

Glendale Holdings Limited - Glendale Retirement Home

Introduction

This report records the results of a 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 HealthShare 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:	Glendale Holdings Limited
Premises audited:	Glendale Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 October 2025 End date: 16 October 2025
Proposed changes to current services (if any):	A change of ownership
Total beds occupied across all premises included in the audit on the first day of the audit:	28

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.

General overview of the audit

A prospective provider, Sentinel Group Investments Limited (SGIL) and their subsidiary Glendale Holdings Limited (GHL) have a sale and purchase agreement with Whitehaven Healthcare Limited - Glendale Retirement Home to purchase the land, buildings and care services provided at Glendale Retirement Home in Dunedin. Takeover is expected in December 2025 subsequent to obtaining certification from the Ministry of Health (MOH) Manatū Hauora. The funder, Health New Zealand Te Whatu Ora is aware of the potential change of ownership. Glendale Retirement Home provides care for up to 33 rest home residents. On the day of the audit there were 28 residents.

This provisional audit was conducted to determine Glendale Retirement Homes level of conformity with Ngā paerewa Health and Disability Services Standard 2021 and their funding contract with Health New Zealand-Te Whatu Ora. The audit also considered the prospective providers preparedness to provide a health and disability service.

The audit process included a review of policies, procedures, resident and staff records, observations, and interviews with residents, family/whānau, management, staff, a general practitioner and the prospective provider. Quality systems and processes are implemented.

There have not been any changes in management since the last audit. The facility manager has qualifications and significant experience in management and leadership in health care. The facility manager is supported by a quality assurance manager and a registered nurse.

This audit did not identify any areas of non-conformity or concerns about the prospective provider.

Ō tātou motika | Our rights

The service complies with the Code of Health and Disability Services Consumers' Rights. Residents receive services in a manner that considers their dignity, privacy, and independence.

There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Informed choice and consent are facilitated.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Staff maintain professional boundaries.

Care is provided in a way that focuses on the individual and considers each resident's values, beliefs, culture, and religion.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse and neglect. The service has a culture of open disclosure.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were documented, scheduled, and undertaken. Corrective actions were implemented as indicated. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated, analysed and reported to the owner.

A staffing and rostering policy is documented and implemented. Human resources are managed in accordance with good employment practice.

A role specific orientation programme and ongoing staff education and training is in place.

The prospective provider said they had no plans to make changes to the current staffing allocation and/or roles. They intend implementing the same quality and risk management system in use at their other age care facilities. This New Zealand age care specific quality and risk management system is similar to the system already in use at Glendale.

The collection, storage, and use of personal health information of residents and staff is kept secure, accessible and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

When a resident is admitted into Glendale Retirement Home, the facility manager and the registered nurse work together to ensure an organised and smooth admission process. Assessments and care plans are completed in a timely manner with input from the resident and their whānau, when needed. Each resident has a comprehensive personalised care plan that is based on their needs and updated if anything changes. Residents are referred and transferred to other health services, or discharged back to the community, when required in an organised manner.

Residents can take part in a range of activities, both one-on-one and in groups. The activity programme helps residents stay connected to the community and supports the health and wellbeing of Māori and their whānau when required. Residents are encouraged and supported to keep doing things they enjoy, based on their age, needs, and stage of life.

The service uses a safe medication system with pre-packed medicines and an electronic record system. Trained and competent staff administer medication. The general practitioner reviews medication charts regularly.

The food service provides nutritious meals that meet each resident's dietary and cultural needs. Food is handled safely, and snacks and drinks are available as required. Residents confirmed satisfaction with the meals provided.

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

The facility meets the needs of residents. There is a current building warrant of fitness. The building, chattels and equipment are in good order and were being well maintained. Electrical equipment is tested as required. Medical equipment is calibrated. There are preventative and reactive maintenance processes in place.

Communal and individual spaces are maintained and reflect individual residents' cultural needs and values. External areas are accessible and safe for residents' use. Bathrooms and toilet areas are accessible for tāngata whaikaha/people with a disability.

Emergency procedures are documented and displayed. Staff are trained in emergency procedures and the use of emergency equipment and supplies. There is an approved fire evacuation plan. Emergency evacuation drills are regularly practised. Residents reported a timely staff response to call bells. All staff are identifiable.

There are effective security processes in place to protect residents and staff.

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

The service has an infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The programme is led by a suitably qualified infection control coordinator and is reviewed annually. Sufficient resources, including personal protective equipment (PPE), is available and readily accessible to support the outbreak management plan.

Prescribed antibiotics are monitored, and any adverse effects are followed up. Specialist infection prevention advice is obtained when required. Staff demonstrated understanding of infection prevention and control principles and practices, which are guided by current policies and reinforced through education and training.

