

Bryant House Limited - Bryant House

Introduction

This report records the results of a Surveillance Audit; Partial Provisional 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: Bryant House Limited

Premises audited: Bryant House

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

Dates of audit: Start date: 7 October 2025 End date: 8 October 2025

Proposed changes to current services (if any): A new purpose-built 31-bed care facility to provide rest home- and hospital-level care is near completion. The residents currently in stage 1 of the development (currently rest home-/hospital-level care) will be moving directly into the stage 2 new build. The existing rest home (old building) residents will move into the new build rest home/hospital, and the dedicated dementia-level care service 17 residents, are to move into the first stage build which will be totally secured. The certified total bed numbers for Bryant House will change from 50 beds to 48 beds. The rooms will change over to

occupied rights agreements (ORA) once established. The old Bryant House Building is to be demolished on opening of the new building. The name of the facility is planned to change the name from Bryant House Rest Home to Ascot Park Care to align with Ascot Park Retirement Village.

Total beds occupied across all premises included in the audit on the first day of the audit: 47

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

Bryant House provides rest home, hospital and dementia care for up to 50 residents. The service is operated by Bryant House Limited. The facility is managed by one of the two owners. The owner/manager is well supported by an experienced clinical manager, who oversees the clinical aspects of the facility. Residents and families interviewed spoke highly about the care and management provided.

This surveillance and partial provisional audit were conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contracts held with Health New Zealand Te – Whatu Ora (Te Whatu Ora). The surveillance and partial provisional audit process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, families, members, the owner/manager, clinical manager, staff, a clinical pharmacist, the contracted nurse advisor, and a general practitioner.

The partial provisional audit was undertaken to ensure the completion of the building and the preparedness of management to effectively open stage 2 of this aged residential care facility new build. The existing residents in Bryant House, including the 17-bed dementia care service residents, are to transfer to the new building once certification is re-approved. A transitional plan is documented to ensure a safe transfer and transition of care for the residents. The aim, once approval is gained, is to move the residents into their new rooms in stages, with family and staff support, by the end of October 2025.

There were no previous areas of improvement to follow up at this audit. Four areas for improvement were identified in relation to the partial provisional audit requirements — specifically, the food control plan for the new kitchen, the certificate of public use

(CPU), the updated approved fire evacuation plan, and the provision of fire safety training in a timely manner. These areas are to be addressed prior to occupancy.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Bryant House works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe, if admitted to this facility. A significant number of staff from Pacific backgrounds are employed in different roles.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are 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 are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness in the existing building. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

The final internal and external finishing work is near completion for the new build. Furniture, furnishings and resources were delivered and were on site.

Designated areas for the safe storage of waste and chemicals/hazardous substances are provided. A hazard register and hazardous substance register are already developed and implemented.

Staff are trained in emergency procedures and the use of emergency equipment, and supplies are available. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Policies and procedures are in place that evidenced promotion of eliminating restraint use. At the time of this audit no restraints were in use as per the restraint register reviewed. No restraints have been used for over five years or more. Staff have received appropriate training as recorded in the education records.

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	20	0	1	2	0	0
Criteria	0	108	0	2	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Bryant House has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi, a marae, and the local Te Whatu Ora to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers and a quality consultant and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</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>	FA	<p>Bryant House identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>There were no residents who identified as Pacific peoples at the time of</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>audit. A significant number of staff identified as Pacific peoples, and those interviewed stated that, should a resident be admitted who identified as a Pacific person, they would ensure the needs of the resident would be effectively met, ensuring their worldview, cultural and spiritual beliefs were embraced. The 'Fonofale' model of care was understood by staff interviewed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Posters of the Code were posted around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected. Residents and whānau are encouraged not to bring large amounts of cash. Residents are invoiced for expenses that are not covered by the Aged Residential Care Contract (ARCC).</p> <p>Professional boundaries are maintained by staff, as verified in interviews with residents and whānau.</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</p>	<p>FA</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. Informed consent was gained as part of the admission agreement signed on admission to the service.</p>

