

Heritage Lifecare Limited - Stillwater Gardens Lifecare

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:	Heritage Lifecare Limited
Premises audited:	Stillwater Gardens Lifecare
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: 23 September 2025 End date: 24 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:	66

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
Yellow	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
Red	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

Heritage Lifecare Limited owns and operates Stillwater Gardens Lifecare, known as Stillwater Lifecare and Village (Stillwater). The facility provides hospital, rest home and dementia levels of care for up to 88 residents: up to 69 residents in the main facility and up to 19 in rest home-level care suites on the first floor. On the first day of the audit there were 66 residents.

The facility is managed by an experienced care home and village manager who has been in the role for two months. Support is provided from the regional business manager and the regional clinical and quality manager. Additional support is provided by the clinical services manager, who has been in the role for 12 months.

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

Auditors sought to respond to queries from Manatū Hauora - Health New Zealand in relation to aspects of care planning, with the responses woven into the report.

Improvements are required relating to the timeliness in documenting long-term care plans.

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.

Stillwater provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Stillwater worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed.

Systems and processes were in place to enable Pacific people, should there be any, to be provided with services that recognised their worldviews and were culturally safe.

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 are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau received 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 organisation is governed by Heritage Lifecare Limited. The team of management personnel work with the care home and village manager (CHVM) at Stillwater to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. 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, identifying trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, and was not on public display or 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 residents are admitted to Stillwater, 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 these were evaluated on a regular and timely basis.

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

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

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

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

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

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

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. 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.
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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. Annual reviews of the programmes were reported to the Board, as were any significant infection events.

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

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

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of the audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Lifecare Limited (HLL) had a Māori Health Plan which guided care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) was respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Staff reported practicing tikanga and learning te reo Māori. There were residents who identified as Māori at the time of the audit. Their whānau reported that their loved ones' culture was respected.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board. Meeting minutes were sighted. Stillwater Gardens Lifecare (Stillwater) can also access support through Te Whatu Ora and through local Māori health providers and local iwi.</p>

		<p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, as outlined in its strategic plan and policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were no staff who identified as Māori at the time of the audit.</p> <p>Training on Te Tiriti o Waitangi is part of the HLL training programme, and this is implemented in the service. The training is designed to assist staff in understanding the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake and the provision of equitable care services. Staff reported, and documentation confirmed, that they have completed cultural training.</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>Heritage Lifecare understands the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pacific peoples. Two members of the executive team identify as Pacific. They can assist the Board to meet its Ngā Paerewa obligations to Pacific peoples.</p> <p>A Pacific Health Plan is in place, which utilises the Fonofale model of care to document care requirements for Pacific peoples and ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Stillwater has access to local Pacific communities through local Pacific organisations. There were staff who identified as Pacific people who also provide advice and guidance. Staff reported that spiritual beliefs would be embraced.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pacific capacity by employing more Pacific staff members across differing levels of the organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at management level. Training on culturally specific care, including care for Pacific people, is part of the HLL training programme, and this is</p>

		<p>implemented in the service. The training is geared to assist staff in understanding the key elements of service provision for Pacific people and providing equity in care services.</p> <p>There were no residents who identified as Pacific people in the service. Staff reported, and documentation confirmed, that staff have attended cultural training.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Heritage Lifecare Ltd and Stillwater management were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and policies and procedures were in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake), and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service). Copies of the Code are provided to residents on admission and posters detailing the Code in English and te reo Māori are displayed at the entrance. Residents interviewed confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>An independent advocate visits the facility every three months to meet with residents in groups and individually. Any concerns raised are addressed with management; this was confirmed to occur in meeting minutes, emails, and interviews with staff and residents.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Stillwater supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room or share a room with another person with their consent.</p>

		<p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Staff described learning te reo Māori words, and Māori residents interviewed were appreciative of the effort staff were making. Bilingual signage was evident throughout the facility, and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha, including residents supported under the younger persons with a physical disability (YPD) contract, were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the HLL 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, whānau and Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and residents' whānau and EPOA interviewed reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon.</p> <p>Care provision was holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified strengths of residents. Well-being outcomes for all residents, including Māori, are evaluated as part of the assessment and care planning process six-monthly in order to ensure the needs of residents are met.</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</p>	FA	<p>Residents and whānau, including residents supported under the younger persons with a physical disability contract, reported that communication was open and effective, and they felt listened to.</p>