Waste and hazardous substances are managed in line with council requirements. Cleaning and laundry services are provided effectively. Surveillance of healthcare-associated infections is undertaken, with results communicated to staff, and the owner. Follow-up actions are implemented when indicated. Infection outbreak reported since the previous audit has been managed effectively and in accordance with policy.

Here taratahi | Restraint and seclusion

The service does not use restraint. There were no restraints in use during the audit. The policy documents alternatives to restraint use. Staff are provided training in de-escalation and restraint alternatives.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The service has a comprehensive Māori health Plan which included rongoā, taonga, wairua, tinana and kai. Glendale Retirement Home has connections with iwi in the community who support the ongoing planning and improvement of holistic care delivered to Māori. This approach aims to improve equity for Māori. The facility manager advised the number of Māori residents who have received care in Glendale has increased in the past five years. The service policy states that Māori are employed to position vacancies whenever possible and the days of audit there was a small number of staff who identified as Māori. All staff complete Te Tiriti o Waitangi and cultural training at the start of their employment, with annual refreshers, this was confirmed in education records, and during staff interviews.</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>There are policies to ensure culturally appropriate care is provided to residents from the Pacific Islands. The policies have been developed by a New Zealand organisation that provides a quality framework and policies for the aged care sector. Pacific nations representatives have been consulted and have had input into its contents. The policy defines cultural safety and addresses inequity. It refers to the Ola Manuia action Plan 2020-2025. The facility manager stated that</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>Glendale has never had a Pacific island resident admitted to the service, as there is a low Pacific demographic in the local area. The policies identify the specific customs of each island nation and provide a care plan model to ensure appropriate, and respectful care that contributes to establishing equity of care for Pacific Island residents. The service employs a small number of staff who identify as a Pacific Islander. The FM stated that Pacific staff would be used as a resource to connect with community groups as required. The human resource policy and education records verified that Glendale Retirement Home recruits and trains a workforce that reflects the population it serves and is responsive to the health needs of the Pacific People.</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>Posters outlining the Code of Health and Disability Services Consumers' Rights (the Code) were displayed in English, te reo Māori, and New Zealand Sign Language in prominent areas of the facility. Staff training on the Code is provided during orientation and on an ongoing basis; this was confirmed through staff records reviews and interviews. Staff interviewed were able to describe how they apply residents' rights in daily care.</p> <p>Information on the Nationwide Health and Disability Advocacy Service and pamphlets on the Code are included in admission packs and were available at the main entrance. Residents and whānau interviewed confirmed awareness of the Code and independent advocacy services. They stated that care is provided in a way that respects their rights and reported that the environment is welcoming and homely.</p> <p>Residents' rights are incorporated into satisfaction surveys. Records reviewed from recent surveys indicated high levels of satisfaction with services, including respect for rights.</p> <p>Māori mana motuhake is upheld when required as guided by the Māori health plan. At the time of the audit there were no residents who identified as Māori.</p> <p>The prospective provider demonstrated knowledge and understanding about consumer rights legislation and best practice</p>

		and their obligations regarding this.
<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>Residents' values, beliefs, cultural identity, religion, disabilities, gender, sexual orientation, relationship status, and other social characteristics are identified and documented as part of the admission assessment process. Interviews with residents and enduring power of attorney (EPOA) representatives confirmed they were consulted regarding individual values and beliefs and reported that staff respected these preferences. Observations confirmed staff maintained residents' privacy, respected personal spaces, and communicated in a respectful manner.</p> <p>Residents are supported to maintain independence to the greatest extent possible. They can choose to participate in preferred activities and perform personal cares where able.</p> <p>Te reo Māori and tikanga Māori are actively promoted and integrated across the service, including information in te reo Māori posted around the facility. Staff have completed training on cultural safety, equity, and Te Tiriti o Waitangi. Tangata whaikaha needs are assessed and responded to appropriately, and participation in te reo Māori is supported where required.</p> <p>Whānau described staff as warm and welcoming and confirmed that cultural and individual values are upheld in practice.</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>Professional boundaries, staff code of conduct, the management of misconduct, discrimination, and abuse or neglect are covered during staff orientation and documented in the employee handbook. Staff interviewed demonstrated an understanding of professional boundaries and described the procedures they would follow if they suspected or witnessed abuse, neglect, or exploitation.</p> <p>Policies and procedures on abuse and neglect outline safeguards to protect residents from harm. Systems in place include a documented complaints management process, regular residents' meetings, and satisfaction surveys. These processes also support protection</p>