<p>that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. 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. EPOAs for all residents in the dementia unit were activated.</p>
<p>Subsection 1.8: I have the right to complain 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>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assures the process works equitably for Māori by having a copy of the Code displayed in te reo Māori. Interpreter services are accessible, if needed.</p> <p>There have been six complaints received since the previous audit. Five complaints have been addressed and closed out in the complaints register reviewed. One complaint received in July, with complexities, has not yet been effectively closed out. No complaints from external sources since the previous audit had been received. Any complaints are used for quality improvements.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	<p>FA</p>	<p>Bryant House Limited assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation as needed. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety, and a commitment to quality and risk management. All staff have completed cultural safety</p>

<p>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>training including, management. Training records were reviewed.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The owners have owned and operated this facility since 2007 and fully understand aged residential care, diversity, and service provision.</p> <p>The purpose, values, direction, scope and goals are defined. The organisation’s philosophy and strategic plan reflected a person/family centred approach to all services including the dementia care service. Monitoring and reviewing of performance occur through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through the objectives of the business plan reviewed. A commitment to the quality and risk management system was evident. The owner interviewed felt well informed on progress and risks. This was confirmed in a sample of reports reviewed.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles, and monitoring of resident safety and clinical indicators reported monthly by the clinical manager. A contracted senior nurse advisor was interviewed during the audit and has been providing advice on the new build from a clinical perspective, supporting the clinical manager as needed.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participate in planning and evaluation of services through annual surveys completed by resident/family/whānau and staff feedback. Any feedback sought sets the stage for continuous improvement and enables the organisation to refine and direct its services to meet the needs of individual residents, ensuring that the highest quality outcomes are planned and achieved</p> <p>The service holds contracts with Te Whatu Ora for rest home, hospital, non-aged residential care, respite, long-term support chronic health care (LTSCHC), restorative health, and dementia-level care. On the day of the audit, 47 residents were receiving services under the contracts. These</p>
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		<p>included: respite care 2 residents (one rest home level care and one hospital-level care), non-aged care nil, dementia care 16, LTSCHC two residents (both RH level care), restorative health nil, rest home-level care 13, and hospital – level care 14 residents.</p> <p>Partial Provisional Audit:</p> <p>A transitional plan for stage two development was provided at audit. The plan clearly outlines the current situation, the scheduled completion date for the new build, and a full risk management and contingency plan to ensure staff and resident wellbeing and safety throughout the transition. There is to be no changes with the management structure, as the clinical manager role is to remain unchanged. Services are equitable for residents with disabilities who may be admitted to the new services provided.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. Residents, whānau and staff contribute to quality improvement through regular feedback. Family and residents interviewed during the audit were pleased with the care and management provided by staff. The rest home resident survey was completed in March 2025, and the hospital-level care resident/family survey was completed on 16 May 2025. Positive feedback was reviewed in the analysed comments from the surveys completed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. Te Whare Tapa Whā model of care was used for any Māori residents admitted to the facility.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p>

		<p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The clinical manager (CM) described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was reviewed last on 10 March 2025.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The CM understood and has complied with essential notification reporting requirements. The last Section 31 notification was reviewed, dated 17 May 2024. This was in relation to the change in the CM role. One Severity Assessment Code (SAC) notification was made to the Health Quality & Safety Commission New Zealand on 16 June 2025 for a stage 3 pressure injury that had initially been reported as a stage 2 pressure injury. This report was well documented.</p> <p>Partial Provisional Audit:</p> <p>The staged approach, supported by robust risk management and contingency planning, ensures a safe and smooth transition for residents, families and staff. Bryant House remains committed to maintaining compliance with Ministry of Health requirements while prioritising the wellbeing, dignity, and safety of all residents.</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-</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage at all times. The CM is on call 24/7, as is the general medical practitioner (GP) interviewed.</p>

