care, and the importance of respecting resident autonomy and mana motuhake. Staff were trained in culturally responsive de-escalation techniques and alternative strategies to restraint during orientation, with ongoing education in place.</p> <p>Policies and procedures meet the requirements of the Standard. These documents have been approved for use by the directors of the facility and were aligned with the organisation's commitment to equity, cultural safety, and the rights of residents. Restraint is clearly embedded within the quality and risk management programme and subsequent reporting.</p> <p>In the event that restraint is considered in the future, there were clear lines of accountability. The multidisciplinary team, including the RC, resident, whānau/EPOA, and the GP would be involved in decision-making to ensure that restraint is only used as a last resort, when all alternatives have been exhausted, and in the least restrictive manner possible.</p> <p>The RC also leads a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. This proactive process focuses on the implementation of alternative strategies, early intervention, and staff education. Any changes to processes or staff education arising from this review were actioned as required.</p> <p>Given no restraint was being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
--	--	--

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA</p> <p>Moderate</p>	<p>Policies were in place outlining the requirements for medication storage within the medication room, as well as the temperature management of medication refrigerators. However, temperature documentation for both the medication room and refrigerators has been sporadic and inconsistent, resulting in significant gaps in monitoring and oversight.</p>	<p>The temperatures of the medication room and medication refrigerators have not been consistently recorded, resulting in significant gaps in monitoring and oversight, potentially compromising medication safety.</p>	<p>Medication room and refrigerator temperatures are to be consistently recorded to ensure the safe storage of medications and compliance with medication safety standards.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.