		<p>against victimisation and institutional and systemic racism. Residents and whānau/EPOA's interviewed confirmed they had not witnessed or suspected any discrimination, racism, or abuse and were aware of the procedures for reporting concerns if required.</p> <p>Residents are not encouraged to store large amounts of money in their rooms. Residents are responsible for their money if they wish to keep it in their rooms. Articles of value are encouraged to be kept by the whānau. There is a 'comfort account' that can be utilised, and statements are issued to residents and whānau. There are security cameras in public areas of the home which residents have been advised of and consented to. Residents' property is recorded and labelled at admission to prevent loss or mismanagement. Residents and whānau stated that staff behave in a professional manner and observe professional boundaries.</p> <p>A holistic approach to care, incorporating Te Whare Tapa Māori health model, is implemented to support wellbeing outcomes for Māori when required.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and enduring power of attorney (EPOA) representatives receive information to support informed decision-making. Opportunities to discuss concerns are provided during admission and as required.</p> <p>Whānau and EPOAs interviewed stated they were kept well informed about changes to their relative's health status, including incidents, accidents, medical reviews, and general updates. Records of communication via phone and email were maintained. Staff demonstrated understanding of open and effective communication principles which are outlined in policies and procedures consistent with the Code. Information is primarily provided in English, with interpreter services available when needed. Written information and verbal discussions are used to enhance communication with residents, whānau, and EPOAs.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Best practice tikanga guidelines relating to consent are implemented. Informed consent is obtained on admission and documented in residents' records. Admission agreements were signed by competent residents, and where residents were unable to sign, EPOAs signed on their behalf. Advance directives for resuscitation were present in residents' records.</p> <p>Staff were observed seeking consent before providing daily cares. Residents, whānau, and EPOAs interviewed confirmed they are provided with sufficient information and are actively involved in decision-making regarding care. Residents are offered a support person through advocacy services when required. Communication records reviewed confirmed inclusion of support people where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints policy adheres to part 10 of the Code and includes processes to ensure a culturally safe approach to complaints management. Residents and their family/whānau are given written and verbal information about how to complain on admission. Complaints forms and a feedback box are located at the front entrance. Feedback surveys are sent to residents and family/whānau annually and these are analysed for trends. Feedback reports showed that resident's and family/whānau were happy with the care and knew how to complain should they wish to. The complaints register was reviewed. There has been one complaint since 2023. The complaint had been entered on the register and acknowledged, investigated and responded to, in line with the requirements of the Code. The management of and response to the complaint demonstrated equity as evidenced by the respectful, inclusive and culturally inclusive language used. A satisfactory outcome had been reached. Residents and family/whānau stated the staff and facility manager were proactive managing feedback and comments.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>The proposed provider has registered their new company as Glendale Holdings Limited. Takeover is anticipated in December</p>