<p>centred services.</p>	<p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and includes all mandatory and elective topics, as required. The service has an agreement with a local hospice for support and training, with palliative care a priority. In addition to this, the CM has an arrangement with another large aged residential care provider to collaborate on education and training. This is working effectively, with all staff attending an annual forum covering all required training topics included. Training records for each staff member are maintained. Certificates are issued to the participants and copies are kept in the individual staff files reviewed. Related annual competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Staff working in the dementia care area have either completed or are enrolled in the required education. Three health care assistants (HCAs) have fully completed the dementia-specific training and four are near completion of the training. Dementia care training is also provided at the education 'HUB' and forums organised annually. There is a total of 29 HCAs employed at Bryant House: 11 HCAs have completed Level 4, four Level 3, and 14 Level 2 of a recognised qualification for aged residential care (ARC). Training by the mental health specialist team from Te Whatu Ora is also provided to manage residents who present with challenging behaviour.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. No additional training is required for staff, caring for residents occupying rooms under an occupied rights agreement (ORA).</p> <p>Staff reported feeling well supported and safe in the workplace.</p> <p>Partial Provisional Audit:</p>
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		<p>There is a documented process that addresses staffing implications and staff recruitment. When the residents are transferred to the new building, the same staff will be covering each service to ensure continuity of service delivery. This will include the residents in ORA rooms. Staffing levels will remain the same, with staff continuing to work with the existing roster once the service has successfully transitioned to the new facility. During the move, however, additional staff will be on site to assist with residents and their settling in.</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>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. A process was in place to maintain the annual practising certificates for all health professionals employed or contracted to this service, and an annual record is maintained by the administrator.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. A pharmacy, pharmacist, clinical pharmacist, general practitioner, podiatrist, and physiotherapist are contracted to provide services to residents. Recruitment included a record of police vetting undertaken and this was recorded. A checklist was sighted in the records reviewed electronically.</p> <p>The CM and administrator manage the staff recruitment process and ensure that individual staff records are current. All relevant education, including dementia care training, was recorded in each individual staff file reviewed.</p> <p>Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Opportunities to be involved in a debrief and discussions following any</p>

		<p>serious incidents or challenging situations were provided, as confirmed by staff interviewed.</p> <p>Partial Provisional Audit:</p> <p>No additional staff are required for this new service to be fully operational. Staff will receive orientation to the new building prior to resident relocation. The healthcare assistants all have job descriptions for caring for residents in ORA services when this change occurs. Additional training will be provided to ensure familiarity with new equipment, ceiling hoists, emergency exits, and infection prevention procedures. Staff debrief sessions will be held following the transition, to monitor workload, wellbeing, and any areas identified as requiring improvement. All staff who will be working in the dementia care service have completed the relevant training.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team 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 the registered nurses 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, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, GP, initial care plan, long-term care plan, and review timeframes meet contractual and policy 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, residents 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 are made to the care plan in collaboration with the resident and/or whānau. Referrals to relevant specialist services were made as indicated, as evident in the residents' files sampled. Behaviour management plans</p>

		<p>were completed for residents in the dementia unit. Residents and whānau confirmed active involvement in the process. The GP expressed satisfaction with the standard of care provided and confirmed that medical instructions were consistently followed.</p> <p>Partial Provisional Audit:</p> <p>Families have been fully informed of the transition plan and will continue to receive updates at each stage. A designated staff liaison will be available to respond to any resident or family queries and concerns during the relocation period.</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>	<p>FA</p>	<p>Partial Provisional Audit:</p> <p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Two diversional therapists run the programme, supported by an activity's coordinator.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals, interests, and ordinary patterns of life, and included normal community activities. A variety of activities are offered. Activities on the activities calendar include van outings, news, visits from the local schools, library visits, bowls, quiz, houses, and arts and crafts. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. Residents who identified as Māori were involved in completing their own Pepeha. Waitangi Day and Matariki are celebrated. Competent residents can go out for walks or shopping as desired.</p> <p>Feedback on the programme is provided through residents' meetings. Residents interviewed confirmed they find the programme meets their needs.</p> <p>Activities for residents in the dementia unit are tailored to meet the needs of the residents. Twenty-four-hour activity plans were completed for all residents in the dementia unit. Activities are offered at times when residents are most physically active and/or restless. Residents had free</p>

