

Avatar Management Limited - Maida Vale Retirement Village

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

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

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

The specifics of this audit included:

Legal entity:	Avatar Management Limited
Premises audited:	Maida Vale Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 28 October 2025 End date: 28 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:	86

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Avatar Management Limited owns Maida Vale Retirement Village, which is certified to provide hospital (medical and geriatric) services, rest home care and residential disability services (physical) for up to 94 residents. On the day of the audit, there were 86 residents receiving care, including 41 receiving rest home level of care and 45 receiving hospital level of care.

Significant changes to the service and facilities since the previous audit included the appointment of a new facility manager in June 2025.

The service is run by a facility manager (FM), assisted by two clinical nurse managers and the owner/directors.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, management staff, general staff, and a nurse practitioner.

No corrective actions were identified during this audit. One non-conformity identified at the previous certification audit in March 2024 has been rectified. This is related to insufficient registered nurse (RN) coverage on night shifts.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Maida Vale Retirement Village works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Staff maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Maida Vale policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Avatar Management Limited assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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 fully attained.


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

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. All three buildings each have a current building warrant of fitness, and a planned maintenance programme ensures safety. Electrical equipment is tested as required.

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

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

Subsections applicable to this service fully attained.

Maida Vale Retirement Village has a documented infection prevention (IP) programme that has been developed by those with IP expertise and has been approved by the governing body. The programme was linked with the quality improvement programme and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit, and this has been the case since the previous audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

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	49	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. 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>Maida Vale Retirement Village has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations, a cultural navigator, and a facility cultural focus group to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of the audit, and those interviewed felt culturally safe.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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>	FA	<p>Maida Vale Retirement Village provides services that are underpinned by Pacific worldviews. At the time of the audit, there were no staff or residents who identified as Pacific peoples. Staff ethnicity data was documented on recruitment and trended. Staff reported that residents were supported in their worldviews, and cultural and spiritual beliefs were embraced.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code), and were observed supporting residents in accordance with their wishes.</p> <p>Maida Vale Retirement Village provides a comprehensive information package on admission to care, which includes the Code and Advocacy information, and residents' rights and responsibilities. The Code of Rights was displayed at reception in the three facilities.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The Maida Vale Retirement Village orientation programme includes a staff handbook of house rules, which clearly outlines professional boundaries, behaviours of concern, and how these would be managed.</p> <p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected. Maida Vale Retirement Village office administration invoices families directly for any on-charges. No resident funds are maintained.</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</p>	<p>FA</p>	<p>Maida Vale Retirement Village has been working closely with the nurse practitioners to develop advance care plans in the form of medical care guidance forms that will remain with the resident as they move through health services, to provide for more seamless supportive care. All residents had agreements for care and enduring power of attorney (EPOA) and/or advance care directives, as deemed appropriate.</p> <p>Residents including young persons with a physical disability (YPD) and/or their legal representative were provided with the information necessary to</p>

<p>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>make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>There was documented evidence that the YPD residents were empowered to effectively manage their own health, keep well and live well while exercising their ability to exercise independence, choice and control and this was confirmed by residents interviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p> <p>Maida Vale Retirement Village has formed an equity focus group that includes a cultural navigator and a chaplain. Families are invited three-monthly to participate in discussion. The team is integrating tikanga practices into all activities across the village.</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>A fair, transparent and equitable system was in place to receive and resolve complaints, which led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. The FM is responsible for complaints management, with the support of the owner/directors for significant complaints. In the event of a complaint from a Māori resident or whānau member, the FM advised they would ask how the resident/whānau wanted the complaint investigation and follow-up process to occur, and would seek the assistance of a te reo Māori interpreter if this was required, or an external Māori health service if applicable. The complaints form was available in English and te reo Māori, along with complaints/feedback 'drop box'.</p> <p>One external, Health and Disability Commission (HDC) complaint was received in 2023. The service fully complied with all requirements by providing the requested information and is currently awaiting the outcome. Key learnings identified from the complaint have been implemented to improve service delivery.</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>Maida Vale Retirement Village is an independent and privately owned retirement village in New Plymouth, Taranaki. Avatar Management Limited owns Maida Vale Retirement Village, which is certified to provide hospital (medical and geriatric) services, rest home care, and residential disability services (physical) for up to 94 residents.</p> <p>The service is run by an FM, who is a registered nurse by profession, and is supported by two clinical nurse managers, registered nurses, and care staff. Oversight is provided by the owner/directors. The FM was appointed in June 2025. Prior to this appointment, the FM worked as a health educator for the Competency Assessment Programme (CAP), a service-run programme that supports return-to-practice nurses and internationally qualified nurses (IQNs). The governing body assumes accountability for delivering a high-quality service to users of the services, and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through interviews with the executive manager. Ethnicity data is analysed monthly to identify potential inequality outcomes between Māori residents and their whānau. A commitment to the quality and risk management system was evident.</p> <p>Management and the owner/directors meet every month, or more frequently if required. They monitor organisational performance including finances, and the approval of policies and procedures occurs. Monitoring and reviewing of performance are completed as required.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting during staff meetings and monitoring of resident safety and clinical indicators.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for Age-Related Residential Care (ARRC) and Long-Term Support – Chronic Health Conditions (LTS-CHC). There is a non-aged care agreement with the Ministry of Social Development (MSD) - Disability Support Services (DSS) for younger people with a disability (YPD), a respite contract, and a</p>
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		<p>contract with the Accident Compensation Corporation (ACC).</p> <p>The facility is certified for 94 beds, with two rooms available for use by couples. The maximum occupancy is usually 90 residents. At the time of the audit, there were 86 residents receiving care. Of these, 41 were assessed at rest home level of care, including one younger person with a disability (YPD), three residents under the ACC contract, and one receiving respite care. Forty-five (45) residents were receiving hospital level of care, including four YPD, six ACC, and one respite resident. There were no residents under the Long-Term Support – Chronic Health Conditions (LTS-CHC) contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, internal audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint management. A resident and whānau satisfaction survey was completed in August 2025. Positive outcomes were documented regarding nursing care, communication, and staff attitude. An employee opinion survey in July 2025 was satisfactory. Monthly internal audits were completed. Results were reported at the staff meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements, and were current. The FM was responsible for the implementation of the document control process with support from the external consultant.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. Learning from harm was discussed with staff at the staff meetings. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The nursing team and</p>