<p>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>2025 pending settlement between the parties and certification issued by the Ministry of Health. The prospective provider including their directors and senior leadership understand their obligations and responsibilities to comply with legislative, contractual, and regulatory requirements. They are experienced in the provision of aged care services and operate a number of other age care facilities. They stated there were no plans to significantly change the scope or size of the services currently provided and that they will continue operating Glendale Retirement Home with the existing management and staffing structure. The mission, values and vision of the service will remain unchanged for now. A telephone interview with a director representing the prospective purchaser, confirmed a clear strategic direction and their commitment to Te Tiriti o Waitangi. It was stated that the directors and senior leadership ensured Māori representation at a governance level and that they had completed education in Te Tiriti o Waitangi, cultural safety and health equity. The director/s plan to have monthly meetings with the facility manager (FM) and quality assurance manager (QAM). A transition plan with timelines has been developed to facilitate a smooth transition to new ownership. The funder has been notified of the proposed purchase.</p> <p>Glendale Retirement Home is certified for 33 rest-home beds. At the time of the audit there were 28 beds occupied by residents. One resident was on a respite contract, and two residents were on a Young Person with Disability (YPD) contract, funded by Disability Support Services.</p> <p>The retirement home is a privately-owned service. The current owner is the sole director and has owned the business since 2015. The current owner was unavailable to be interviewed. The facility manager confirmed that the owner has completed training and accepts Te Tiriti o Waitangi as the founding document of New Zealand. The facility manager demonstrated a sound knowledge of legislative, contractual and regulatory requirements and this was confirmed in the sighted management reports sent to the owner.</p> <p>The business plan includes a mission statement and philosophy. The business goals reflect current government plans and strategies. A review of the previous year's goals is documented in the annual plan. The business plan links with the quality and risk programme. The FM</p>
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		<p>and QAM are responsible for the day to day running of the retirement home and described how the quality and risk programme and the business goals are implemented in practice.</p> <p>Reports are provided to the owner every four months. The reports include an analysis of all components of service delivery, for example, infection prevention, restraint elimination strategies, quality assurance activities, admission data, resident ethnicity and care plan development and reviews.</p> <p>The FM has 25 years' experience managing aged care services. This person completes annual training relevant to the role and in addition attends an aged care managers annual training day, this was confirmed in the managers education record. The QAM has similar experience and completes similar annual education. A suitably experienced registered nurse (RN) is responsible for the clinical care provided to residents by caregivers. The FM and QAM have completed Te Tiriti o Waitangi, equity and cultural training and demonstrated a sound knowledge of these topics.</p> <p>Although there were no Māori residents at the time of the audit the FM, QAM and RN discussed the policies and procedures that supported Māori to achieve improved outcomes and equity. Management and staff provided examples of how these were implemented when caring for a Māori resident who had recently been receiving care in the service. They provided examples of the Māori connections and resources in the community that are accessed as required.</p> <p>Resident care is planned in collaboration with tāngata whaikaha and their family/whānau. This includes care plan development, monitoring, review, and feedback from resident/family/whānau surveys and meetings. Equipment, supplies and facility layout supports tāngata whaikaha to maintain independence and dignity. Policies and procedures reflect and address the needs of tāngata whaikaha.</p> <p>The clinical governance structure is appropriate for the size and scope of the organisation.</p>
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<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 prospective provider demonstrated awareness of annual quality plans and management systems. The prospective director/s have a contract with a quality consultant to support oversight of the system. It was stated that the quality and risk management system used in their other aged care facilities is likely to be purchased and implemented at Glendale Retirement Home after takeover. The system is similar to the current system that operates at Glendale. There were no identified legislative or compliance issues that may affect the quality and risk system for the new provider.</p> <p>A quality management programme with a risk-based approach is embedded within the day-to-day operations of the service. The programme is led by the FM, QAM, RN and the health and safety representative. This team meet monthly to discuss and report on incidents and accidents, complaints, internal and external audit activities, resident/ whānau feedback, monitoring of outcomes, policies and procedures and clinical incidents including infections, falls, and skin tears. This information is then shared at staff meetings and resident meetings as appropriate. This was verified in meeting minutes and reports sighted. In depth analysis and evaluation of these reports is documented and shared with the owner. A strengths, weaknesses, opportunities, threats (SWOT) analysis is completed annually.</p> <p>A document control system is in use for policies, procedures and clinical records, which are reviewed yearly or as required.</p> <p>Internal audits include but are not limited to staff education records, care-plan development, medication records, resident mobility aides, facility cleanliness. Corrective action plans were developed to address any issues identified, implemented, and signed off when completed. Managers and staff discussed the programme. Meeting minutes and management reports verified the process.</p> <p>The accident and incident policy reflects the National Adverse Event Reporting Policy. Incident and accident reports sampled verified that the nature/type of incident was recorded, that the family were notified along with the RN and/or the FM and the GP if required.</p>

		<p>Investigations were carried out in a manner that supported a learning outcome. Corrective action plans were developed if required and signed off when fully implemented.</p> <p>The FM demonstrated knowledge of essential notifications. There had been no section 31 notifications submitted to HealthCERT since the last audit Two notifications had been submitted to the Health Quality and Safety Commission (HQSC) and the Health New Zealand-Te Whatu Ora funding manager was also notified. One incident reported concerned a resident who was on leave from the service at the time of the incident. The second incident concerned a resident who no longer lives at Glendale Retirement Home. Both incidents had been notified, investigated and reported in line with requirements.</p> <p>The health and safety folder was current and included for example the hazard register, risk register and material safety data sheets. The risk register included internal and external risks, risk levels and mitigation strategies. All staff completed health and safety training during orientation and annual training thereafter.</p> <p>Staff have completed cultural and Te Tiriti o Waitangi training, and they discussed how they implemented this into their daily activities. Incident and accident, infection and other relevant reports include ethnicity data, this is analysed to assist in capturing health equity data.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>The staffing plan/policy reflects contractual requirements. Four rosters were sampled, covering a period of eight non-consecutive weeks. These confirmed that the staffing levels and skill mix was appropriate and always allowed for the delivery of culturally and clinical safe care to residents. The FM is onsite along with the QAM Monday to Friday during business hours. The RN is onsite Monday to Friday during business hours and provides an on-call service out of hours. Caregivers have a rotational roster with set shifts. The FM, RN and caregivers confirmed that staffing levels are adjusted as required, for example if the needs of a resident/s have changed, or if there is/are new residents. All staff have completed first aid training.</p>

