

The Ultimate Care Group Limited - Alden Rosedale

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: The Ultimate Care Group Limited

Premises audited:

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

Dates of audit: Start date: 14 October 2025 End date: 15 October 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: 53

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Alden Rosedale is part of the Ultimate Care Group Limited and is located in Albany in Auckland. The service provides rest home, and hospital level of care for up to 66 residents. On the day of audit there were 53 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff records; observations; and interviews with residents, family/whānau, management, the national quality and assurance manager, staff, and a general practitioner.

The facility manager is supported by a clinical services manager, a team of care and support staff, the regional manager, and the governance body. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

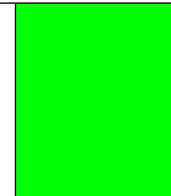
There have been changes in management since the previous audit.

The shortfalls to address from the previous audit relating to partnerships with Māori and Pacific, interRAI assessments and care plans, and to the Building Warrant of Fitness, have been addressed.

This surveillance audit found no areas identified for improvement.

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 are fully attained.

There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs.

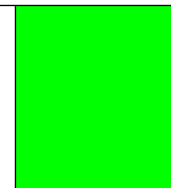
Staff demonstrated an understanding of resident's rights and obligations and ensures that residents are well informed in respect of these.

Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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 are fully attained.

The Alden Rosedale business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are focused to ensure outcomes are improved for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and staff. There is process for following the National Adverse Event reporting policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There are staffing and rostering guidelines. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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.		Subsections applicable to this service are fully attained.
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Registered nurses assess residents on admission. The initial medical assessment is completed by the general practitioner within the required timeframe. The service works in partnership with residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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 are fully attained.
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There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

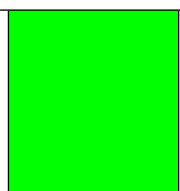
Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

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 are fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one outbreak recorded and reported on since the last audit.

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 are fully attained.
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The Board and management team are committed to maintaining a restraint-free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. There is no use of restraint.

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	18	0	0	0	0	0
Criteria	0	51	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>A Māori health plan is documented for the organisation. Alden Rosedale uses the plan as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. On the day of audit, there were no residents or staff who identified as Māori.</p> <p>Seven staff (one registered nurse, three caregivers, one laundry assistant, one head cook, one administrator); and three managers, (facility manager, clinical services manager and the national quality and assurance manager), interviewed confirmed that they have completed cultural safety training and can discuss applying the principles of Treaty of Waitangi into the support they provide.</p> <p>Discussion with the facility manager and review of documentation evidenced that the service has established formal connections with local Māori and the shortfall identified at the previous audit relating to cultural connections with local Māori has been addressed.</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>	FA	<p>Alden Rosedale uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. During the audit there were staff who identified as Pasifika, and no Pacific residents</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>at the facility.</p> <p>Staff when interviewed demonstrated an understanding of Pacific culture, its relevance to their policies and were knowledgeable about how to access community support for Pacific individuals.</p> <p>An interview with the facility manager confirmed that the service has established connections with Pacific people. A review of documentation evidenced that the shortfall identified at the previous audit pertaining to formal connections with external providers relating to Pacific people has now been addressed.</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>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There are opportunities for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with five family/whānau (one from the rest home and four from the hospital), and five residents (three from hospital and two rest home), revealed that they received information at admission, which included information about the Code.</p> <p>The Code around the facility is displayed in English and te reo Māori. Both residents and family/whānau are briefed on the extent of services provided about any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Alden Rosedale policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property. Residents' finances are managed via a system of on-charging for additional services like hairdressing. Interviews with residents and family/whānau confirmed that residents financial and property rights are upheld.</p> <p>All staff are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff</p>

		<p>and management demonstrated an understanding of professional boundaries, with residents and family/whānau stating professional boundaries are consistently maintained. Bi-monthly resident and family/whānau meetings provide a platform for voicing concerns and suggestions directly to management. Residents and family/whānau interviewed stated that the meetings are helpful in ensuring they are kept up to date with staff changes and what is happening within the home.</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>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had a right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA, and activation is on file.</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 procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and in visible places throughout the facility, or are available on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>The complaints process is underpinned by the guidelines set by the Health and Disability Commissioner and is linked to advocacy services. The Code and the complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. Over the last twelve months there have been seven</p>