<p>feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>Information was provided in an easy-to-understand format; staff described the use of whiteboards and pictorial aids with residents who had difficulties with communication.</p> <p>Changes to residents' health status were communicated to EPOA and whānau in a timely manner. Where other agencies were involved in care, communication had occurred. The general practitioner interviewed stated communication from staff was appropriate, timely, and included all relevant information.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and their legal representative are provided with the information necessary to make informed decisions. Informed consent processes complied with the Code. With the consent of the resident, whānau were included in decision-making. Those residents, whānau and EPOA interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and whānau in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau; these were known to staff.</p> <p>Advance care planning, establishing and documenting of EPOA requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the secure dementia unit had a documented EPOA or welfare guardian on file that had been activated by an appropriate medical practitioner.</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</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Complaint forms and a box are located at reception, and in the secure</p>

<p>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>dementia wing. The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed that actions taken, through to an agreed resolution, are documented and completed within the timeframes.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>No complaints have been received since the last audit from external sources. Staff reported they knew what to do should they receive a complaint.</p> <p>The CHVM is responsible for complaints management and follow-up.</p> <p>There is a process in place to ensure that complaints from Māori can be handled in a culturally appropriate manner. The CHVM reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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 governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples and tāngata whaikaha 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 of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in ensuring that barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare is committed to supporting a person and whānau-centred health and disability service.</p>

	<p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. The Stillwater 2025 business plan, reviewed quarterly, describes annual and longer-term objectives, and was sighted.</p> <p>The service is managed by an experienced care home and village manager (CHVM) who has been in the role for two months. The role is shared across another local Heritage facility. A clinical services manager (CSM) oversees the clinical care provided at Stillwater. Support is provided by the regional clinical and quality manager (RCQM) and the regional business manager (RBM), who were both on site during the audit.</p> <p>Governance and the senior leadership team commit to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection, for example adverse events, infections, audits, and complaints are aggregated, and corrective actions at facility-level are actioned. Feedback is provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, it looks for the ‘right people in the right place’ and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff</p>
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		<p>satisfaction survey, for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora – Health New Zealand (Manatū Hauora).</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service. Meeting minutes were sighted.</p> <p>The service holds contracts with Te Whatu Ora for respite, rest home, hospital and dementia level of care for up to 88 residents.</p> <p>A contract is also held for long-term support – chronic health conditions (LTSCHC).</p> <p>Contracts are held with the Ministry of Social Development – Te Manatū Whakahiato Ora for young people with a disability (YPD).</p> <p>On the day of audit, 66 residents were receiving services.</p> <p>Nineteen residents were receiving rest home services, including one person under the YPD contract, along with four residents in care suites under occupation rights agreements assessed as requiring care.</p> <p>Thirty-two residents were receiving hospital-level services, including one person under the YPD contract.</p> <p>Fifteen residents were receiving care in the secure dementia wing.</p> <p>Fifty-three beds are dual-purpose beds.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. The RCQM felt well informed on progress, quality and risk.</p> <p>The 2025 internal audit schedule was sighted. A sample of completed audits – including medication, infection prevention and control, and progress notes – was sighted. Relevant corrective actions are</p>

<p>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>developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The CHVM is responsible for quality.</p> <p>A sample of quality and risk-related meeting minutes was reviewed and confirmed there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. This was confirmed by staff at interview. There have been monthly staff meetings and regular resident meetings. Topics include health and safety, infection control, falls, nil restraint, complaints, and survey outcomes. A sample of meeting minutes evidenced comprehensive reporting. Trends are graphed and displayed on notice boards in public and staff areas.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHVM understood the processes for the identification of external and internal risks, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks. Potential inequities are identified and addressed through training, care planning, and communicating with the resident.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. The CHVM reported that residents have three-monthly meetings facilitated by an independent advocate. Minutes evidenced residents were happy with their care.</p> <p>A residents' satisfaction survey completed during April 2025 showed that residents were satisfied with the level of care provided. The results were described and displayed on the wall adjacent to reception.</p> <p>The last staff survey completed during July 2025 evidenced staff were very satisfied. The BCM reported that staff were informed of the results at the recent roadshow led by staff from the Heritage management.</p> <p>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</p>
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		<p>investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHVM, RCQM and CSM understood and have complied with essential notification reporting requirements. There have been six Section 31 notifications completed in the last 12 months. One related to the recent change of CSM, one related to the change of CHVM, four related to fractures, and one related to an outbreak, which was also reported to public health.</p> <p>Nine reports to the Health Quality & Safety Commission relating to fractures and pressure injuries were sighted.</p> <p>There have not been any coroners' inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care to residents who identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, handover, and communicating with the resident and whānau. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. The CSM reported, and evidence was sighted, of critical analysis of practices. The RCQM reported that results were average compared to other Heritage facilities. Graphs and narratives were sighted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>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). A Safe Rostering tool was used. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents interviewed supported this. At least one staff member on duty has a current first aid certificate, and there is 24/7 RN coverage in the hospital. Two qualified diversional therapists work five days a week, with one allocated to work in the secure dementia unit each day. They are supported by two casual activities coordinators who have been</p>