	<p>The RN is maintaining interRAI competencies. A diversional therapist leads the activities programme. Residents and family/whānau confirmed that there were sufficient numbers of staff on all shifts.</p> <p>Caregivers had completed a New Zealand Qualification Authority (NZQA) certificate in either level three or four. An annual education programme has been developed which includes for example, medication competency, handwashing, restraint elimination, cultural competency, rainbow awareness, and health equity. Training on specific topics is delivered monthly as in service education following staff meetings. This was confirmed by meeting minutes and staff interviews. The content of the education session/s was attached to the minutes. Education records also verified that staff completed additional education of interest to them for example dementia, and food presentation.</p> <p>The Māori health plan aims to establish and maintain a service that facilitates culturally safe care through learning and support. This is reflected in the annual education and training programme. Compulsory training and updates include cultural awareness, Te Tiriti o Waitangi, te ao Māori and health equity. Staff records and meeting minutes confirmed that this education had been provided and this was confirmed by staff. Resident ethnicity data from admissions, infection events, accidents and incidents, and complaints is collected and analysed to assist with identifying improvements in health equity.</p> <p>Staff advised that the service has a positive and enjoyable work culture, and that management are considerate of their workload.</p> <p>The prospective provider is aware of contractual requirements regarding staffing requirements and has no plans to change the existing policy or ratios. The prospective provider did state that consideration will be given to developing staff linkages and sharing between another nearby, recently purchased aged care service. This would be used mainly to cover staff absences. There are no plans to change existing contracted staff for example the pharmacy, GP or podiatrist.</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 (HR) policies and processes are based on good employment practice and relevant legislation.</p> <p>A sample of six staff records confirmed the service's policies are being consistently implemented. Records included the position application, record of interview, reference check, police record checking and a signed employment agreement. Each employment agreement included the job description, minimum hours of work per week and the position responsibilities. Induction, orientation and ongoing training documents are filed in each staff members record. The orientation included a minimum of four days working with a 'buddy' and a further four days to read and become familiar with policies and procedures. The FM stated that the orientation period may vary between staff members, determined by the persons experience, confidence and existing knowledge.</p> <p>Performance appraisals had been completed within four months of the commencement of employment, and annually thereafter. The records included certificates to confirm the staff had completed all required and supplementary education.</p> <p>Current practicing certificates were held for the RN, GP, pharmacist and visiting allied health professionals for example; the podiatrist.</p> <p>Staff records are stored in a locked cupboard in the FM's office. The office is also locked when not occupied. Ethnicity data was collected in accordance with Health Information Standards Organisation (HISO).</p> <p>The FM ensures that all staff can debrief and discuss events/incidents if the staff member wishes. Staff can access an Employee Assistance Programme (EAP) if and when required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	<p>FA</p>	<p>Personal information of residents and staff is stored securely and only accessed by authorised personnel. Policies and procedures are in place to ensure confidentiality. A secure and locked location is used to store archived records; this location is accessed by the FM and/or QAM.</p>

<p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>Resident records are paper copy and records sampled confirmed that they were completed in line with the New Zealand Health Records Standard (NZS 8153:2002). The record is integrated and includes the Admission Agreement, GP records, EPOA, incident reports, and interRAI reports.</p> <p>The service has no responsibilities in relation to National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Entry criteria for Glendale Retirement Home are clearly outlined in the information handbook. Admission is managed by the facility manager and the registered nurse (RN). Prospective residents, whānau or EPOAs are encouraged to visit the facility prior to admission. Information about the service is provided to support informed decision-making. Residents are admitted only after the required level of care is assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service.</p> <p>Whānau and residents confirmed they were involved in the entry and assessment processes and that their rights and identity were respected. Policies and procedures specify processes for communicating decisions when entry is declined. The service maintains records of all enquiries and routinely analyses entry and decline data four monthly, including specific rates for Māori.</p> <p>The service has established links with a local Māori organisation and marae to support the needs of residents who identify as Māori. Māori cultural advice is accessed when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	<p>FA</p>	<p>The RN completes nursing admission assessments, care plans, and care plan evaluations. Initial assessments reviewed were completed within 24 hours of admission. A range of assessment tools are utilised, including those addressing residents lived experiences, falls risk, pressure injury risk, continence, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>admission, and long-term care plans were developed within the same timeframe. Care planning incorporated information from InterRAI assessments, referral documentation, observations, and NASC assessments. Residents and whānau, where applicable, were involved in assessment and care planning processes.</p> <p>Long-term comprehensive care plans identified residents' strengths, goals, and aspirations aligned with individual values and beliefs. Early warning signs and potential risks to wellbeing were documented, along with strategies for mitigation. Systematic monitoring and evaluation of care plans occurred six-monthly or more frequently as clinically indicated. Care plan evaluation recorded the degree of progress towards achievement of agreed goals of care. Te Whare Tapa Wha model of health is used to ensure tikanga and kaupapa Māori principles inform care delivery and supported Māori residents in achieving pae ora outcomes when required. Strategies were in place to identify and address barriers to equity for tāngata whaikaha and whānau, including access to cultural support when required.</p> <p>The general practitioner (GP) provides medical services at weekly visits and provides after hours on call services. The GP stated that established processes are used to inform the doctor of concerns or changes in a timely manner. Medical assessments were completed by the GP, with routine reviews every three months or sooner as indicated. Records confirmed timely escalation of health changes to the GP. The GP expressed satisfaction with the standard of care provided and confirmed that medical instructions were consistently followed.</p> <p>A range of equipment and resources suited to the level of care provided was available and maintained. Residents and whānau confirmed involvement in care evaluation and expressed satisfaction with the standard of care provided.</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</p>	<p>FA</p>	<p>The activities programme is led by a qualified diversional therapist (DT), supported by two volunteers and caregivers. Residents' activity needs, interests, and social requirements are assessed on admission</p>