		<p>management demonstrated awareness of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes. Seven SAC 2 reports had been completed in relation to falls resulting in fractures.</p> <p>The service complied with all statutory and regulatory reporting obligations. The clinical nurse manager (CNM) reported that Section 31 notifications were submitted to HealthCert on a fortnightly basis. These notifications include instances where only one registered nurse (RN) was on duty during the night shift due to staff illness, and the appointment of the FM in June 2025. The FM confirmed that there have been no adverse events requiring notification to the Health Quality & Safety Commission (HQSC).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the out-of-hours nurse practitioner and the management team.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments to meet the Ngā Paerewa Standard and Health New Zealand– Te Whatu Ora contract obligations. Staff felt well supported with development opportunities.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider’s agreement with Health New Zealand – Te Whatu Ora. On</p>

		<p>the day of the audit, there was a total of 37 caregivers. Sixteen (16) caregivers were at Level 4, eighteen (18) were at Level 3, and three were at Level 2.</p> <p>The previous audit shortfall related to instances where only one registered nurse was on duty at night when the other RN was unavailable has been addressed. The service has continued to complete Section 31 notifications when a RN calls in sick. To mitigate this, additional staffing measures have been implemented, including assigning an enrolled nurse and a Level 4 caregiver to work alongside the remaining RN from another wing. These occurrences have been rare.</p> <p>The service currently employs a total of 13 registered nurses, including the FM and two CNMs. The FM and CNMs reported that staffing levels have remained stable, and all shifts have been covered as required. Care staff confirmed that staffing was adequate and that support was available when needed.</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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable). A register with current annual practising certificates (APCs) was sighted.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</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>	FA	<p>The multidisciplinary teams at Maida Vale work in partnership with the resident and whānau to support wellbeing. An electronic care plan is developed by the nurse manager and registered nurses following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider</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>service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified through sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Two nurse practitioners (NPs) visit the village weekly, sharing medical services two days per week. They provide a 24/7 service to Maida Vale as required, utilising the electronic tools available. The NP interviewed confirmed that staff communicated well and informed them of any changes in a timely manner, maintaining good records of care. They were informed of incidents or falls and were made aware of infection control data monthly. They have worked with the clinical team to improve antimicrobial use through education.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. All unused medication is returned to pharmacy.</p>

		<p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Same-name warnings, monitoring tags and physical limitations were clearly identified. The required three-monthly GP/NP review was consistently recorded on the medicine chart, and 24/7 support was confirmed by the NP.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely, if appropriate. There was no self-administration on the day of audit.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Maida Vale Retirement Village’s menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Snacks and fluids are readily available 24/7.</p> <p>Dietitian review was completed on 22 May 2025. The dietitian attends the site three-monthly and provides a dietitian report monthly.</p> <p>Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</p> <p>The service operates with an approved food safety plan and registration with an expiry date of 13 August 2026.</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</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Maida Vale utilises the yellow envelope/green bag transfer process, along with the hospital transfer form, resuscitation status and advanced care plan – medical care guidance form. The situation, background, assessment and recommendation (SBAR) form is sent to the NP after hours by text or email.</p> <p>Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p> <p>Referrals were sighted to podiatrist, physiotherapist, occupational therapy,</p>

support.		mental health for older persons, and hospital specialists, as required.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. All three buildings each have a current building warrant of fitness. Electrical testing and tagging, and biomedical testing by a preferred provider, were current. An inventory of all equipment and resources requiring verification and/or calibration was maintained.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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>The infection prevention and control coordinator (IPCC) nurse manager is responsible for overseeing and implementing the IP programme, which has been developed by an independent approved provider with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC, and the last review of the programme documentation was completed in September 2025.</p> <p>Maida Vale Retirement Village ensures staff are familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>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</p>	FA	<p>Maida Vale Retirement Village surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required</p>

<p>ethnicity. 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>actions by the quality team. Surveillance includes ethnicity data.</p> <p>The quality assurance coordinator ensures results of the surveillance programme are shared with staff, and reported to the governing body and the nurse practitioners.</p> <p>There have been no infection outbreaks since the last audit. Staff described a thorough process for investigation and follow-up. Learnings from previous events have been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governing body demonstrated commitment to this through documented policy and regular reporting requirements. The CNM is the restraint coordinator for this service and is fully informed about the restraint standard and requirements. Documentation confirmed that restraint is discussed at staff meetings and management meetings, and relevant information is presented to the owner/directors.</p> <p>At the time of the audit, no resident was using a restraint, and this has been the case since the previous audit. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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.