		<p>complaints received. All have been closed to the satisfaction of the complainant, bar one that was received in October 2025. The facility manager explained that this is still under investigation. A review of the complaints' register and discussion with the facility manager evidenced that policy and procedure had been consistently followed regarding the management of all complaints received. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>A complaint lodged in October 2024 by the HDC has been closed following the provider implementing the corrective actions required.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include family/whānau in participation.</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>Ultimate Care Group rebranded in order to refresh their values and their “here for you” philosophy. Alden Rosedale is owned and operated by Alden and is certified for 66 beds, which includes 32 dual purpose beds in the apartments, and 34 hospital beds in the care unit. There was a total of 53 residents on the day of audit. This included 30 hospital level residents in the care unit; and eight rest home level residents and 15 hospital residents in the apartments. The residents in the apartments have an occupational rights agreement (ORA) and have priority for moving into the care unit if required. All residents using rest home and hospital level of care (bar one who was private paying for respite care), were funded under the age-related residential care contract (ARRC).</p> <p>Alden Rosedale is managed by a facility manager (social worker) who has been in the role for eight months. They are supported by a regional manager. The clinical services manager has been in the role for 10 months. The governance of the company is delegated though the chief executive (CE). The CE reports to the shareholders (and their advisors) on their obligations under the relevant legislation.</p> <p>The Alden philosophy promotes sustainable provision of quality aged</p>

		<p>care and associated services. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The governing body receives progress updates on various topics, including staff and resident incidents, benchmarking, complaints, human resource matters, and escalated complaints. The quality and business plan reflects links with Māori and aligns with the Ministry of Health strategies. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how this will be achieved.</p> <p>An interview with the national quality and assurance manager confirmed that there is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. The clinical governance is led by the national clinical lead for the organisation and includes the national clinical educator, national clinical data analyst, and clinical quality lead. They are supported by the CEO, and health and safety representatives. They meet bi-monthly. The clinical governance structure encompasses a framework of policies, processes, and practices designed to ensure the delivery of high-quality care and services to residents. This structure ensures that services are delivered in a safe, effective, and person-centred manner, with a focus on promoting a holistic approach to health for residents. These discussions outline current clinical focus areas and the implementation of core values within the service. Monthly reports to the governing body reflect evidence of communicating quality and risk activities.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our</p>	<p>FA</p>	<p>Alden Rosedale is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The facility manager and clinical services manager lead and implement the quality programme. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work, and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated.</p> <p>Reports are completed for each incident or accident, with immediate</p>

<p>health care and support workers.</p>	<p>action noted and any follow up actions(s) required, as evidenced in five accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical services manager or registered nurses. Family/whānau are informed following incidents.</p> <p>The clinical services manager collates all the data and completes a monthly and annual analysis of results. This information is captured within the reporting tool sent to the governance body. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, clinical/quality, and head of department meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; staff; and education. Discussions with the clinical services manager and a review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. Outcomes are shared within the appropriate meetings. Meeting minutes sighted evidenced that meetings are occurring as scheduled.</p> <p>Resident and family/whānau meetings are occurring as per schedule, and family/whānau interviewed stated they find the meetings helpful to find out what is happening within the home, and to have an opportunity to give feedback. The 2025 resident and family/whānau satisfaction survey results were reviewed. The data has been analysed. A targeted approach was implemented to increase the number of respondents from the numbers received from the previous survey. The numbers of respondents to the surveys have increased since the 2024 survey undertaken. Results were positive, with results showing 85 per cent and above satisfaction (an improvement from the last survey). A corrective action plan has been implemented to address shortfalls identified in food services.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date register is reviewed at regular intervals. Health and safety representatives from the clinical team have completed appropriate training to support their roles and responsibilities. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and through staff meetings.</p> <p>Discussions with the facility manager and clinical services manager evidenced their awareness of their requirement to notify relevant</p>
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		<p>authorities in relation to essential notifications. Confirmation was provided that Section 31 notifications were completed for the facility and clinical services managers appointments. Additional Section 31s were completed as required. The service follows the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learning. The information pertaining to an outbreak in 2025 was reviewed and confirmed that the outbreak was appropriately managed, and notifications completed to the Public Health authorities.</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>A policy is in place for determining staffing levels and skill mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager and clinical services manager work full time from Monday to Friday. The facility manager is available 24/7 for any operational issues. The clinical services manager is available 24/7 for any clinical issues. A registered nurse is supported to have a “paperwork day” each week to maintain interRAI assessments, care plans and liaise with family/whānau. A review of rosters, and discussions with the facility manager, clinical services manager, care staff, residents and family/whānau confirmed that registered nurses are rostered 24/7. Any planned or unplanned leave was noted to be consistently covered. Separate cleaning and laundry staff are rostered.</p> <p>Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs and that the management team provide good support. Residents and family/whānau members interviewed reported that they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule completed for 2025-2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes the Code; informed consent; challenging behaviour; Pacific values; Māori health (values, beliefs, understanding tikanga and health equity); end of life care; pressure injury; and medication management. There is an attendance register for each training session and an individual staff</p>