<p>activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>with input from residents and whānau. A monthly activities calendar is developed and displayed, with daily activities communicated on writing boards around the facility. Each resident is given a copy of the activities calendar.</p> <p>A mix of individual and group activities is provided, reflecting residents' goals, cultural needs, and ordinary patterns of life. The programme includes community involvement, visiting entertainers, national and international day celebrations, and cultural events such as Waitangi Day, Matariki, and ANZAC Day. Māori Language Week is observed, and residents are supported to participate in te ao Māori activities. Special cooked breakfast weekends are facilitated by the Diversional Therapist (DT). Residents and whānau expressed appreciation for these events, and whānau participation is encouraged. Residents are supported to attend outings of their choice. Some residents were observed participating in household activities as desired, such as setting tables for meals and collecting mail.</p> <p>Activities attendance records are maintained, and residents' activity needs are reviewed six-monthly alongside interRAI assessments and care plans. Feedback is sought through monthly residents' meetings. Residents were observed participating in a variety of activities during the audit and confirmed they find the programme enjoyable and meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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 complies with current legislation and guidelines. Medicines are administered safely using an electronic system. Observation of two care givers administering lunchtime medications confirmed adherence to safe practice, with both demonstrating knowledge and understanding of their roles and responsibilities at each stage of medication administration. All staff responsible for medication administration had current competency assessments. Medication incidents are documented. Investigations were completed and corrective actions implemented as required.</p> <p>Medicine was stored securely in a locked medication room and locked trolley. Medications are supplied in pre-packaged formats by a</p>

		<p>contracted pharmacy. Medication reconciliation is completed by the RN on delivery of new packs and following residents' return from acute services. All medications sighted were within expiry dates. Pharmacist support is available on request. Standing orders are not used. Controlled drugs are stored securely, and the controlled drug register showed evidence of weekly and six-monthly stock checks. Temperature records for medication storage area and fridge were within the recommended range.</p> <p>Three-monthly medication reviews are consistently completed by the GP. Review of twelve prescription charts confirmed appropriate prescribing practices, including documentation of over-the-counter medicines, supplements, and allergies where applicable. Residents and whānau are supported to understand their medications. The GP confirmed that culturally appropriate advice and treatment options are provided for Māori when requested.</p> <p>At the time of audit, one resident was self-administering medications. Processes for assessing competence and ensuring safe storage were in place and followed.</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>Meals are prepared onsite by the cook from Monday to Friday. On Saturday and Sunday an external caterer provides food that is prepared off site and delivered to the facility in hot boxes. The menu operates on a five-weekly cycle. The menu was reviewed by a registered dietitian on 17 September 2025. Residents who choose not to go to the dining room have meals delivered to their rooms.</p> <p>The service operates with an approved food control plan, valid until 30 November 2025. A food verification audit occurred on 21 February 2025. Food temperatures are monitored and recorded in accordance with the plan. Observations during the audit confirmed the kitchen environment was clean and staff followed appropriate infection prevention measures during food service.</p> <p>Residents' weight is monitored monthly, and interventions, including the provision of nutritional supplements, are implemented as required. Cultural considerations are incorporated, with Māori-specific menu options provided when required. Snacks and fluids are</p>

		<p>available 24 hours a day. Residents and whānau are encouraged to participate in food preparation through the activities programme. Residents also have access to kitchen facilities for making tea, coffee, and preparing sandwiches as desired.</p> <p>Mealtime observations confirmed residents received appropriate assistance and were supported to eat in an unhurried manner. Residents expressed satisfaction with meals cooked onsite from Monday to Friday. However, some residents expressed concerns with meals provided by the external caterer on weekends.</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>	FA	<p>The service has a transfer and discharge policy that guides staff practice. Transfers and discharges are carried out safely and in consultation with residents, whānau, and EPOAs where applicable. A transfer form is completed to ensure continuity of care, and verbal handovers are provided to the receiving service. Residents requiring acute or emergency care were transferred via ambulance to the accident and emergency department. Records reviewed confirmed that risk mitigation strategies were considered, and residents were supported throughout the transfer process. Referrals to kaupapa Māori agencies and other health or disability services are offered when indicated or requested. Records and interviews verified that residents and whānau were informed of the referral process and the reason for transfer or discharge.</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</p>	FA	<p>Glendale Retirement Home has a current building warrant of fitness with an expiry date of 20 December 2025. The building has 33 bedrooms five of which are upstairs. Residents can use the stairs or use the chairlift to gain access to these rooms. The chairlift passed a certification on 10 September 2025. The five upstairs bedrooms have one shared bathroom and toilet. Seven bedrooms have full ensuites; 10 rooms share a full ensuite. There are sufficient accessible toilets and bathrooms for the remaining rooms. There is a separate toilet for visitors and staff. The bathrooms and toilets have handrails, and some toilets have raised seats. Each bedroom has a window and a night light. Many of the bedrooms have a door with access to the</p>