		<p>access to the secure gardens around the unit.</p> <p>Residents have free access to the secure garden around the new dementia unit. Pathways are level with seating and shade is available.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication management competencies were available in staff files.</p> <p>Medication reconciliation occurs. Since the previous audit, a clinical pharmacist has been appointed by Te Whatu Ora (TWO) to oversee Bryant House and another thirteen ARC facilities in the region. The clinical pharmacist interviewed ensures all resident medications are reviewed and that reconciliation occurs on admission, routinely, and if a resident is transferred from TWO. Electronic prescribing is now able to be achieved from TWO directly to the ARC sites for this region, which is a new initiative developed and implemented by TWO. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Partial Provisional Audit:</p>

		<p>The current medication management system will be used. Safe and appropriate space is available in the new medication room for the storage of controlled drugs medicine. The medication room will be fob-accessed. The same medication trolleys will be used.</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>PA Low</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan.</p> <p>The service operates with an approved food safety plan and registration that will expire on 20 July 2026.</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>Snacks are provided for residents in the dementia unit on a 24-hour basis.</p> <p>Partial Provisional Audit</p> <p>All food will be prepared on site in the main kitchen in the new building. The menu was reviewed by a qualified dietitian on 11 March 2024, and the same menu will be used in the new kitchen. Recommendations made at that time have been implemented. Appropriate equipment has been purchased. Rest home-level and hospital-level residents will use one dining room, and residents in the dementia unit will have their own dining room. The dining rooms are large enough to accommodate the residents. Māori and their whānau have menu options that are culturally specific to te ao Māori, as per residents' request and during special events celebrations. Whānau can also bring culturally specific food options as desired. There is a whānau room with a kitchenette, fridge, and microwave that residents and whānau can use to have meals together, including for the preparation of hot drinks.</p> <p>A food control plan for the new kitchen is required to be completed prior</p>

		to occupancy.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. A policy to guide transfers and discharges is available. Whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Moderate	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for purpose and well maintained, and that they meet legislative requirements. The building warrant of fitness (BWOFF) expires on 1 November 2025. This covers the existing building and stage 1 of the new build. The BWOFF is displayed in the entrance to Bryant House. There is a proactive and reactive maintenance programme in place, managed by the owner. Testing and tagging of electrical equipment occurred on 30 June 2025 and calibration of equipment on 4 April 2025.</p> <p>The secure dementia care service and rest home environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the two facilities currently in use. Currently, dining and lounge areas are appropriate.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The residents and whānau from dementia care and rest home are looking</p>