	<p>appointed to provided activity support at the weekends.</p> <p>There are staff who have worked in this care home for between two months and at least eight years.</p> <p>An after-hours on-call system is in place, with the CSM providing clinical cover and the CHVM providing support for all other areas 24/7. Staff reported that good access to advice is available when needed.</p> <p>The CHVM described the recruitment process, which includes interviews, qualifications, experience, and referee and police checks.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. The CHVM reported, and staff confirmed, that staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications to meet the requirements of the provider's agreements with Te Whatu Ora. Staff reported attending training. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Meetings are held with the resident and their whānau to discuss and sign care plans. Residents' meetings are held bi-monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Minutes evidenced people are happy with the meals and participate in choosing activities.</p> <p>The collection and sharing of high-quality Māori health information across the service is through policy and procedure, resources, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>The CSM reported that, where health equity expertise is not available, external agencies are contacted to support in the development of health equity expertise for health care and support workers. For example, Te Whatu Ora gerontology staff, and external community health providers.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of ten staff records reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>Position descriptions were documented and were sighted in the files reviewed.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. Current annual practicing certificates were sighted for the eleven RNs, four pharmacists, the dietitian, two general practitioners, the nurse practitioner, the physiotherapist, two diversional therapists, and the podiatrist.</p> <p>Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role, including for those staff working in the secure dementia care unit. Staff described their orientation and that they are buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of this was seen in files reviewed.</p> <p>Six of the thirteen staff working in the secure dementia unit have completed the required standard units. Three have three units and are studying towards the fourth unit. Four staff are enrolled to begin the training.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</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. Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them. Staff reported that incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive</p>

		support following incidents, to ensure wellbeing.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Most information is held electronically and is username and password protected. Any paper-based records are held securely and available only to authorised users. Information is accessible for all those who need it.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the staff and residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards.</p> <p>Files for residents and staff are held securely for the required period before being destroyed.</p> <p>Stillwater is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents were welcomed into Stillwater when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Stillwater provides. All residents admitted to the secure dementia unit had a specialist's authorisation for placement and were admitted with the consent of their activated EPOA.</p> <p>Residents and whānau/EPOA 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, this is documented, and there are processes for communicating the decision. Related data is documented and analysed, including 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</p>

		service. Interviews with Māori confirmed their needs are met.
<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>	PA Low	<p>The multidisciplinary team at Stillwater works in partnership with the resident and whānau to support wellbeing. Eleven resident files were reviewed: four residents receiving hospital-level care, three rest home-level care, and four from the secure dementia unit.</p> <p>The files reviewed verified that a RN developed a plan of care to suit the resident’s needs following a comprehensive assessment. This audit reviewed aspects of assessment and care at the request of Manatū Hauora; no deficits were found. The files sampled confirmed that assessments included a range of clinical areas, which were well documented including, but not limited to, nutrition and hydration, pain, mobility needs, skin integrity, and social/activity needs. The assessments considered the person’s lived experience, cultural needs, values, and beliefs, and included wider service integration, where required. Assessments included resident and whānau input (as applicable).</p> <p>Timeframes for the initial assessment, general practitioner (GP) input, initial care plan, interRAI assessments, short-term care plans, and review/evaluation met contractual requirements. However, not all long-term care plans were developed within the contractually required time frame following admission; refer criterion 3.2.1.</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. Short-term care plans were developed, when necessary, and examples were sighted for weight loss, infections, and wound care. These were reviewed weekly, or earlier if clinically indicated.</p> <p>Needs and risk assessments were an ongoing process and changes were documented. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau interviewed confirmed active involvement in the process, including three EPOAs for residents in the secure dementia unit.</p>

		<p>When a resident's needs change and their assessed level of care is no longer meeting their needs, referral is made to the NASC for reassessment of needs in collaboration with the resident and their whānau. If Stillwater is not able to provide the level of care needed, the resident and whānau are assisted to find an appropriate facility. Examples of this occurring were sighted, and the GP confirmed that nurses identify when a resident's needs change and that they are called appropriately for input.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals or outcomes. Nursing and medical review occurs with resident and whānau input when possible. Residents and whānau are given choices and staff ensure they have access to information. The EPOA or welfare guardian is involved at every step of the assessment, care planning and review process for residents in the secure dementia unit. Those interviewed confirmed active involvement in the assessment, care planning and review process, including younger residents with a disability.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in service development. Examples of choices and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>The GP was interviewed and stated that the care was good. Residents and whānau interviewed were very positive about the care received at Stillwater and appreciated the level of communication from staff.</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</p>	<p>FA</p>	<p>The activities programme is provided by two diversional therapists (DT) and two casual activities coordinators, and operates seven days a week in the secure dementia unit. The programme is further supported by caregivers when the activities team are not present.</p> <p>The programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan is developed for all residents, including</p>