<p>belonging, independence, interaction, and function.</p>		<p>outdoors.</p> <p>There is a large dining area and three smaller lounge areas. The hallways, entrance ways and bedrooms are spacious and allow residents to freely wander around their bedroom. The fittings, furnishings and décor in some areas of the building is dated. The facility is surrounded by a well-maintained garden and grounds with seating and shaded areas. Residents and family/whānau were seen to be enjoying the grounds during the audit. All indoor and outdoor areas were safe and accessible, and promoted mobility and independence. Heating is provided by a mix of heat pumps, underfloor heating and wall heaters.</p> <p>There are cupboards, rooms and a dead-end hallway for storage the storage of equipment. The annual maintenance plan includes electrical testing and tagging, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Records verified these were completed annually and repairs or replacement equipment was purchased if required. All electrical checks and calibration checks were current at the time of the audit. A reactive maintenance book is kept for staff to record any required repairs or maintenance, review of the book confirmed that all required tasks were completed in a timely manner. Preventive maintenance is undertaken by the maintenance person who works twelve to fourteen hours per week.</p> <p>The service owns a van to transport residents to activities and/or appointments. The certificate of registration was current until 27 January 2026 and the warrant of fitness had been issued on 27 October 2025. The van had travelled 286,000 km's, its paintwork was faded and chipping, sign writing had faded off, and moss was seen to be growing on the exterior rubber of the windows.</p> <p>The FM confirmed that any building changes or additions would be planned in collaboration with Māori.</p> <p>The prospective provider has no plans to make any environmental changes.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The Fire and Emergency New Zealand (FENZ) approved evacuation plan was dated September 2016. There have been no changes to the building since that date which required the plan to be reviewed. Emergency exit signs are clearly displayed. Smoke detectors and sprinklers are installed in the building and checked regularly by a contracted company. Fire extinguishers are located in suitable locations and had been checked within the past six months. Six monthly fire drills are undertaken and records confirmed that these were managed appropriately.</p> <p>The fire and emergency manual reflects civil defence requirements and identifies and minimises risk. The manual is kept in an easily accessible location for staff to access if required. Staff discussed the information that was in it and knew where it was kept. Education records and staff confirmed they had received training related to emergencies and security risks. All staff complete annual first aid training updates. Residents and whānau were informed of emergency procedures on admission, and periodically there during resident meetings. Residents also took part in fire drills.</p> <p>Adequate supplies of water and food for residents and staff was available in case of an emergency. This included a tank of drinking water that was treated regularly to ensure its safety to be used as drinking water. The water tank is replaced with fresh water six monthly. There are additional water storage tanks in the ceiling/roof space. There were appropriate supplies of food onsite for all residents and staff, should an emergency occur. The supplies are checked and rotated regularly. A contract is also in place with a local company to supply and deliver prepared food in an emergency event. The service has a gas barbecue for cooking in the event of a power outage, and the facility has a local agreement for priority access to a generator if the power outage is prolonged.</p> <p>All bedrooms, bathrooms and toilets have call bells. Maintenance records verified that these were checked annually, including the battery that operates the bell system in a power outage. Resident and whānau feedback confirmed that calls bells are answered in a timely manner. Battery operated emergency lighting is installed and checked regularly by a contracted company.</p>
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		The external doors are locked in the evening and unlocked in the morning. Security cameras operate at the front entrance. In the event of a security alert the police are notified via the 111-emergency phone call process. All staff were observed to be wearing identification during the audit.
<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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme are designed to improve quality and ensure safety of residents, staff and visitors. IP and AMS are included in the business quality risk and management plan which confirms commitment by the owners. A quality consultant with IP and AMS expertise and the facility manager assists with defining the strategic direction and provides advice to the owner. A step wise approach to risk management is used and support is accessed from the facility manager and the infection control coordinator (ICC) first. If the required advice cannot be accessed within the organisation, the GP is contacted, then the local public health infection prevention team or the laboratory (IC specialist).</p> <p>Reporting of significant infection events to the owner is completed through the four monthly quality report sent to the owner.</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>	FA	<p>There is a nominated infection control coordinator (ICC) with a defined role, responsibilities, and reporting requirements to the senior management included in the role description. The ICC has been in this role for three months and has completed external infection prevention and control education. The ICC is supported by the facility manager. The ICC has access to clinical records and diagnostic results. IP policies reflect current standards and best practice guidance. The IP programme is reviewed annually and was most recently reviewed on 27 January 2025</p> <p>The ICC and the facility manager have reviewed clinical policies that may have an impact on HAI risk, and they oversee the procurement of infection prevention equipment and consumables. Pandemic and outbreak management plans are current and supported by sufficient</p>