	<p>forward to the move from Bryant House to the new site. The existing services are clean and tidy. Environmental checks are performed quarterly as per the internal audit schedule.</p> <p>The existing hospital is well ventilated and has a pathway around the facility for when changed to dementia-level care. The entry gate will be keypad access only when changed from hospital level-care to dementia care service.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices.</p> <p>Partial Provisional Audit:</p> <p>Consultation has occurred for the new build that reflects the identify of Māori in the design process and in the decoration of the new facility for both stage 1 and stage 2. All inspections have been completed, but the service provider and project manager were awaiting the certificate of public use (CPU). Once received, this is to be displayed at the entrance of stage 2 (new build). Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for purpose. The clinical manager and the manager have been working collaboratively in readiness for the official opening, to ensure all equipment and resources are safely installed and accessible.</p> <p>The final internal and external finishing work is near completion. Furniture, furnishings and resources were delivered and were on site.</p> <p>The manager's office, clinical manager's office, and two meeting rooms with privacy screening are well appointed and located adjacent to the reception area of the facility. There is a large dining room, a lounge, and a separate self-contained whānau room. The kitchens, as per subsection 3.5, are well planned, functional, and compliant with legislative requirements. There is also a separate staff room with lockers, seating, a microwave, and refrigerator facilities available.</p> <p>There are a significant number of storage areas for the home to utilise. All rooms have ceiling hoists installed, which also tracks through the bathrooms. In addition, both a transfer hoist and a standing hoist are available, and these have been checked this year. There are separate storage areas for the hot water cylinders, a communication room housing the electronic servers, and solar power equipment, along with other</p>
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		<p>resources.</p> <p>There are designated areas for the safe storage of waste and chemical/hazardous substances. A hazard risk register and hazardous substance register are developed and implemented.</p> <p>The 31 new rooms are spacious in size, with ample room for any equipment to be used and to maintain resident independence. The doorways to all resident rooms are 1.2 metres wide to facilitate a bed or an ambulance stretcher. There are no shared rooms. All rooms, except for two, have access to the courtyard or an outdoor area overlooking the neighbouring school playground. All rooms have ensuite bathrooms. An additional large bathroom (that accommodates a bath trolley) is available if needed. A staff bathroom and an extra toilet are available with swipe card access.</p> <p>Underfloor heating is provided, with centralised temperature monitoring. Handrails are installed in the hallways and in the bathrooms to maximise resident safety.</p> <p>The transition of residents from the current dementia care service to the stage 1 build is well planned, and a step-by-step plan was provided at audit.</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>PA Moderate</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Emergency training was provided at the annual forums, which is mandatory for all staff to attend. Staff interviewed knew what to do in an emergency. The emergency plan considers the special needs of people with dementia in an emergency.</p> <p>The fire evacuation plan approval for the existing facility and stage 1 of the new build was not sighted on the day of the audit. The last on-site fire safety training for staff was held and recorded on 8 April 2025, with the next session scheduled to be provided six-monthly in October 2025.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the</p>

		<p>region. A new power generator has been purchased since the previous audit, which in an emergency will be able to provide power for the total facility. Water, a barbeque, emergency lighting, a gas cylinder, torches, blankets, continence supplies, and emergency foods are readily available. Staff can provide a level of first aid relevant to the risks for the type of services provided and including ORA requirements. Certificates were validated and a record was maintained.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. All staff wear name badges for identification purposes.</p> <p>Partial Provisional Audit:</p> <p>The dementia care service, when moved to the stage 1 site, will be a secure dementia care service. The current entry and exit will be locked. Family/staff will access through the main entrance to the facility and then internally to the dementia care service, which will be locked and monitored effectively. The current emergency plans reviewed ensures the needs of residents and the special needs of those residents with dementia. The plan will be displayed on each door as part of the ORA agreement.</p> <p>A nurse call system has been installed in each resident's room by the bedside and in the ensuite bathrooms, as sighted. Safety for residents is paramount and has been fully considered throughout this new build aged residential care facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met,</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the clinical manager, link to the quality improvement system and are reviewed and reported on annually. The programme is guided by a comprehensive and current infection control manual, with input from an external IP advisor if needed. The current business plan includes an objective to minimise infection.</p> <p>Expertise and advice are sought following a defined process. Specialist</p>

<p>and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>support can be accessed through Te Whatu Ora infection prevention team, the medical laboratory, external consultants, the contracted pharmacist, the GP and the clinical pharmacist.</p> <p>An infection control component is included in the two-monthly quality and staff meetings.</p> <p>Partial Provisional Audit:</p> <p>Governance will continue to be accountable for ensuring the IP and AMS needs of service provision are being effectively met. The IP and AMS programme will still have the same expertise to provide advice if needed. The GP is fully informed and supports the IP and AMS programmes implemented.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by an external consultant with IP expertise and approved by the governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. It was last reviewed on 6 October 2025. This was confirmed by the IPCC and review of the programme documentation.</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.</p> <p>Partial Provisional Audit:</p> <p>The IPCC has the appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. They completed relevant IPC education on 21 April 2024. Their advice and/or the advice of the IPC committee has been sought when making decisions around procurement relevant to care delivery, the 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 are based on current accepted good practice. Cultural advice is accessed where appropriate. Culturally safe practices in IP that</p>