<p>are suitable for their age and stage and are satisfying to them.</p>		<p>younger persons with a physical disability, and in files reviewed for the secure dementia unit residents, this identified activities over a 24-hour period.</p> <p>Individual and group activities were planned and reflected residents' goals and interest, and ordinary patterns of life, and included normal community activities. A variety of activities were observed during the audit including music, newspaper reading, quizzes, and gardening. Quiet areas are available should the resident or whānau want time to themselves. The garden allows space for walking, and puzzles and books are available for individual activities. In the secure dementia unit, there are activities prepared by the DT for use by the caregivers after hours.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. This was confirmed in interview with Māori whānau.</p> <p>Feedback on the programme is provided through resident meetings and surveys. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy 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.</p> <p>Medicines were stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, and medication reconciliation occurs. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p> <p>Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly</p>

		<p>GP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>No residents were self-administering medication at the time of audit. The RN interviewed described how this would be managed safely when required, and residents in the secure dementia unit did not self-administer medications.</p> <p>Residents, including Māori residents and their whānau, are 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>	<p>FA</p>	<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 (23 April 2025). 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, which expires on 31 July 2026.</p> <p>Residents who wish to be involved in the preparation of food have this facilitated through the activities programme.</p> <p>Each resident has a nutritional assessment on admission to the facility, and a dietary profile is provided to the kitchen. Personal food preferences, any special diets, intolerances, allergies and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>All residents at Stillwater, including those in the secure dementia unit, have access to snacks such as sandwiches, fruit and biscuits 24 hours a day.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Stillwater is planned and managed safely, with coordination between services and in collaboration with the resident and whānau/EPOA. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</p> <p>Evidence of actions taken to transfer residents to acute services was sighted. Whānau/EPOA reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 26 July 2026.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities, internal and external, were fit for their purpose, well maintained, and that they meet legislative requirements. The maintenance personnel described the maintenance schedule, which was sighted.</p> <p>Staff confirmed they knew the processes they should follow if any repair or maintenance was required, and any requests were appropriately actioned.</p> <p>Equipment tagging and testing was current, as confirmed in interviews with the maintenance personnel, CHVM, documentation and observation. Current calibration of biomedical records was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>The facility includes places where young people with disabilities can</p>

	<p>find privacy within communal spaces. There is consideration of compatibility with residents.</p> <p>The secure dementia unit had spacious rooms, all with an ensuite, and a ranch slider door allowing access to the secure outside area. External areas, including an internal courtyard, are secure and safely maintained, and were appropriate for people with dementia. There was a lounge/dining room, and two separate small lounges available for residents. The carpet has been replaced since the last audit, and the area is now decorated with pictures and wall decorations. Sensory objects are available for the residents. There is adequate space to provide group activities in these lounge areas. The environment design provides safe areas that encourage purposeful walking.</p> <p>The hospital, rest home and care suites provided an environment that was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm.</p> <p>There were a number of areas where residents can relax, sit in small and larger groups for private conversations or undertake activities. This was observed in both the rest home and hospital areas.</p> <p>The dining areas and the lounge areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs.</p> <p>Bedrooms throughout the facility have full ensuites. The number of toilet and bathroom facilities for visitors and staff are adequate. The fixtures, fittings, floors, and wall surfaces are constructed from materials that can be easily cleaned. Appropriately secured and approved handrails are provided, along with other equipment/accessories that are required to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms are personalised with furnishings, photographs and other personal items displayed. Residents, whānau and staff reported the adequacy of bedrooms. All rooms have a window allowing for natural light, with safety catches for security.</p> <p>Underfloor heating is provided in the facility, which can be adjusted</p>
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		<p>depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces are culturally inclusive and suited the needs of the resident groups.</p> <p>The CHVM reported that a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. Heritage directors are aware of the need to consult with Māori.</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>The current fire evacuation plan was approved by the New Zealand Fire Service on 28 August 2009.</p> <p>A trial evacuation and training take place six-monthly, with a record sent to Fire and Emergency New Zealand (FENZ), the most recent being on 18 September 2025. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. The emergency plan considers the special needs of people with dementia in an emergency. Emergency evacuation plans were displayed and known to staff. Staff reported attending fire safety training, and records confirmed this.</p> <p>Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted. Residents were informed of the emergency and security arrangements at entry.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, and PPE, were sighted. Supplies were last checked on 22 September 2025. Sufficient stored water was sighted to meet the National Emergency Management Agency recommendations for the region. The maintenance personnel and CHVM reported that alternative lighting and cooking facilities were available. The CHVM reported that a generator would be hired if necessary, during an emergency.</p> <p>There is a first aid certified staff member on duty 24/7 and the DT holds a current first aid certificate. A sample of certificates were sighted. All</p>