		<p>and readily available PPE resources. There are six isolation kits prepared ready for use when required. The pandemic and outbreak management plan is tested regularly. The facility manager stated that IP considerations are included in planning for major changes or new buildings. No known changes were planned at the time of audit. Staff receive IP education at orientation and in staff meetings, and residents receive individualised education. This was confirmed in interviews.</p> <p>Reusable medical devices and shared equipment are cleaned and disinfected according to manufacturer recommendations and best practice guidelines, with a cleaning schedule available. Single-use devices are not reused. Observations confirmed staff compliance with infection prevention and control practices, including correct use of PPE and hand hygiene. Handwashing facilities and hand sanitisers are accessible throughout the facility.</p> <p>Māori culturally safe practices in IP that acknowledge the spirit of Te Tiriti are implemented, with staff demonstrating awareness of meeting individual needs. Infection prevention educational material in te reo Māori was displayed in the facility.</p> <p>Regular infection prevention audits are conducted, and corrective actions are implemented when required. Audit outcomes and infection updates are communicated to staff during meetings, and new infections are discussed at shift handovers to support early intervention.</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>The service has an antimicrobial stewardship (AMS) programme appropriate to its size, scope, and complexity. The programme was developed using evidence-based prescribing guidelines with expert input and was approved by the owner. Responsible antimicrobial use is actively promoted. Infections are recorded on the infection report form. Monthly antibiotic usage data is monitored.</p> <p>Short term care plans are completed for prescribed antibiotics; these are reviewed weekly and signed off when resolved. Monthly infection analysis includes the antibiotics prescribed. The infection monthly report includes infections identified and quality improvement plans</p>

		where required.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service and is implemented in line with organisational policy. The policy clearly outlines surveillance methods, tools for data collection, assigned responsibilities, and standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. Analysis is undertaken, and action plans are implemented where required. National surveillance programmes and guidance are applied when required. All healthcare-associated infections (HAIs) are monitored by the ICC. Monthly infection data is reported to the facility manager and communicated to staff at meetings. Surveillance includes ethnicity data. Infection surveillance is included in the four monthly quality reports sent to the owner.</p> <p>Residents and whānau are informed of infections in a culturally safe manner, as verified through interviews. An influenza outbreak reported since the previous audit was managed effectively, and appropriate infection prevention and control measures were implemented. Public health was notified about the outbreak at the time.</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>	FA	<p>The service has documented waste and hazardous management policies that conform to legislative and local council requirements. Staff receive orientation to these policies at the commencement of their employment, and this was confirmed during staff interviews. Interviews with staff and observation during the audit confirmed that there is enough personal protective equipment (PPE) and equipment available, for example aprons, gloves, face shields and masks. Staff demonstrated knowledge and understanding about safe and hygienic waste management. Waste is removed off-site by contracted services.</p> <p>The facility was observed to be clean and well maintained. Cleaning staff comply with the cleaning policies and procedures. Training for</p>

		<p>cleaning staff includes the use of PPE, the 5 moments of hand hygiene, and the use of cleaning chemicals. There is a designated locked room with cupboards that store cleaning chemicals which held the material safety data sheets for the products used. Environmental audits are a component of the internal audit programme, results sighted did not reveal any significant issues.</p> <p>There is an on-site laundry with a separate area for clean and dirty linen. There is a documented laundry process, which details the management of linen, and resident's personal clothing. A dryer is used to dry linen following washing. Items that are not suitable to be placed in a drier are dried on airing racks. During the audit, the residents clothing and household linen including sheets and towels appeared clean and in satisfactory condition.</p> <p>The quality team including the FM, QAM, RN and health and safety representative have oversight of the testing and monitoring programme of the facility.</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>Glendale Retirement Home has a philosophy to be a restraint free environment. There is a documented policy that includes definitions of restraint and identifies alternatives to restraint, such as sensor mats, talking and/or distracting residents, use of behaviour charts and referral to other support services/professionals. These alternatives are used with the consent of the resident and the family/whānau. A restraint group oversee the restraint free policy that includes the FM, QAM, RN and GP. All staff had completed restraint elimination training, communication and de-escalation, and this was confirmed in education records. No restraints were observed during the audit, and records confirmed no restraints had been used since the last audit.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.