		<p>acknowledge the spirit of Te Tiriti, were included in the IPC policies. Residents who identified as Māori confirmed that culturally safe practices in IP were observed during cares.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available. Educational resources are available in te reo Māori.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. New facilities will be cleaned and sanitised prior to occupancy. Infection prevention and control will be observed throughout the move, including the appropriate use of PPE and safe handling of personal effects. The current hospital unit will undergo deep cleaning once vacated to prevent cross-contamination before being occupied as the new dementia unit. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Partial Provisional Audit:</p> <p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures, and was approved by the governing body. The same processes will continue to be used. The effectiveness of the AMS programme is evaluated monthly by monitoring antimicrobial use and identifying areas for improvement. Infection reports are completed for identified infections, and these are closed off when infections have resolved.</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>	FA	<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 are shared with staff and the owner/ manager,</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>and where necessary, recommendations for improvement are identified. There has been no infection outbreak reported since the previous audit.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p> <p>Partial Provisional Audit:</p> <p>The same processes will continue to be used in the new building.</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>Partial Provisional Audit</p> <p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The new laundry has a clear separation between the clean and the dirty areas. Appropriate equipment has been purchased.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are 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. Chemicals were stored safely. There are chemical storage areas in the new building with restricted access.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations. The same processes will be used in the new facilities. The director/facility manager stated that, should there be any delay in commissioning of the laundry, existing facilities in the current building will remain operational until the new facilities are fully functional.</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>FA</p>	<p>There is commitment from governance in the restraint policy toward eliminating restraint. There were no residents using a restraint on the day of the audit. No restraint has been used at this facility for over five years, and this was verified in the restraint register. Restraint management and full education is provided to all staff during orientation and as part of the ongoing education programme. The clinical manager is the restraint coordinator.</p>

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.5.5</p> <p>An approved food control plan shall be available as required.</p>	PA Low	<p>The current food control plan available is for the kitchen in use in the old building.</p> <p>The food control plan for the kitchen in the new building was not available.</p>	<p>The new kitchen in the new building did not have an approved food control plan.</p>	<p>Ensure that an approved food control plan for the new kitchen is obtained prior to use of the new kitchen.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Moderate	<p>The building, plant and all equipment are fit for purpose for a new build care home. The project manager for the new build project and the owner/manager were interviewed during the audit. All checks have now been completed by the contracted service providers, but the certificate of public use (CPU) was not available at the time of the audit.</p>	<p>All the legislative checks/inspections have been performed by the appropriate agencies. The service provider and project manager interviewed were awaiting the certificate of public use to be fully signed off.</p>	<p>Ensure the certificate of public use is approved and displayed appropriately.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>	<p>PA Moderate</p>	<p>The current fire evacuation plan was not available on the day of the audit. The manager explained the situation in respect to the new build project. The plan is currently being reviewed by Fire and Emergency New Zealand (FENZ) for stage 1 and stage 2 (the new build) and was not available on the day of the audit. All checks have been completed by the contracted service provider and have been forwarded to the appropriate agency.</p>	<p>The required fire compliance checks and information have been completed to meet legislative requirements and forwarded to FENZ. The manager is awaiting the fire scheme plan approval from FENZ.</p>	<p>Ensure a copy of the approved fire evacuation plan by FENZ can be verified prior to opening stage 2 of the new build and incorporate stage 1 of the same building.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>Staff received emergency training at the annual forum, including aspects of fire training, as verified in the staff records reviewed. Training is required six-monthly. The last date was recorded as 8 April 2025. However, the on-site mandatory six-monthly fire safety training is now due in October 2025. Training is required to incorporate the new build at the new site, to meet the fire evacuation approval requirements. A record of this training is to be sent to FENZ, with a copy retained on site.</p>	<p>The fire emergency training for staff is to be completed as per the six-monthly requirement, and to incorporate the new build as part of the fire safety training.</p>	<p>To ensure the fire safety training is completed six-monthly and to incorporate the new build stage 2 as part of the training as per the approved evacuation plan being currently reviewed.</p> <p>Prior to occupancy 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.