		<p>member record of training maintained electronically. Educational courses offered include in-services, online, and competency questionnaires. Guest speakers are arranged to deliver specialist topics to staff.</p> <p>All registered nurses have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. All new staff are encouraged to commence their training on commencement of employment. There are 25 level four trained caregivers who are designated shift leaders. Staff interviews outlined the required competencies these staff are required to maintain. These included medication administration, manual handling, hoists, infection prevention, and the management of challenging behaviours. The clinical services manager and registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments, medication, manual handling, syringe driver, and emergencies. At the time of audit, 10 of the 11 registered nurses have completed interRAI training, including the clinical services manager.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation.</p> <p>The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the facility manager, review of the staff appraisal schedule, plus discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including three hospital level and two rest home level. Registered nurses are responsible for all assessments, including interRAI assessments and care planning. A physiotherapist is contracted to undertake mobility assessments, and develop exercise plans for residents. Resident files have evidence of resident and family/whānau input in assessments and care planning, and those interviewed confirmed they are involved at each stage, from assessment to care planning, to evaluation. Initial assessments, short-term admission plans, interRAI assessments, and long-term care planning are done within the timeframes required by the age-related residential care contract. Criterion 3.2.1 is now fully attained and the shortfall identified at the previous audit has been addressed.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. At the time of the audit all residents had chosen to be attended by the contracted general practitioner. Residents then have a monthly or three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides an on-call service after hours, on weekends and public holidays. The general practitioner stated that staff are competent and communicate any concerns in a clear and timely manner.</p> <p>The diversional therapist completes a detailed lifestyle assessment to identify residents' interests and preferences, and uses this to develop a plan for meaningful activities. The lifestyle assessment includes a cultural assessment, and residents and family/whānau interviewed confirmed that they have extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>A review of resident files shows that each assessment is comprehensive and utilises the tools embedded in the interRAI system. Where an interRAI assessment shows a trigger for a specific need, then this is included in the care plan. Care plans are comprehensive and holistic and include the goals and aspirations of residents. They describe the interventions required to achieve these. Early warning signs and symptoms to report to the registered nurse are documented when there</p>

		<p>is a potential for a risk for a resident, such as a change in mood, infection, or hypoglycaemia. Care plans are recorded on an electronic system, and caregivers confirm they easily access them.</p> <p>Care plans are reviewed routinely every six months, or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to either attend care plan reviews, or to email any suggestions if they are unable to attend. When care plans are updated, caregivers are updated on any changes. The family/whānau is informed and the care plan is updated when a resident's progress is different from expected. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit there were 25 wounds being treated, including five pressure injuries (one unstageable, three stage II and one stage I), skin tears, a surgical wound, and skin lesions. A wound register is maintained. Review of wound care plans and photographs show wounds are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Progress notes are completed each shift by the caregivers and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: monthly (or more often if indicated) weight; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing</p>

<p>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>and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and medications with a short shelf life are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are no residents currently who self-administer their medications; however, there is a process for assessing the competency for residents who wish to self-administer their medications, and a policy for the safe storage of medications. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>were available in the kitchen folder. The food control plan is current.</p>
<p>Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>	FA	<p>The building has a current warrant of fitness. Criterion 4.1.1 identified as a shortfall at the previous audit is now fully attained. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the courtyard. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing and tagging of electrical equipment, last completed on 12 May 2025; and calibration and testing of clinical equipment, last completed in November 2024. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The infection prevention policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually.</p> <p>The clinical services manager takes overall responsibility for the implementation of the infection prevention and control programme. Along with the expertise from the Alden head office, the clinical services manager advises staff on the management of infection prevention issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection prevention related training was up to date, with a high number of staff attending. Staff have received training in infection prevention at orientation and through ongoing education. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections including specific organisms are reviewed. Subsequently action plans are formulated and executed, which is also analysed monthly and annually for trend identification. The infection prevention data captures information on ethnicity. The service receives regular notifications from Health New Zealand. The last Covid-19 outbreak was August 2025. Review of documentation, discussion with</p>

		the clinical services manager and staff confirmed this was managed appropriately and reported.
<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>	FA	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management, and staff. There is no use of restraint.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies, is completed as part of the mandatory training plan and orientation.</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.