		<p>staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place, including in the secure dementia unit. Doors and windows were locked at a predetermined time, and a security company checked the premises at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora, GPs, and the RCQM.</p> <p>Infection prevention and AMS information is discussed at facility level and at clinical governance meetings, and is reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</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</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an IP and AMS programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Heritage Lifecare governing body. Annual review of the programme, with reporting to</p>

<p>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>governance, has occurred.</p> <p>The infection prevention and control coordinator (IPCC), who is a RN, is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and to Heritage Lifecare’s RCQM, who is the national IP lead. The IPCC resource nurse has the appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. Their advice, and/or the advice of Heritage Lifecare’s national IP lead, has been sought when making decisions around procurement relevant to care delivery, procurement and policies. There have been no facility changes or design of any new building, and policy confirmed IP advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Staff were familiar with policies through orientation and ongoing education, and were observed to follow these correctly. Cultural advice is accessed where appropriate, and the service works in partnership with Māori to ensure IP practice is culturally safe.</p> <p>Residents and their whānau/EPOA are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Following repeated infection outbreaks in 2024, the facility asked the Te Whatu Ora IP team from Nelson Hospital to review practices at the facility. This resulted in a comprehensive report detailing recommendations, which have now been put into practice. As a result, there have been no further outbreaks in 2025. The facility is commended for the improvements made. Formal evaluation of the improvements made has not yet occurred.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
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<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>Responsible use of antimicrobials is promoted. The AMS programme meets the requirements of the standard and is appropriate for the size and complexity of the service, supported by policies and procedures, and has been approved by the Heritage Lifecare governing body. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying 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 long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors, and required actions; this has led to an improvement in the prevention and management of urinary tract infections. Benchmarking with other facilities in the Heritage Lifecare group occurs.</p> <p>Results of the surveillance programme are shared with staff at the staff meetings and reported to governance via the national clinical quality manager.</p> <p>Documentation from several 2024 infection outbreaks was reviewed and demonstrated a thorough process for monitoring and follow-up. Learnings from the events and recommendations from a review of the facility by Te Whatu Ora IP specialists have been incorporated into practice.</p> <p>There are clear processes for culturally safe communication between staff and residents. A resident and whānau/EPOA interviewed were happy with the communication from staff in relation to health care-associated infection.</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>The environment at Stillwater was clean and hygienic, supporting the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances, cleaning and laundry. Staff involved have completed relevant training and were observed to carry out duties safely. There was clear separation between the handling and storage of clean and dirty linen. Chemicals were stored safely.</p> <p>Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme.</p> <p>Residents and whānau/EPOA reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>A RN is the restraint coordinator, providing support and oversight for any restraint management should it be used. Their position description was sighted.</p> <p>The CHVM and restraint co-ordinator is involved in the purchase of equipment should it be needed.</p> <p>Policies and procedures met the requirements of the standards.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free training, and management of challenging behaviours.</p>

		<p>Staff confirmed they have received training.</p> <p>At the time of audit, there were no residents using restraint. Minutes reviewed evidenced nil restraint reported.</p> <p>Given there has been no restraint reported to governance since the last audit, subsections 6.2 and 6.3 have not been audited.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>Care planning is completed by registered nurses following comprehensive assessment, including regular interRAI assessments. Eleven resident files were reviewed. Care planning was sufficiently detailed and addressed all resident needs identified in the assessment process. However, in seven out of eleven files sampled, the long-term care plan had not been completed within the contractually required timeframe of 21 days. In three files the delay was one week or less, however in the remaining four files the delay was up to 78 days. Improvements had been made, and the clinical services manager was able to verify that three recent admissions had care plans completed in under 21 days; for this reason, the risk level for this corrective action is low.</p>	<p>In seven out of eleven files reviewed, the long-term care plan had not been completed within the contractually required timeframe of 21 days.</p>	<p>Ensure all residents have a long-term care plan, based on the interRAI assessment, completed within 21 days of admission as required by contract.</p> <p>180 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.